

GENERAL INFORMATION

Your Name (First, Initial, Last Name)		SSN/EIN
Business Name	Business Address	
Type of Business		

COVID 19 INFORMATION

Indicate, if any, how many days were you unable to perform your self-employment services because of Covid 19:

- You were sick or quarantined due to Covid 19 _____ days
- You cared for someone 18 or older who was sick or quarantined due to Covid 19 _____ days
- You cared for someone UNDER THE AGE OF 18 who was sick or quarantined due to Covid 19 or whose school or child care was closed due to Covid 19 _____ days

BUSINESS INCOME

Business Gross Income \$ _____

MILEAGE

 Do you have written evidence to support the miles claimed? Yes ☐ No ☐

Number of miles claimed: Business Miles _____ Commuting Miles _____ Other Miles _____

BUSINESS EXPENSES

Advertising	\$ _____
Worker Wages (not W2's)	\$ _____
Insurance	\$ _____
Interest - Mortgage	\$ _____
Interest - Other	\$ _____
Internet	\$ _____
Legal/Professional Fees	\$ _____
Office Expenses	\$ _____
Supplies	\$ _____

Equipment Rental	\$ _____
Building Rental	\$ _____
Repairs and Maintenance	\$ _____
Taxes and Licenses	\$ _____
Travel Costs (NOT Mileage)	\$ _____
Meals	\$ _____
Utilities	\$ _____
Other Expenses	\$ _____
_____	\$ _____
_____	\$ _____

EQUIPMENT

 Did you purchase any equipment over \$500 for your business? Yes ☐ No ☐

 If **Yes**, please list the item(s) below

Description of Equipment	Date Acquired	Cost of the Equipment	% the Equipment was used by the Business	New or Used when Purchased