

SELF-EMPLOYED-BUSINESS INCOME AND EXPENSES		RENTAL INCOME AND EXPENSES	
Activity _____		Property Address _____	
Gross <b>Income</b> Collected \$ _____ Indicate if the amount includes 1099's received, or sales tax collected. Amount of sales tax included \$ _____.		Rents <b>Received</b> \$ _____ List Security Deposits separately. Indicate if incl. 1099 rec.'d No. Days Rented _____ If a home, no. of psl. use days _____	
Self-Employed Expenses	Amount	Rental Expenses	Amount
Advertising		Advertising	
Automobile		Automobile	
Dues and Subscriptions		Dues and Subscriptions	
Bank Charges		Bank Charges	
Insurance (other than health)		Insurance	
Employee Health Insurance		Cleaning and Maintenance	
Professional Fees		Professional Fees	
Interest Expense		Mortgage Interest Paid	
Telephone		Telephone	
Repairs and Maintenance		Repairs	
Rent Paid		Taxes - Real Estate	
Meals and Entertainment		Management Fees	
Miscellaneous		Miscellaneous	
Supplies		Supplies	
Equipment Rental		Water and Sewer	
Travel		Rubbish Removal	
Office Expense		Office Expense	
Utilities		Utilities	
Purchases		<b>Improvements - List type &amp; amt.</b>	
Subcontractors			
Salaries and Wages Paid			
Taxes - Label type			
<input type="checkbox"/> List amount contributed to or going to contribute to <b>SEP, SIMPLE, or other qualified retirement</b> plan.		<input type="checkbox"/> List <b>Improvements, Furniture, Carpet, and Major Repairs</b> separately with date and cost of each item.	
<input type="checkbox"/> Do you have an <b>area in your home</b> used regularly or exclusively for Business? Office at your business location? <input type="checkbox"/>		<input type="checkbox"/> If the property was <b>purchased or converted to rental use</b> this year, provide purchase settlement statement.	
<input type="checkbox"/> List <b>Equipment, Furniture &amp; Fixtures, Leasehold Improvements, and Major Repairs</b> separately with date and cost of each item. Incl. receipts or contracts.		<input type="checkbox"/> You do not need to include actual receipts.	
<input type="checkbox"/> Provide us with amount of End of Year <b>Inventory</b> - At Cost \$ _____.			
<input type="checkbox"/> Provide us with financing information on any <b>New Business Loans, Vehicle Loans or Lines of Credit</b> .			
<input type="checkbox"/> Amt. of <b>Self-Employed Health</b> Insurance Premiums paid by you \$ _____, list amount paid for employees separately.			
<input type="checkbox"/> <b>Business Vehicle</b> Information:		<b>Vehicle 1</b>	<b>Vehicle 2</b>
	Description of Vehicle (Make/Model)		
	Date vehicle was placed in service		
	Total miles driven in 2020		
	Business miles in 2020		
	Commuting Miles		
	Personal - Miles - Another vehicle available for psl. use?		
	Automobile Expenses - Gas etc. w/o Loan Pmt.		
	Lease -Total monthly payments paid in 2020		
	Own -Interest paid on Vehicle Loan in 2020		