



SELF-EMPLOYMENT WORKSHEET

YOUR NAME: _____ BUSINESS NAME: _____

TOTAL INCOME: _____ GROSS RECEIPTS: _____ 1099'S: _____

EXPENSES

TOTALS

Advertising, business cards, stationary, marketing, etc.	
Business licenses, vendor fees, inspection fees, etc.	
Landscaper, Electrician, Cleaning Service, etc. (Businesses your hired to handle a task)	
Health Insurance for yourself and your family. Total Premiums, out of pocket costs, co-pays	
Insurance: Liability, Errors and Omissions, etc.	
Interest on business loans and business credit cards	
Mortgage (building, office, etc.)	
Legal and Professional Services (Legal, bookkeeping, CPA, etc.)	
Office Expenses (office supplies, coffee, water, postage, toilet paper, flowers, etc.)	
Retirement Plan expenses and contributions for your employees	
Retirement Plan contributions for yourself: Single 401K: IRA: SEP: Roth:	
Rent or lease for equipment (vehicles, machinery, etc.)	
Rent of lease for office space, storage	
Taxes (real estate and personal property taxes on business assets)	
Travel Expenses	
	Meals away from home
	Entertainment
	Trips (taxi, air, shuttle, etc.)
Utilities (SMUD, PG&E, phone, internet, cable, etc.)	
Education	
Please list ANY OTHER expenses associated with your business	

Do you have employees? _____ If yes, please provide end of year payroll summary.



Vehicle 1

Year, Make & Model: _____

Total miles driven _____ Miles driven for business _____

Parking & Tolls _____ Interest paid on your car loan _____

Or (but not both can be deducted)

Actual Expenses:

Lease Payments: _____

Gas, Maintenance, Repairs, Insurance, Car Washes, etc _____

Cost of Vehicle, & Date of Purchase for Depreciation. _____

(If the vehicle is depreciated you will no longer be able to take standard business mileage ever again for this vehicle)

Vehicle 2

Year, Make & Model: _____

Total miles driven _____ Miles driven for business _____

Parking & Tolls _____ Interest paid on your car loan _____

Or (but not both can be deducted)

Actual Expenses:

Lease Payments: _____ DMV VLF: _____

Gas, Maintenance, Repairs, Insurance, Car Washes, etc _____

Cost of Vehicle, & Date of Purchase for Depreciation. _____

(If the vehicle is depreciated you will no longer be able to take standard business mileage ever again for this vehicle)

Depreciation and section 179 expense deduction

List of Large Ticket items purchased for your business use: (computer, printers, TV, Furniture, Tools, Cameras, etc)

Description	Date Purchased	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____