

Self Employment Worksheet - Schedules C, E, & F etc.

**Business Information**

Business Name:		Year Started:	
Owners/Partners Name(s):			
Business e-mail address:			
Business Phone:		Business Type:	
Business Address:			

**INCOME**

Rental Income (Schedule E must include)		# of Days Rented	
Income by credit cards:			
Gross sales not included above:		1099 included?	
Returns or other losses included in income:		Y	N
Other Income _____		<input type="checkbox"/>	<input type="checkbox"/>
Other Income _____		<input type="checkbox"/>	<input type="checkbox"/>
Other Income _____		<input type="checkbox"/>	<input type="checkbox"/>
Other Income _____		<input type="checkbox"/>	<input type="checkbox"/>

**COST OF GOOD SOLD**

Beginning inventory (What did you start the year with?)	
Purchases of goods sold:	
Personal part of purchases included above:	
Materials and Supplies used in the creation of good sold:	
Ending Inventory (What's left at the end of the year):	
Other: _____	
Other: _____	
Other: _____	
Other: _____	

**GENERAL EXPENSES**

\*For equipment purchased, see Equipment section below

Advertising		Taxes & Licenses	
Commissions and fees		Travel - Lodging	
Contract Labor		Travel - Entertainment	
Insurance (Not health)		Travel - Meals	
Interest - Mortgage		Utilities	
Interest - Other		Wages	
Legal & Prof Fees		Other: _____	
Office Expense		Other: _____	
Rent - Equipment		Other: _____	
Rent - Property		Other: _____	
Repairs & Maint.		Other: _____	
Supplies (Not for sale)		Other: _____	

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**EQUIPMENT**

\*For newly purchased or equipment sold in the relevant tax year

Type/Desc of Equipment	Date Placed in Service	Cost	Date Sold	Sale \$\$

**OFFICE IN THE HOME**

\*Write full cost of expenses. We will figure percentage.

# Office Use Only Rooms	
# Total Rooms in Home	
# Sqft Office Only Rooms	
# Total Sqft of Home	

Rent	
Utilities (Total for Year)	
Mortgage Interest	
Real Estate Taxes	
Homeowner Insurance	
Repairs & Maintenance	
Other _____	
Other _____	

**BUSINESS AUTO USE ONLY**

<b>Year of Vehicle #1:</b>	
<b>Make of Vehicle #1:</b>	
Date Placed in Service	
Method Used Previously	Mileage Actual
Total Miles for Year	
Business Miles for Year	

Loan Interest	
Repairs & Maintenance	
Registration	
Insurance	
Personal Property Tax	
Gas & Oil Expense	

<b>Year of Vehicle #2:</b>	
<b>Make of Vehicle #2:</b>	
Date Placed in Service	
Method Used Previously	Mileage Actual
Total Miles for Year	
Business Miles for Year	

Loan Interest	
Repairs & Maintenance	
Registration	
Insurance	
Personal Property Tax	
Gas & Oil Expense	

<b>Year of Vehicle #3:</b>	
<b>Make of Vehicle #3:</b>	
Date Placed in Service	
Method Used Previously	Mileage Actual
Total Miles for Year	
Business Miles for Year	

Loan Interest	
Repairs & Maintenance	
Registration	
Insurance	
Personal Property Tax	
Gas & Oil Expense	

