

**Independent Provider Business Income and Expense Summary**

Year \_\_\_\_\_

| <b>Income</b>                     |   | <b>Amount</b> |
|-----------------------------------|---|---------------|
| Gross Receipts (total of 1099s)   | + | \$            |
| Amount allocated to Notice 2014-7 | - | \$            |
|                                   |   |               |
| Total Income:                     |   | \$            |

| <b>Expenses</b>   | <b>Amount</b> |
|---|---------------|
| Office Expense  | \$            |
| Supplies  | \$            |
| Cell Phone  | \$            |
| Certification Fees  | \$            |
| Taxes and Licenses  | \$            |
| Equipment(printer, laptop, computer, new cell phone paid in full) |               |

| <b>Vehicle Information</b> | <b>Amount</b> |                                     | <b>Amount</b> |
|----------------------------|---------------|-------------------------------------|---------------|
| Business Miles             |               | Lease payments                      |               |
| Commuting Miles            |               | Auto Insurance                      |               |
| Other Miles                |               | Interest on Loan                    |               |
| Parking and tolls          |               | Actual Expenses (gas, oil, repairs) |               |

| <b>Business use of Home</b> | <b>Amount (monthly/yr)</b> |                                | <b>Amount (monthly/yr)</b> |
|-----------------------------|----------------------------|--------------------------------|----------------------------|
| Rent                        |                            | Property Taxes                 |                            |
| Rent/Mortgage Insurance     |                            | Repairs (office only)          |                            |
| Mortgage Interest           |                            | Repairs (total home)           |                            |
| Gas/Propane                 |                            | Electric                       |                            |
| Water/Sewer                 |                            | Trash                          |                            |
| Internet                    |                            | Lawn care/snow removal service |                            |

**Do you have a dedicated home office used ONLY as a home office ?** \_\_\_\_\_

**Total Sqft of Home** \_\_\_\_\_ **Total Sqft of area used** \_\_\_\_\_

**DID YOU MOVE LAST YEAR: YES OR NO**