

Self Employment Check List

Year Started:	
Business Type:	
Business Name:	
Business Address:	

Office In The Home Only

# Office Use Only Rooms		Utilities (Total for Year)
# Total Rooms in Home		Mortgage Interest
# Sqft Office Only Rooms		Real Estate Taxes
# Total Sqft of Home		Homeowner Insurance
		Repairs & Maintenance
		Other _____
		Other _____

Expenses

Advertising		Repairs & Maint.
Comissions & Fees		Supplies (Not sold)
Contract Labor		Taxes & Licenses
Insurance (Not health)		Travel - Entertainment
Interest - Mortgage		Travel - Meals
Interest - Other		Utilities
Legal & Prof Fees		Wages
Office Expense		Other: _____
Rent - Equipment		Other: _____
Rent - Property		Other: _____

AUTO

Year of Vehicle #1:		Business Miles for Year
Make of Vehicle #1:		Repairs & Maintenance
Date Placed in Service		Registration
Method Used Previo	Cash / Actual	Insurance
Total Miles for Year		Personal Property Tax
		Gas & Oil Expense

Year of Vehicle #2:		Business Miles for Year
Make of Vehicle #2:		Repairs & Maintenance
Date Placed in Service		Registration
Method Used Previo	Cash / Actual	Insurance
Total Miles for Year		Personal Property Tax
		Gas & Oil Expense

Year of Vehicle #3:		Business Miles for Year
Make of Vehicle #3:		Repairs & Maintenance
Date Placed in Service		Registration
Method Used Previo	Cash / Actual	Insurance
Total Miles for Year		Personal Property Tax
		Gas & Oil Expense

Date _____

Signature _____

Equipment

Type of Equipment	Service Date	Cost	Date Sold	Sale Amount

Cost of Goods Sold

<i>Beginning Inventory</i>	
Purchases	
Personal Purchases Included Above	
Materials & Supplies	
<i>Ending Inventory</i>	
Other _____	
Other _____	
Other _____	
Other _____	
Other _____	

Income

1099?

Income By Credit Cards:	
Gross Sales Not included above:	
Returns or other losses included in income:	
Other Income _____	
Other Income _____	
Other Income _____	

Client Name _____

Client Signature _____

Date _____