



# SELF-EMPLOYED WORKSHEET

LEGAL BUSINESS NAME (IF ANY): \_\_\_\_\_ EIN: \_\_\_\_\_

ENTITY TYPE: ☐ SOLE PROPRIETORSHIP ☐ SINGLE MEMBER LLC  ACCOUNTING METHOD: ☐ CASH ☐ ACCRUAL

BUSINESS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## BUSINESS MANAGEMENT

HOW LONG HAVE YOU OWNED YOUR BUSINESS? \_\_\_\_\_ WHAT DOES YOUR BUSINESS PROVIDE: \_\_\_\_\_

☐ YES ☐ NO DO YOU MAINTAIN SEPARATE BANK ACCOUNTS FOR PERSONAL AND BUSINESS TRANSACTIONS?

☐ YES ☐ NO ARE YOU REPORTING ALL OF THE INCOME YOU RECEIVED, INCLUDING CASH PAYMENTS?

☐ YES ☐ NO ARE ALL OF YOUR EXPENSES ORDINARY, NECESSARY, AND REASONABLE FOR YOUR BUSINESS?

☐ YES ☐ NO DID YOU PAY ANYONE \$600 OR MORE? (IF YES, PROVIDE COPIES OF THE 1099-NEC'S)

☐ YES ☐ NO DO YOU HAVE EMPLOYEES? (IF YES, PROVIDE COPIES OF W2'S & PAYROLL TAX RETURNS)

## VEHICLE INFORMATION (DRIVING TO AND FROM WORK IS CONSIDERED COMMUTING AND GENERALLY IS NOT DEDUCTIBLE)

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ DATE PLACED IN SERVICE \_\_\_\_\_

ANNUAL MILES: TOTAL \_\_\_\_\_ BUSINESS \_\_\_\_\_ COMMUTING \_\_\_\_\_ PERSONAL \_\_\_\_\_

☐ YES ☐ NO WAS THE VEHICLE AVAILABLE FOR PERSONAL USE DURING OFF-DUTY HOURS?

☐ YES ☐ NO WAS ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE?

☐ YES ☐ NO DO YOU HAVE WRITTEN DOCUMENTATION, SUCH AS A LOGBOOK, TO SUPPORT YOUR MILEAGE AND VEHICLE EXPENSES?

## INVENTORY INFORMATION

DID YOU TRACK INVENTORY? ☐ YES ☐ NO ENDING AMOUNT \_\_\_\_\_ PURCHASES: \_\_\_\_\_ PERSONAL USE: \_\_\_\_\_

## SUMMARY OF INCOME AND EXPENSES (IF YOU ARE PROVIDING A P&L OR SPREADSHEET, THIS SECTION IS NOT REQUIRED)

ACCOUNTING	_____	JANITORIAL	_____	BUSINESS TRAVEL	_____
ADVERTISING	_____	LEGAL FEES	_____	BUSINESS MEALS	_____
BANK FEES	_____	LICENSE FEES	_____	PARKING & TOLLS	_____
CONTINUING EDU.	_____	UNIFORMS	_____	TAXES - PROPERTY	_____
CONTRACT LABOR	_____	REPAIRS (NON-AUTO)	_____	TAXES - OTHER	_____
CREDIT PROCESSING	_____	EQUIPMENT RENTAL	_____	UTILITIES	_____
DUES AND SUBS	_____	OFFICE SUPPLIES	_____	TELEPHONE	_____
HEALTH INSURANCE	_____	OTHER SUPPLIES	_____	SMALL TOOLS	_____
INSURANCE (NON-AUTO)	_____	POSTAGE	_____		_____
INTEREST PAID	_____	PROPERTY RENT	_____		_____

## HOME OFFICE

☐ YES ☐ NO IS THERE A DEDICATED SPACE IN YOUR HOME THAT IS USED REGULARLY AND EXCLUSIVELY AS AN OFFICE FOR THIS BUSINESS?

IF YES PROVIDE: SQ. FT OF OFFICE: \_\_\_\_\_ SQ. FT OF TOTAL HOUSE: \_\_\_\_\_

## FIXED ASSETS

IF YOU PURCHASED OR DISPOSED OF ANY LARGE EQUIPMENT, VEHICLES, OR OTHER ASSETS PLEASE PROVIDE A LIST TO INCLUDE A DESCRIPTION OF THE ITEM, PURCHASE OR DISPOSAL DATE, PURCHASE OR SALES PRICE, AND IF IT ISN'T 100% BUSINESS USE THE PERCENTAGE OF BUSINESS USE.