

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

