

SELF-EMPLOYED REVENUE AND EXPENSES

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NAME OF PROPRIETOR:	TAX YEAR:
NAME OF BUSINESS:	EIN OF BUSINESS:
IF YOU STARTED YOUR BUSINESS THIS YEAR, ENTER DATE:	
IF YOU CLOSED YOUR BUSINESS THIS YEAR, ENTER DATE:	

REVENUE

*** FROM CLIENTS: _____

*** FROM OTHER SOURCES: **Please Submit Forms** _____ 0.00

OPERATING EXPENSES

MAIN CATEGORY	SUBCATEGORY	\$ AMOUNT	TOTALS
ADVERTISING	BUSINESS CARDS	_____	
	WEBSITE	_____	
	SIGNS, FLYERS, T-SHIRTS	_____	
	OTHER:	_____	0.00
CONTRACT LABOR			
<input type="checkbox"/> 1099/1096 Forms Filed?			
			0.00
INSURANCE:	LIABILITY	_____	
	WORKERS COMPENSATION INS.	_____	
	SELF EMPLOYED HEALTH INSURANCE	_____	
	OTHER:	_____	0.00
BUSINESS LOAN INTEREST:			
LEGAL/PROFESSIONAL FEES:			
			0.00
OFFICE EXPENSE:	GENERAL SUPPLIES	_____	
	COMPUTER SUPPLIES	_____	
	POSTAGE	_____	
	INTERNET	_____	
	SOFTWARE	_____	
	OTHER:	_____	
	OTHER:	_____	0.00
RENT & LEASE	EQUIPMENT RENTAL	_____	
	STORAGE RENTAL	_____	0.00
	TOOL RENTAL	_____	
	OTHER:	_____	
REPAIRS & MAINTENANCE:	COMPUTER REPAIRS	_____	
	TOOL REPAIRS	_____	0.00
	OTHER:	_____	
SUPPLIES:		_____	

		_____	0.00

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FACILITY EXPENSES

NAME OF PROPRIETOR:	TAX YEAR:
RENT PAID:	
MORTGAGE INTEREST:	
	MORTGAGE #1
	MORTGAGE #2
	EQUITY LINE
	OTHER:
	0.00
PROPERTY TAXES:	
INSURANCE:	
	HOMEOWNERS INSURANCE
	FLOOD INSURANCE
	MORTGAGE INSURANCE
	OTHER:
	0.00
REPAIRS & MAINTENANCE:	
	GENERAL REPAIRS
	INTERIOR REPAIRS
	EXTERIOR REPAIRS
	REPAIRS @ 100%
	GENERAL MAINTENANCE
	INTERIOR MAINTENANCE
	EXTERIOR MAINTENANCE
	MAINTENANCE @ 100%
	LAWN MAINTENANCE
	POOL MAINTENANCE
	PEST CONTROL
	OTHER:
	OTHER:
	OTHER:
	0.00
RENOVATIONS:	
	GENERAL RENOVATIONS
	RENOVATIONS @ 100%
	OTHER:
	OTHER:
	0.00
UTILITIES:	
	ELECTRICITY:
	WATER:
	WATER/SEWER:
	TRASH REMOVAL:
	CABLE:
	SECURITY SYSTEM:
	BOTTLED WATER SERVICE:
	NATURAL GAS:
	HEATING OIL:
	FIRE WOOD:
	0.00
HOMEOWNERS ASSOCIATION DUES:	
HOME WARRANTY:	

