

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? # _____
6. Did you buy or sell any assets? Yes No (See back for details)

INCOME	COST OF GOODS SOLD (If Applicable)
Gross Receipts/Sales	Beginning of the Year Inventory
Returns & Allowances ()	End of the 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*Commissions	Above Withdrawn for Personal Use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)	Other:
Insurance (Business)	Automobile Exp. (Adequate records required)
Interest (Business)	Total Miles Driven No.
Laundry & Cleaning	Business Miles No.
Legal & Professional	Parking Expense
Office Supplies & Postage	Other:
Pensions/Profit Sharing	Travel (Out of Town)
Utilities	Transportation (Air Fare)
Rent (Business)	Lodging
Repairs & Maintenance	Cabs, Bus, Rentals
Supplies (Other)	Other:
Telephone (Business)	Meals & Entertainment (at 100%)
Health Ins. (Personal 100%)	Meals & Tips
Other:	Entertainment
	Tickets & Events
	Gifts
Mortgage Interest (Paid to Financial Institution)	
Depreciation - If Predetermined (Attach Schedule)	
Other (Explain):	

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

