



SELF EMPLOYED INCOME/EXPENSE SHEET

NAME OF PROPRIETOR	BUSINESS ADDRESS
BUSINESS NAME	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 (if yes use bottom of page)
4. Did you hire any new employees that may qualify for job credits? Yes No
5. How many months in business during the year? _____
6. Are you required to file Forms 1099? Yes No If yes are you filing them? Yes No

INCOME	COST OF GOODS SOLD (If Applicable)
Gross Receipts/Sales	Beginning of the Year Inventory
Returns & Allowances	End of Year Inventory
*Income Reported on 1099's	Purchases
*Commissions	Above Withdrawn for Personal Use
Other:	Cost of Labor
	Materials/Supplies
	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 and Medicare
Car/Truck Expense (Detail)	Unemployment (Fed & State)
Commissions & Fees Paid	Other Taxes
Dues & Publications	Real Estate
Employee Benefit Programs	Personal Property
Freight (not Included Above)	Automobile Mileage (Adequate records required)
Insurance (Business)	Total Miles Driven
Interest (Business)	Business Miles
Laundry & Cleaning	Percent Used for Business
Legal & Professional	Parking Expense
Office Supplies & Postage	Travel (Out of Town)
Pensions/Profit Sharing	Transportation (Air Fair)
Utilities	Lodging
Rent (Business)	Cabs, Bus, Rentals
Repairs (Business)	Other:
Supplies (Other)	Meals & Entertainment (at 100%)
Telephone (Business)	Meals & Tips
Health Ins. (Personal 100%)	Entertainment
Other:	Tickets & Events
	Gifts

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

List on back purchases of: Equipment, Furniture, Vehicles or Leasehold Improvements

I understand that if any of the information provided on this sheet is incorrect the liability for consequences incurred is my responsibility. I understand that I will be expected to have proof of the information provided in case of an audit. In no way, shape or form are the staff of CPA Accounting and Tax Services responsible for the information that has been provided on this sheet. This form is meant to assist clients with properly categorizing their income and expenses and nothing more.

Print Name: _____ Sign Name: _____ Date: _____