

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
 Gross Receipts/Sales _____
 Returns & Allowances () _____
 *Income Reported on 1099's _____
 *Commissions _____
 Other: _____

COST OF GOODS SOLD (If Applicable)
 Beginning of the Year Inventory _____
 End of the Year Inventory _____
 Purchases _____
 Above Withdrawn for Personal Use _____
 Cost of Labor _____
 Materials/Supplies _____

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: _____

EXPENSES (Continued)
 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 Pre-determined (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

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

Summary of Vehicle Information

Sole Proprietors
Partnerships

Company Name: _____

For the Period Beginning: _____

and Ending: _____

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Description of Vehicle:	_____	_____	_____
Date 1st Used in this Business:	_____	_____	_____
Vehicle Titled in Name Of:	_____	_____	_____
Principle Driver (over 50%):	_____	_____	_____
Odometer Readings			
End of the Period or Dec 31	_____	_____	_____
Beginning of the Period or Jan 1	_____	_____	_____
Total Mileage for the Year	_____	_____	_____
Mileage Breakdown			
Business Miles	_____	_____	_____
Commuting to/from Workplace	_____	_____	_____
Personal & Other Miles	_____	_____	_____
Vehicle Questions			
Do you use more than one vehicle simultaneously in this business?	_____	_____	_____
Is another vehicle available for personal use?	_____	_____	_____
What is your daily round-trip commute to/from workplace?	_____	_____	_____
Was this vehicle available for personal use during off-duty hours?	_____	_____	_____
Was the driver of this vehicle an owner or partner? Yes or No	_____	_____	_____
Do you have evidence to support this deduction?	_____	_____	_____
Is it written?	_____	_____	_____

I declare that I have examined this information, and to the best of my knowledge and belief, it is true, correct, and complete.

Principle Driver

Date