

SELF EMPLOYMENT INCOME AND EXPENSES

Please complete this form if you or your spouse (if married filing jointly) are self employed taxpayer(s), if you operate more than one business a form must be completed for each business.

*Please note that you may be required by a taxing authority to prove the legality of your business, please keep any and all documentation pertaining to all income and expenses you are claiming, in the event of an audit, you will have to prove every item you have listed on this form. You hereby certify that the information on this form is accurate and true (please refer to your Client Engagement Letter between you and Tax Angels-Jordan & Associates, LLC). If you are unsure of the accuracy of your calculations and would like for us to provide you with bookkeeping services at a rate of \$60.00 per hour let us know, if not, please initial here _____ indicating **your waiver of our bookkeeping services***

First Name: _____ Middle Initial: _____ Last Name: _____

Please list spouse info below if married filing jointly:

Spouse Name: _____ Middle Initial: _____ Last Name: _____

Occupation: _____ Business Income: \$ _____

State Taxes Paid: \$ _____ Fed. Taxes Paid: \$ _____

When did you start this business? _____ / _____ / _____

Do you have documentation to support the information listed on this form? Yes _____ No _____

If so, did you bring the documentation with you to assist in the preparation of your taxreturn?

Yes _____ No _____

If you operate your business out of your home, what percentage of your home out of 100% is being used or was used for business purposes..... ex: out of a total of 8 rooms in your home, how many rooms are or were being used for business purposes?

Total number of rooms in home? _____ How many rooms are used for business purposes? _____

Please list your business expenses below, expenses must be itemized.

Advertising: \$ _____

Contract Labor: \$ _____

Rent: \$ _____

Utilities: \$ _____

Car and Truck Expenses: \$ _____

Commissions and fees: \$ _____

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Insurance, other than health: \$ _____

Legal and professional services: \$ _____

Vehicle(s) Rent and/or Lease: \$ _____

Interest

• Mortgage (paid to banks etc.): \$ _____

Other: \$ _____

Repairs and maintenance: \$ _____

Supplies: \$ _____

Travel and meals

• Travel: \$ _____

Meals: \$ _____

Cell phone: \$ _____

Business apparel: \$ _____

Cost of Goods Sold: \$ _____

Business Equipment: \$ _____

TOTAL BUSINESS EXPENSES \$ _____ (Initials: _____)

Taxpayer Signature:

Date:

_____/_____/_____

Spouse Signature: (if business is operated by both spouses)

Date:

_____/_____/_____

If you are married filing jointly and husband & wife are both self employed and their businesses are separate, you must complete another form.