

SELF EMPLOYED CHECKLIST

Name of Proprietor:		Business Activity:	
Business Name:		Product or Service:	
Business Address:		Federal ID Number (if applicable):	

1. Business is conducted on Cash Basis _____, Accrual _____, Other _____.
2. Inventory (if applicable) is based on Cost _____ or Other _____.
3. Do you use any part of your home for business? No _____, Yes _____. If Yes, answer these questions:

HOME OFFICE

Home Square Footage		Business Square Footage	
Mortgage Interest	\$	Home Rent	\$
Home Repair & Maintenance	\$	Insurance (Home or Renter)	\$
Property Tax	\$	Utilities:	\$
Home Owner's Assoc. Fees	\$	Other:	\$

4. Did you hire any new employees that may qualify for job credits? Yes _____, No _____.
5. How many months in business during the year? _____ Months.

INCOME

COST OF GOODS SOLD (if applicable)

Gross Receipts	\$	Beginning of Year Inventory	\$
Sales	\$	End of Year Inventory	\$
Returns & Allowances	\$	Purchases	\$
Commissions	\$	Withdrawn for Personal Use	\$
Other	\$	Cost of Labor	\$
Other	\$	Materials & Supplies	\$
Other	\$	Other	\$

EXPENSES

Advertising & Marketing	\$	Office Supplies	
Bad Debts (Explain)	\$	Wages (not shown above)	\$
Bank Charges	\$	Payroll Taxes (Company Paid)	\$
Car/Truck Expenses	\$	Real Estate Taxes	\$
Commissions Paid	\$	Personal Property Taxes	\$
Contract Labor	\$	Other Taxes (Explain)	\$
Depreciation (Attach Sch)	\$	Postage/Shipping	\$
Dues & Subscriptions	\$	Automobile-if not using actual	-----
Employee Benefits	\$	Expense:	-----
Insurance	\$	Total Miles Driven	Miles
Interest (Business)	\$	Business Miles	Miles
Laundry & Cleaning	\$	Percent Used for Business	%
Legal & Professional	\$	Parking Expense	
Rent (Business)	\$	Travel (Out of Town)	-----
Repairs & Maintenance	\$	Transportation (Air Fare)	\$
Supplies (Other)	\$	Meals & Tips	\$
Telephone	\$	Lodging	\$
Utilities	\$	Taxi	\$
Other (Explain)	\$	Car Rental	\$
	\$	Other (Explain)	\$

NOTES AND CLARIFICATIONS
