

## SELF-EMPLOYMENT INCOME

Owner's name	
Federal ID number	
Business name	
Principal business or profession	
Business address	

INCOME			
Gross Receipts or Sales			
Returns or allowances			
COST OF GOODS SOLD			
Beginning inventory (valued at cost)			
Purchases (Less cost of items withdrawn for personal use)			
Cost of Direct Labor (Do not include any amounts paid to yourself)			
Materials and Supplies			
Other Direct Costs (Attach schedule if needed)			
Ending inventory (valued at cost)			
EXPENSES			
Advertising			
Car and Truck Expenses (Complete Auto Worksheet)			
Commissions paid			
Contract labor or temporary help			
Insurance			
Interest			
Legal and professional fees			
Office expenses and postage			
Retirement plan contributions (employer contributions)			
Rent – machinery			
Rent -- buildings and other			
Repairs and maintenance			
Supplies			
Taxes and licenses			
Travel*			
Meals and entertainment*			
Utilities (for separate office only)			
Wages paid to employees			
Other expenses:			
Bank service charges			
Website fees			
Gifts (no more than \$25 per person)			
Dues and subscriptions			
Continuing education and professional development			
Add Additional Schedule if needed			
<i>Assets purchased over \$500 (computers, machinery, laptops, etc)</i>			
Date of purchase	Description	% of business use	Amount

I declare that I have examined and/or completed this worksheet and any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Prepared and submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

### SELF-EMPLOYMENT INCOME CONTINUED

Do you keep records of your income and expenses?     Yes     No

What type of documentation do you have?

- |                     |                              |                             |
|---------------------|------------------------------|-----------------------------|
| Receipts?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancelled Checks?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Deposit Slips?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sales Invoices?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bank Statements?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mileage Travel Log? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Provide copies of all banks statements for the year.

How did you determine your Gross Receipts/Sales amounts?

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How do you get paid?

- |               |                              |                             |
|---------------|------------------------------|-----------------------------|
| Cash?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Checks?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Credit Cards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Barter?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you deposit all of your cash?     Yes     No

**(Please note that you should be matching your sales invoices to your deposit)**

Do you have a qualifying home office?     Yes     No    If yes, complete the worksheet for home office.

\*Do you have proper documentation to substantiate your travel, meals, and entertainment expenses per the IRS regulations?     Yes     No

Did you make any payments that would require you to file any Form(s) 1099?     Yes     No

If yes, did you file or will you file all required Form(s) 1099?     Yes     No

If you are required to file Form(s) 1099 and have done so, do you need Accounting Alliance for Small Business, PA to prepare any required Form(s) 1099 for you to file?     Yes     No

I declare that I have examined and/or completed this worksheet and any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Prepared and submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_