

**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 _____
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DID YOU MATERIALLY PARTICIPATE IN THE OPERATION OF THIS BUSINESS?	YES _____	NO _____
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IF YOU STARTED OR ACQUIRED THIS BUSINESS IN 2009 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 _____	_____
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VEHICLE EXPENSE _____	OTHER EXPENSE _____	_____
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COMMISSIONS _____	OTHER EXPENSE _____	_____
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CONTRACT LABOR _____	OTHER EXPENSE _____	_____
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OWNER HEALTH INSURANCE _____	OTHER EXPENSE _____	_____
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EMPLOYEE HEALTH INSURANCE _____	OTHER EXPENSE _____	_____
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OTHER INSURANCE _____	OTHER EXPENSE _____	_____
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AUTO INTEREST _____	OTHER EXPENSE _____	_____
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OTHER INTEREST _____	OTHER EXPENSE _____	_____
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LEGAL & ACCOUNTING _____	OTHER EXPENSE _____	_____
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OFFICE SUPPLIES _____	OTHER EXPENSE _____	_____
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EQUIPMENT LEASE _____	OTHER EXPENSE _____	_____
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OFFICE RENT _____	OTHER EXPENSE _____	_____
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STORAGE & OTHER RENT _____	OTHER EXPENSE _____	_____
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REPAIRS _____	OTHER EXPENSE _____	_____
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SUPPLIES _____	OTHER EXPENSE _____	_____
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PERSONAL PROPERTY TAXES _____	OTHER EXPENSE _____	_____
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PAYROLL TAXES _____	OTHER EXPENSE _____	_____
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MEALS & ENTERTAINMENT _____	OTHER EXPENSE _____	_____
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SALES TAXES _____	OTHER EXPENSE _____	_____
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OTHER TAXES _____	OTHER EXPENSE _____	_____
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TRAVEL EXPENSES _____	OTHER EXPENSE _____	_____
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UTILITIES _____	OTHER EXPENSE _____	_____
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WAGES _____	OTHER EXPENSE _____	_____
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EMPLOYEE PENSION _____	OTHER EXPENSE _____	_____
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EMPLOYEE BENEFITS _____	OTHER EXPENSE _____	_____
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**LIST ANY EQUIPMENT OR OTHER ASSET PURCHASES OR SALES DURING THE TAX YEAR**

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