

Year _____

General Information

Taxpayer Name	_____	SSN	_____
Profession/Product	_____	Business EIN (if any)	_____
Business Name (if any)	_____	Business Activity Code	_____
Address (if not personal address)	_____		
City, State, Zip	_____		
Did you pay for Family Healthcare Coverage from your self-employment income?	Yes _____	No	_____
If yes, amount:	(may have also been listed on Itemized Deductions) _____		
Do you have an Office in Home?	Yes _____	No _____	Use Simplified Method? (\$5 per square foot) _____
Square footage of office	_____	Square footage of total home	_____
If not using Simplified Method, list costs for following:			
Deductible Mortgage Interest	_____	Insurance	_____
Real Estate Taxes	_____	Rent	_____
Repairs and Maintenance	_____		
Utilities	_____	(Power, Gas, Water & Sewer, Trash Collection)	_____

Income (or attach a Profit and Loss Statement)

Gross Sales	
Included on 1099-Misc	_____
Not included on 1099-MISC	_____
Returns and allowances	_____
Other Income (description)	_____
	Amount _____

Cost of Goods Sold

Inventory at beginning of year	_____	Ending Inventory	_____
Purchases (description)	_____	Amount	_____
Materials and supplies (description)	_____	Amount	_____

Expenses

Advertising	_____	Office Expenses	_____
Work Car Mileage	_____	Rent	_____
Personal Use Mileage	_____	Equipment	_____
Car Yr/Make/Model	_____	Other	_____
Commissions	_____	Repairs/Maintenance	_____
Employee Benefits	_____	Work Supplies	_____
Insurance	_____	Business Taxes/Licenses	_____
Liability	_____	Travel/Seminars	_____
Professional	_____	Meals & Entertainment	_____
E & O	_____	Utilities (not of home)	_____
Property	_____	Cell Phone	_____
Other	_____	(business percentage)	_____
Interest	_____	Internet/Cable Access	_____
Mortgage	_____	Employee Wages	_____
Other Debt	_____	Professional Dues/Licenses	_____
Legal & Professional Fees	_____	Professional Subscriptions	_____
	_____	Other (detail on back)	_____

Other Information

Any equipment or machinery purchased for use in business with significant cost and useful life of over 1 year:

Item	_____	Cost	_____	Date	_____
Item	_____	Cost	_____	Date	_____

Contract Labor (description) _____ Amount _____