

Tax Year: _____

Self Employment Worksheet

Business Profession: _____ Gross Sales: _____
 Business Name (if any) _____ Employer ID #: _____

Operating Expenses	Amount	Description (Cont)	Amount
Advertising		Company Parties/Event/Food	
Internet/Cable Fees		Utilities	
Legal Fees		Employee Wages/Salary	
Professional Expenses		Telephone/Cell/Beeper	
Office Expenses		Uniforms & Business Laundry	
Supplies		Dues, subscriptions, & Books	
Rent/Lease (Equipment & Machinery)		Postage/Freight/Delivery Shipping	
Equipment/Tools		Vehicle Information	
Security/Alarm Fees		Enter Date business use of vehicle started: _____	
Insurance (Health/Life/Dental)		Number of Business Miles Driven: _____	
Subcontractors & Contract Labor		Tolls and Parking Fees: _____	
Repairs (Other than Car)		Gas (Auto Fuel)	
Bank Charges/Merchant Fees		Repairs (Vehicle)	
Computer Software		Insurance	
Licenses & Government Fees		Tag & Registration Fees	
Taxes		Tires / Automobile Washes/Maintenance	
Travel Expenses		Lease/Car Note Payments	
Entertainment – Food/Beverage		Other Expenses:	
		Other Expenses:	

I agree that everything on the sheet is true to my acknowledgement and is based on records kept during the current year and is related expenses to my business profession.

Taxpayer Signature: _____