

INCOME & EXPENSE FROM SELF-EMPLOYED SERVICES

Name of Business: _____

Date Started Business _____

INCOME

COST OF SALES

Gross Income/Sales \$ _____

Cost of goods sold - COGS \$ _____

EXPENSES:

Advertising	\$ _____	Maintenance/Cleaning Service	\$ _____
Insurance for Business	\$ _____	Supplies(not included in COGS)	\$ _____
Interest paid on loans	\$ _____	Licenses for business	\$ _____
Legal or Professional Services	\$ _____	Travel	\$ _____
Office expenses	\$ _____	Meals with Clients	\$ _____
Rent/Lease (Bldg,equip)	\$ _____		\$ _____

OTHER EXPENSES (list type & amount) Enter home office expense or page F8829

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

FURNITURE AND EQUIPMENT purchased for the business (list & include DATE of purchase)

Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____

VEHICLE EXPENSES:

MILEAGE TTL miles driven entire year _____ YR/Make/Model _____

Business # _____ Commuting # _____ Personal # _____

ACTUAL COSTS complete actual costs only if not using the standard mileage deductions

Gas \$ _____ Repairs \$ _____ Tabs \$ _____ Other \$ _____

THE IRS REQUIRES THAT YOU KEEP A WRITTEN RECORD OF YOUR MILEAGE

Date you started using for business _____ Is the vehicle leased? _____

Was vehicle available for personal use during off-duty hours? _____

Was the vehicle used primarily by a more than 5% owner or related person? _____

Is another vehicle available for personal use? _____

Do you have evidence of mileage in writing? _____

What type evidence to you have to support your mileage claim? _____
 (Mileage book, app, calendar etc)

*****PLEASE ATTACH A SEPARATE SHEET FOR OTHER ITEMS OR QUESTIONS*****