

# SELF EMPLOYED INCOME/EXPENSE

NAME OF PROPRIETOR \_\_\_\_\_ 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  
 4. Did you hire any new employees that may qualify for job credits?  Yes  No  
 5. How many months in business during year? # \_\_\_\_\_ How many employees? # \_\_\_\_\_  
 6. Did you buy or sell any assets?  Yes  No (See back for details)  
 7. Did you use the Health Insurance Marketplace to purchase health insurance?  Yes  No  
 8. Did you have credit/debit card transactions for any vendor/customer in excess of 200 transactions & \$20,000?  Yes  No

**INCOME**

**COST OF GOODS SOLD (if Applicable)**

Gross Receipts/Sales \_\_\_\_\_  
 Returns & Allowances \_\_\_\_\_  
 \*Income Reported on 1099's \_\_\_\_\_  
 \*Commissions \_\_\_\_\_  
 Other: \_\_\_\_\_

\* Do Not Duplicate if included in Gross Receipts

**EXPENSES**

Advertising \_\_\_\_\_  
 Bad Debts (if reported as income) \_\_\_\_\_  
 Bank Charges \_\_\_\_\_  
 Car/Truck Expense (Detail) \_\_\_\_\_  
 Commissions & Fees Paid \_\_\_\_\_  
 Dues & Publications \_\_\_\_\_  
 Employee Benefit Programs \_\_\_\_\_  
 Freight (Not Included Above) \_\_\_\_\_  
 Insurance (Business) \_\_\_\_\_  
 Interest (Business) \_\_\_\_\_  
 Laundry & Cleaning \_\_\_\_\_  
 Legal & Professional \_\_\_\_\_  
 Office Supplies & Postage \_\_\_\_\_  
 Pensions/Profit Sharing \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Rent (Business) \_\_\_\_\_  
 Repairs & Maintenance \_\_\_\_\_  
 Supplies (Other) \_\_\_\_\_  
 Telephone (Business) \_\_\_\_\_  
 Health Insurance \_\_\_\_\_  
 Other: \_\_\_\_\_

Wages (Owner/Family) \_\_\_\_\_  
 (Other Employees) \_\_\_\_\_

**Payroll Taxes**

Social Security and Medicare \_\_\_\_\_  
 Unemployment (Fed & State) \_\_\_\_\_  
**Other Taxes**

Real Estate \_\_\_\_\_  
 Personal Property \_\_\_\_\_  
 Other: \_\_\_\_\_

**Automobile Exp. (Adequate records required)**

Total Miles Driven \_\_\_\_\_ No. \_\_\_\_\_  
 Business Miles \_\_\_\_\_ Jan. - June No. \_\_\_\_\_  
 July - Dec. No. \_\_\_\_\_  
 Personal Miles \_\_\_\_\_ No. \_\_\_\_\_  
 Parking Expense \_\_\_\_\_  
**Travel (Out of Town)**

Transportation (Air Fare) \_\_\_\_\_  
 Lodging \_\_\_\_\_  
 Cabs, Bus, Rentals \_\_\_\_\_  
 Other: \_\_\_\_\_

**Meals (at 100%)**

Meals & Tips \_\_\_\_\_  
 Other: \_\_\_\_\_

Mortgage Interest (Paid to Financial Institution) \_\_\_\_\_  
 Depreciation - If Predetermined (Attach Schedule) \_\_\_\_\_  
 Other (Explain): \_\_\_\_\_

List on back, purchases of equipment, furniture, vehicles or leasehold improvements.

**ADD THIS PAGE TO YOUR ORGANIZER**

**PPP LOANS AND OTHER PANDEMIC ACTIVITY**

If you received any assistance through pandemic programs including PPP loans, family leave, or grants, please note the details here.

Description	Date Rec'd	Amount Received	Amount(s) Forgiven (if any)

**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	Property Code	Date	Cost	Asset Was		If Trade-In Involved	
				New	Used	Description	Allowance

**HEALTH CARE TAX CREDIT**

Do you pay at least 1/2 of premiums for single employee health care coverage?  Yes  No

If Yes, please note # of equivalent full-time employees (FTE)\*\* (Full-time employees + (part-time employees total hours + 2080 hours))

\*\*excluding owners/family members

**DEPRECIABLE ASSETS SOLD OR DISPOSED OF**

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