



**SELF EMPLOYEMENT FINANCIAL SUMMARY** \_\_\_\_  
**Tax Year** \_\_\_\_\_

**Total Income received from Business Operations for the current Tax Year \$**\_\_\_\_\_

**Please total your receipts and enter amounts for expenses below:**

Accounting Fees		Office compensation –shareholder	
Advertising		Parking fees/tolls	
Automobile expenses (gas, repairs etc)		Payroll processing	
Bad debts (Uncollectible revenue)		Pension/other retirement plans	
Cell phone (Business related portion)		Permits and Licenses	
Clean fuel deduction		Postage/shipping	
Commissions Paid		Printing	
Computer		Recruiting	
Contractors		Repairs/maintenance	
Credit/Collection costs		Rents (Include office rent)	
Delivery/Freight		Salary/wages non-shareholder	
Depreciation*		Salary/wages - shareholder	
Depletion (do not deduct oil/gas)		Sales expenses	
Discounts allowed		Security	
Dues and Subscriptions		Software Fees	
Education / Training		Supplies	
Employee Benefits		Taxes	
Equipment rental/lease		1. St/City income tax	
Gifts		2. St/City franchise tax	

Insurance ( <i>total if not using detail below</i> )		3. City income tax	
1. Building and equipment.....		4. City franchise tax	
2. Liability.....		5. Local property tax	
3. Other insurance.....		6. Intangible property tax	
4. Worker's compensation .....		7. Payroll tax	
Interest expense		8. Credit from form 8846	
Internet		9. Foreign tax paid	
Janitorial		10. Occupancy tax	
Laundry/Dry Cleaning Services		11. Miscellaneous tax	
Legal and Professional Fees		12. Built-in gain tax to ordinary income	
Marketing		Telephone - Office	
Meals and entertainment 50% limit		Tools	
Meals and entertainment 80% limit		Travel	
Meals and entertainment 100% allowed		Utilities	
Meetings		Waste Removal	
Office expense**		Other Expenses (itemize)	
Officer compensation – non-shareholder		1	
		2	

\*For Auto:

Year \_\_\_\_\_

Make \_\_\_\_\_

Model \_\_\_\_\_

Cost: \_\_\_\_\_

Year of Purchase: \_\_\_\_\_

Year placed into service: \_\_\_\_\_

Business Miles \_\_\_\_\_

Personal Miles \_\_\_\_\_

Total Miles \_\_\_\_\_

\*\*For Home Office:

Total Square footage of home \_\_\_\_\_

Square footage of home office space \_\_\_\_\_

**\*Please attach this completed form to your Schedule C Organizer**

By submitting this form, I certify that I have receipts or some other form of verification on file for all income and expenses reported. I agree to keep them on file for at least three (3) years from date reported. I declare and affirm under the penalties of perjury that the information has been examined by me, and to the best of my knowledge and belief, the information supplied is true and correct.