

SELF-EMPLOYED BUSINESS EXPENSE WORKSHEET

USE SEPARATE SHEET FOR EACH BUSINESS

NAME & TYPE OF BUSINESS: _____

OWNED/OPERATED BY: _____

INCOME: TOTAL SALES IN EXCHANGE FOR SERVICES OR GOODS (PLEASE EXPLAIN

IF THIS FIGURE INCLUDES AMOUNTS SHOWS ON FORM(S) 1099 \$ _____

EXPENSES: MUST BE ORDINARY AND NECESSARY FOR YOUR BUSINESS TO BE DEDUCTIBLE

ADVERTISING \$ _____

CAR & TRUCK EXPENSE \$ _____

COMMISSIONS & FEES PAID TO OTHERS \$ _____

CONTRACT LABOR \$ _____

EMPLOYEE BENEFITS SUCH AS HEALTH INSURANCE \$ _____

EQUIPMENT, SOFTWARE, COMPUTERS, TOOLS \$ _____

INSURANCE: BUSINESS AND LIABILITY, NOT HEALTH \$ _____

INTEREST \$ _____

LEGAL & OTHER PROFESSIONAL SERVICES \$ _____

OFFICE SUPPLIES, PAPER, POSTAGE, ETC \$ _____

PROFESSIONAL MEMBERSHIPS \$ _____

RENT/LEASE OF EQUIPMENT \$ _____

RENT/LEASE OF SPACE, LAND, BUILDINGS, ETC \$ _____

REPAIRS OF EQUIPMENT & PROPERTY BUT NOT VEHICLES \$ _____

SUPPLIES \$ _____

TAXES \$ _____

TRAVEL \$ _____

MEALS \$ _____

UTILITIES \$ _____

WAGES \$ _____

CONTINUING EDUCATION, CLASSES, SEMINARS \$ _____

OTHER BUSINESS RELATED EXPENSES (PLEASE ITEMIZE) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____