

SELF EMPLOYED BUSINESS

NAME OF BUSINESS PROPRIETOR _____ SSN _____

NAME OF THE BUSINESS _____

ADDRESS OF THE BUSINESS _____

PRINCIPAL BUSINESS & PRODUCT _____

TAX IDENTIFICATION NUMBER (IF APPLICABLE) _____

ARE YOU DEDUCTING EXPENSES FOR A HOME OFFICE?
(IF YES, REQUEST THE HOME OFFICE EXPENSE WORKSHEET)

YES

NO

DID YOU MATERIALLY PARTICIPATE IN THE OPERATION OF
THIS BUSINESS?

YES

NO

IF YOU STARTED OR ACQUIRED THIS BUSINESS IN 2021 CHECK HERE _____

GROSS RECEIPTS OR SALES	_____
RETURNS AND REFUNDS	_____
NET SALES	_____
COST OF OPERATIONS:	_____
BEGINNING INVENTORY	_____
PURCHASES (LESS PERSONAL USE ITEMS)	_____
WAGES TO OTHERS	_____
INVENTORY SUPPLIES	_____
OTHER COSTS	_____
ENDING INVENTORY	_____

ADVERTISING	_____	FREIGHT	_____
VEHICLE EXPENSE	_____	OTHER EXPENSE	_____
COMMISSIONS	_____	OTHER EXPENSE	_____
CONTRACT LABOR	_____	OTHER EXPENSE	_____
OWNER HEALTH INSURANCE	_____	OTHER EXPENSE	_____
EMPLOYEE HEALTH INSURANCE	_____	OTHER EXPENSE	_____
OTHER INSURANCE	_____	OTHER EXPENSE	_____
AUTO INTEREST	_____	OTHER EXPENSE	_____
OTHER INTEREST _____	_____	OTHER EXPENSE	_____
LEGAL & ACCOUNTING	_____	OTHER EXPENSE	_____
OFFICE SUPPLIES	_____	OTHER EXPENSE	_____
EQUIPMENT LEASE	_____	OTHER EXPENSE	_____
OFFICE RENT	_____	OTHER EXPENSE	_____
STORAGE & OTHER RENT	_____	OTHER EXPENSE	_____
REPAIRS	_____	OTHER EXPENSE	_____
SUPPLIES	_____	OTHER EXPENSE	_____
PERSONAL PROPERTY TAXES	_____	OTHER EXPENSE	_____
PAYROLL TAXES	_____	OTHER EXPENSE	_____
MEALS & ENTERTAINMENT	_____	OTHER EXPENSE	_____
SALES TAXES	_____	OTHER EXPENSE	_____
OTHER TAXES _____	_____	OTHER EXPENSE	_____
TRAVEL EXPENSES	_____	OTHER EXPENSE	_____
UTILITIES	_____	OTHER EXPENSE	_____
WAGES	_____	OTHER EXPENSE	_____
EMPLOYEE PENSION	_____	OTHER EXPENSE	_____
EMPLOYEE BENEFITS	_____	OTHER EXPENSE	_____

LIST ANY EQUIPMENT OR OTHER ASSET PURCHASES OR SALES DURING THE TAX YEAR

DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST	SALES COST
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____