



2025 SELF-EMPLOYED WORKSHEET

Page 1 of 1

(Please Print)

Picket Fence Tax Service

TAXPAYER INFORMATION

Business Name:	EIN (if applicable):		
Principal Business:	Owned by:		
Business Address:	Taxpayer <input type="checkbox"/>	Spouse <input type="checkbox"/>	Both <input type="checkbox"/>
	Date Opened:	Date Closed (if applicable):	
	Did you pay for self-employed health insurance?		If YES, amount paid:
	<input type="checkbox"/> Y <input type="checkbox"/> N		

Income Information

Gross Receipts/Sales (including 1099s):	Refunds:
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Cost of Goods Sold

Beginning Inventory:	Cost of Labor (excluding W2 wages):	
Ending Inventory:	Were 1099s provided to subcontractors?	<input type="checkbox"/> Y <input type="checkbox"/> N
Cost of materials/supplies:	If NO, do you need us to prepare them? (a \$50 fee applies)	<input type="checkbox"/> Y <input type="checkbox"/> N
Purchases:	Other (describe):	

Expenses

Advertising:	Office Expense:	Dues & Subscriptions:
Business Insurance:	Rent (office space):	Other (describe):
Legal Services:	Utilities (not home office):	Other (describe):
Supplies:	Repairs (equip, etc.):	Other (describe):
Internet (Amount & % of Business Use): \$ %	Taxes/Licenses:	New Assets? (vehicles, equipment, etc.) <input type="checkbox"/> Y <input type="checkbox"/> N
Cell Phone (Amount & % of Business Use): \$ %	Wages (provide W3):	For NEW assets only, please provide details (item, purchase date, cost, etc.):

MUST PROVIDE ALL MILE TYPES
used to determine business %

Auto & Travel

Business Miles:	Tolls:	Airfare:
Commuting Miles:	Parking:	Hotel:
Personal Miles:	Interest Paid on Vehicle Loan:	Dining:
Date Vehicle Placed in Service:		

Business Use of Home

Total SqFt of Home:	Mortgage Interest Paid:	Homeowner's Insurance:
SqFt of Sole Business Use Space:	Real Estate Tax:	Repairs & Maintenance:
Date Business Use of Home Began:	Rent Paid:	Utilities:
Original Cost of Home*:		

*Required if using ACTUAL expenses; otherwise, a more simple method will be used (basic SqFt used for %).

Owner Signature: _____

Date: _____