

**SELF EMPLOYED INCOME/EXPENSES**

NAME OF OWNER	BUSINESS ACTIVITY
BUSINESS NAME	PRODUCT OR SERVICE
BUSINESS ADDRESS	FEDERAL I.D. NUMBER

1. Business is conducted on the  Cash Basis  Accrual  Other
2. Inventory (if applicable) is based on  Cost  Other
3. Do you use any part of your home for business?  Yes  No % of Sq/ft
4. Do you have or did you hire any employees?  Yes  No
5. What month did your business start? \_\_\_\_\_ What month did it end? \_\_\_\_\_
6. Did you buy or sell any assets?  YES  NO (See back for details)

INCOME		COST OF GOODS SOLD (If Applicable)	
Gross Receipts/Sales		Beginning of the Year Inventory	
Returns & Allowances	( )	End of the Year Inventory	
*Income Reported on 1099's		Purchases	
Commissions		Cost of Labor	
Interest		Material/Supplies	
Other/ K-1's:		Other:	
* Do not Duplicate if included in Gross Receipts			

EXPENSES			
Advertising		Wages (Not Reported Above)	
Bad Debts (if reported as income)		<b>Payroll Taxes</b>	
Bank Charges		Social Security & Medicare	
Car/Truck Expense (Detail)		Unemployment (Fed & State)	
Commissions & Fees Paid		Workers Compensation	
Dues & Subscriptions		<b>Other Taxes</b>	
Employee Benefit Programs		Real Estate (Business)	
Freight (Not Included Above)		Personal Property (Business)	
Health Insurance		Other:	
Insurance (Business)		<b>Automobile Exp. (Adequate records required)</b>	
Insurance (Business Auto)		Total Miles Driven	
Interest (Business {Auto})		Business Miles	
Janitorial		Personal Miles	
Legal & Professional		Parking Expense	
License & Permits		<b>Travel (Out of Town)</b>	
Meals (Business)		Transportation (Air Fare)	
Office Supplies & Postage		Lodging	
Office Expense		Cabs, Bus, Rentals	
Officer Compensation		Other:	
Outside Services		<b>Meals &amp; Entertainment (at 100%)</b>	
Utilities		Meals & Tips	
Utilities (Home Office)		Entertainment	
Rent (Business)		Tickets & Events	
Repairs & Maintenance		Gifts	
Security		Gifts	
Small Tools		<b>Other/Miscellaneous</b>	
Supplies (Other)			
Telephone (Business)			

**Other items (Explain):**  
 \_\_\_\_\_  
 List on back, purchases of equipment, furniture, vehicles, or leasehold improvements.

### Balance Sheet Items

Financial Institution Name	Account Type <small>(i.e. Checking, Credit, Lines, Loans, Other)</small>	Account Use Description	Year End Balance
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

### NEW EQUIPMENT/CAPITAL IMPROVEMENTS

If during the year you purchased Equipment, Furniture, Vehicles or made Property Improvements, list below (do not duplicate on other side).

Description	Date Purchased	Cost	Asset Was		If Trade-In Involved	
			New	Used	Description	Allowance

### QUALIFIED DOMESTIC PRODUCTION ACTIVITIES

1. Domestic Production Gross Receipts (DPGR)	\$	Qualified Activity Description: _____ 1. Gross sales from: tangible personal property, computer software, sound recordings, construction, engineering, agricultural services manufactured, produced or constructed in the U.S.  2. Identify cost of product directly associated to the activity in # 1 3. Direct Expenses, deductions & losses associated with activity in # 1  4. Allocate indirect expenses & losses not identifiable to any specific gross to this and other activities. (Note Allocation Basis)
2. <b>Less:</b> Cost of goods sold for DPGR		
Less: Qualified Deductions		
3. *Direct deductions / expenses for DPGR		
4. *Allocated indirect deductions / expenses		
5. Total Qualified Deductions (add lines 2 - 4)		
Qualified Production Activity Income (1 minus 5)		
Note: Total DPGR W-2 wages for yr _____ x 50%		

### DEPRECIABLE ASSETS SOLD OR DISPOSED OF

Description	Date Acquired	Original Cost	Date Disposed of	Describe Means of Disposal	Amount Received