



SELF-EMPLOYMENT FORM

GENERAL INFORMATION

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

OTHER INFORMATION ABOUT YOUR BUSINESS

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BUSINESS INCOME

Business Gross Income	\$ _____
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MILEAGE

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

Number of Business miles claimed: (65.5 cents per mile) _____

BUSINESS EXPENSES

Advertising	\$ _____	Equipment Rental	\$ _____
Worker Wages (NOT W2's)	\$ _____	Building Rental	\$ _____
Insurance	\$ _____	Repairs and Maintenance	\$ _____
Interest - Mortgage	\$ _____	Taxes and Licenses	\$ _____
Interest - Other	\$ _____	Travel Costs (NOT Mileage)	\$ _____
Internet	\$ _____	Meals	\$ _____
Legal/Professional Fees	\$ _____	Utilities	\$ _____
Office Expenses	\$ _____	Other Expenses	\$ _____
Supplies	\$ _____		\$ _____
			\$ _____
			\$ _____

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