



Self-Employed Worksheet

Client: _____ Tax Year: _____

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

Income:		Office Expense	
		Office Supplies	
		Outside Services	
		Parking & Tolls	
Expenses:		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: Cost:
Insurance (Not Health)			
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.