



## Self-Employed Worksheet

Client: \_\_\_\_\_ Tax Year: \_\_\_\_\_

Did you make any payments that would require you to file Form 1099? YES \_\_\_\_\_ NO \_\_\_\_\_

|                           |  |                          |       |
|---------------------------|--|--------------------------|-------|
| <b>Income:</b>            |  | Office Expense           |       |
|                           |  | Office Supplies          |       |
|                           |  | Outside Services         |       |
|                           |  | Parking & Tolls          |       |
| <b>Expenses:</b>          |  | Postage                  |       |
| Accounting                |  | Printing                 |       |
| Advertising               |  | Rent, Business Equipment |       |
| Business Cards            |  | Rent, Office Rent        |       |
| Magazines/Newspaper       |  | Repairs                  |       |
| Automobile Expense:       |  | Security                 |       |
| Business Miles            |  | Small Tools              |       |
| Personal Miles            |  | Supplies                 |       |
| Total Miles Driven        |  | Taxes & Licenses         |       |
| Answering Service         |  | Tax (business)           |       |
| Bank Charges              |  | Tax Preparation          |       |
| Commissions               |  | Telephone:               |       |
| Contract Labor            |  | Business Line            |       |
| Delivery/Freight          |  | Mobile                   |       |
| Dues & Subscriptions      |  | Long Distance            |       |
| Education:                |  | Fax                      |       |
| Books                     |  | Travel:                  |       |
| Classes                   |  | Airfare                  |       |
| Continuing Education      |  | Lodging                  |       |
| Conventions/Seminars      |  | Utilities                |       |
| Employee Benefits         |  | Wages                    |       |
| Equipment Repairs         |  | Website                  |       |
| Gifts to Clients          |  | Equipment Purchased      |       |
| Health Insurance Premiums |  | Description:             | Date: |
| Insurance (Not Health)    |  |                          | Cost: |
| Interest, Business Debt   |  |                          |       |
| Laundry & Cleaning        |  |                          |       |
| Legal & Professional Fees |  |                          |       |
| Meals                     |  |                          |       |

\*Expenses must be ordinary and necessary and have a business purpose. The income and expenses above must be backed by receipts and/or other documentation.