Self-Employed/Business Monthly Worksheet			Name of Proprietor					Social Security Number					
				Principal E	Principal Business or Profession, Including Product or Service								
Income	January	February	March	April	Мау	June	July	August	Sept	October	Nov	Dec	TOTALS
Gross Sales													
Expenses	January	February	March	April	May	June	July	August	Sept	October	Nov	Dec	TOTALS
Accounting													
Advertising													
Answering Service													
Auto & Truck Expense													
Bad Debts													
Bank Charges													
Business Contributions													
Business Taxes													
Commissions													
Delivery & Freight													
Dues & Subscriptions													
Equipment Rental													
Gifts													
Insurance													
Interest													

	January	February	March	April	May	June	July	August	Sept	October	Nov	Dec	TOTAL
Laundry & Cleaning													
Legal & Professional													
License & Permits													
Meals & Entertainment													
Miscellaneous													
Office Expenses													
Outside Services													
Parking & Tolls													
Postage													
Printing													
Rent													
Repairs & Maintenance													
Rubbish Removal													
Security													
Supplies													
Telephone													
Tools													
Travel													
Utilities													
Other													
Other													
Other													
TOTALS													

Information on Your Vehicle

 When did you place your vehicle in service
 for business purposes?
 /
 /

Vehicle is used primarily by a more than 5% owner?YesNoIs vehicle available for off-duty personal use?YesNoIs any other vehicle available for personal use?YesNo

Description of Vehicle:

Mileage

	January	February	March	April	May	June	July	August	Sept	October	Nov	Dec	TOTALS
Personal Mileage													
Business Mileage													
Commuting Mileage													
Actual Expenses	January	February	March	April	Мау	June	July	August	Sept	October	Nov	Dec	TOTALS
Gasoline, Lube, Oil													
Repairs/Maintenance													
Insurance													
Miscellaneous													
Auto License													
Personal Prop. Taxes													
Interest (Car Loan)													
Vehicle Lease Pymts													
TOTALS													

Description of Property (Ex. Fax, Computer, Office Equipment, Etc.)

	Description	Date Placed in Service	Cost or Basis
Property A			
Property B			
Property C			

Business Use of Home

Business Use Area (Square feet)	
Total Area of Home (Square feet)	

Description	(Provide us with the total amount paid for the year)	Indirect * Expenses	Direct ** Expenses
Mortgage Int	erest		
Real Estate	Taxes		
Rent			
Insurance			
Association	Dues		
Repairs & M	aintenance		
Utilities			
Security			
Telephone/Ir	nternet		
Miscellaneou			
TOTALS			

* Indirect Expenses are related to the entire home.

** Direct Expenses are related to the business portion of the home and are fully deductible.