SELF-EMPLOYED-BUSINESS INCOME AND EXPENSES			RENTAL INCOME AND EXPENSES Use additional copies for multiple properties		
Name of Business Activity			Property AddressVacation or short-term rental Land		
Gross Income Collected \$			Rents Received \$		
Self-Employed Expenses Amount			Rental Expenses		
Advertising		Amount	Advertising	Amount	
Automobile		Automobile			
Dues and Subscriptions		Dues and Subscriptions			
Bank Charges		Bank Charges			
Insurance (other than health)		Insurance			
Employee Health Insurance Professional Fees		Cleaning and Maintenance Professional Fees			
Interest Expense		Mortgage Interest Paid			
Telephone		Telephone			
Repairs and Maintenance		Repairs - list major repairs below			
Rent Paid		Taxes - Real Estate			
Meals and Entertainment		Management Fees			
Miscellaneous (> 500, list out) Supplies		Miscellaneous			
Equipment Rental		Supplies Water and Sewer	Vater and Sewer		
Travel		Rubbish Removal			
Office Expense		Office Expense			
Utilities		Utilities			
Purchases -					
Subcontractors  Salaria and Wassa Baid		Mileage used for Rental - report	pelow		
Salaries and Wages Paid Taxes - Label type		Improvements - provide breakd	own		
List amount contributed to or going to contribute to SEP, SIMPLE, or other qualified retirement plan.		☐ List Improvements, Furniture, Carpet, and Major Repairs separately with date and cost of each item.			
☐ Do you have an <b>area in your home</b> used regularly or exclusively for Business? Office at your business location? ☐		☐ If the property was <b>purchased or converted to rental use</b> this year, provide purchase settlement statement.			
List Equipment, Furniture & Fixtures, Leasehold Improvements, and Major Repairs separately with date and cost of each item. Incl. receipts or contracts.		You do not need to include actual receipts.			
Provide us with amount of End of Year Inventory at 12/31/24 on hand - at cost \$					
□ Provide us with financing information on any <b>New Business Loans, Vehicle Loans or Lines of Credit</b> , and interest paid in 2024.					
☐ Amt. of <b>Self-Employed Health</b> Insurance Premiums paid by you \$			, list amount paid for employees separately.		
□ Busin	ness Vehicle Information:		Vehicle 1	Vehicle 2	
	Description of Vehicle (Make	/Model)			
	Date vehicle was placed in service				
	<b>Total miles</b> driven in 2024 (business and personal together)		r)		
	Business miles -January 1, 2024 thru December 31, 2024		4		
	Personal - Miles - Another vehicle available for psl. use?				
	Automobile Expenses - Gas etc. w/o Loan Pmt.				
Lease -Total monthly payments paid in 2024  Own -Interest paid on Vehicle Loan in 2024					