

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*Commissions		Above Withdrawn for Personal Use	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: _____