



Self-Employed Questionnaire

General Information

Business Owner _____
Business Description _____
Business Name (if no separate name, leave blank) _____
Employer ID Number (if different from SSN) _____
Accounting method: Cash Accrual Other (specify) _____
Did you materially participate in the business during this year? Yes No
Did you start or acquire this business this year? Yes No

Income

Gross receipts from 1099-MISC *(provide forms please)*
Other gross receipts or sales _____
Returns and allowances _____
Cost of goods sold:
 Inventory at beginning of year _____
 Purchases less personal use items _____
 Cost of labor (not self) _____
 Materials and supplies _____
 Other costs _____
 Inventory at end of year _____

Expenses

Advertising _____
Car and truck *(see worksheet)*
Commissions and fees _____
Contract labor _____
Depletion _____
Depreciation and section 179 *(see worksheet)*
Employee benefit programs (other than
 pension and profit-sharing plans) _____
Insurance (other than health) _____
Interest:
 Mortgage (not home office) _____
 Other _____
Legal and professional services _____
Office expense _____
Home Office expenses *(see worksheet)*
Pension and profit-sharing plans _____
Rent or lease:
 Vehicles, machinery, equipment _____
 Other business property _____
Repairs and maintenance _____
Supplies (not included in COGS) _____
Taxes and licenses _____
Travel & meals:
 Travel _____
 Meals _____
Utilities (not home office) _____



Self-Employed Questionnaire

Wages (less employment credits) _____

Other expenses (specify):

 Telephone _____

 Postage _____

Car and Truck Expenses Worksheet

Vehicle Description			
Date placed in service			
Total miles for year			
Business miles for year			
Commuting miles for year			
Another vehicle for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Available during off-duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Depreciation and Section 179 Worksheet

Description of asset							
Date placed in service							
Cost or Basis							
Prior-Year Section 179							
Prior-Year depreciation							
Date of Disposal							
Sale Price							
Sales Expenses							



Home Office Deductions Worksheet

Area used exclusively for business _____

Total area of home _____

I wish to take the "Safe Harbor" (simple) home office deduction: ____ No ____ Yes (STOP HERE)

Mortgage Interest _____

Real estate taxes _____

Insurance _____

Repairs and maintenance _____

Utilities:

 Gas _____

 Electric _____

 Water _____

 Sewer _____

 Trash pickup (NOT yard maint.) _____

Other expenses _____