

Self-Employed Business Worksheet

12/20/10

Income

Gross Sales \$ _____
 Product Sales \$ _____
 Minus — Returns & Refunds (\$ _____)

Cost of Goods Sold

Beginning Inventory \$ _____
 Purchases (less personal) \$ _____
 Sub-Contractors Labor \$ _____
(1099 is required for payments made to individuals of over \$600)
(1099 must be issued by January 31st - contact us for assistance)
 Raw Materials \$ _____
 Ending Inventory \$ _____

Advertising / Business Donations \$ _____

Vehicle Expenses: (Mileage or Actual Expenses Method)

Mileage

Documented Mileage _____
 Permits/ Tolls/ Parking \$ _____

OR

Actual Expenses

Fuel/Oil/Grease/Washes \$ _____
 Vehicle/Trailer Insurance \$ _____
 Tolls & Parking, License Plates \$ _____
 Repairs & Tires \$ _____

Insurance

Equipment/Property Insurance \$ _____
 Business Liability, E & O Insurance \$ _____
 Self-Employed Health Insurance \$ _____

Interest Paid

Vehicle & Equipment Loans \$ _____
 Credit Line \$ _____
 Business Credit Card \$ _____

Legal / Professional Fees

Accounting & Tax Preparation \$ _____
 Banking Fees, Credit Card Fees \$ _____
 Licenses, Continuing Ed., Tuition \$ _____
 Attorney Fees, Bonds \$ _____
 Subscriptions / Membership Dues \$ _____
 Clerical / Staff Costs \$ _____

Communication & Office Expenses

Cell Phone, Business Phone, FAX \$ _____
 Internet Fees & Cable Charges \$ _____
 Briefcase / Calculators / Computers \$ _____
 Office & Computer Supplies \$ _____
 Postage / UPS / Fed-Ex \$ _____

Rental/Lease Payments

Office Space/ Storage / Garage Lease \$ _____
 Equipment Lease \$ _____

Repairs / Maintenance

Equipment Repairs \$ _____
 Building Repairs \$ _____

Supplies

Supplies, Cleaning Supplies \$ _____
 Small Tools & Special equipment \$ _____
 Uniforms, Safety equipment \$ _____
 Cards, Gifts, Flowers \$ _____

Taxes

Sales Tax Paid \$ _____
 CAT Tax Paid \$ _____
 Other Tax Paid \$ _____

Travel Expenses

Airline, Bus, Taxi / Car Rental \$ _____
 Hotel / Laundry / Dry Cleaning \$ _____

Travel Meals

Actual Expense (need receipts) \$ _____
 or
 # of **NIGHTS** away from home _____

Client / Business Entertainment

Actual Expense (need receipts) \$ _____

Utilities

Phone (business line) \$ _____
 FAX / Internet Line \$ _____
 Electric \$ _____
 Gas / Propane \$ _____
 Water / Sewer / Rubbish \$ _____
 Lawn Care & Snow Removal \$ _____

Business Use of Home - Exclusive Office Use Only

Total Home Sq. Ft. _____
 Business Use Sq. Ft. _____

Misc. Expenses:

Major Purchases: (Need Statements - Description, Date, Cost)

Equipment Sold or Traded: (Statements Description, Date, Price)

City Income Tax - you must report any income made with-in the various city limits:

Sandusky: _____ Bellevue: _____
 Huron: _____ Clyde: _____
 _____: _____
 _____: _____

Sales Tax - you must report your income made in the various counties:

Erie: _____ Huron: _____
 Ottawa: _____ Sandusky: _____
 Seneca: _____ Lorain: _____
 _____: _____