

## **Self-Employment Income Information Sheet**

First Name		M.I.	Last Name		Social Secur	Social Security Number	
Gross Income: \$							
Miles related to self-employ							
• •			ing miles: Other miles :				
□ Yes □ No * Do yo							
* To expense miles, y	ou must have	e written ev	idence or the	e IRS will not allow	the deduction		
Business Expenses:							
Advertising	\$			Taxes and licenses	\$	\$	
Worker Wages (not W2)	\$			Travel costs (not mi		\$	
nsurance	\$			Meals		\$	
nterestMortgage	\$			Utilities	\$		
nterestOther	\$		<del></del>	Other expenses (List	type and amoun	amount):	
Legal /Professional Fees					\$		
Office Expense	\$				\$		
RentEquipment	\$				\$		
RentBuilding	\$				\$		
Repairs and maintenance	\$				\$		
Supplies/Small Tools	\$				_		
☐ Yes ☐ No ☐ Did you  f yes, please list the items be  Description of Equipmen	elow:	/ equipment	Over \$250 for Date Acquired	Cost (Basis)	Business use %	New Propert (yes or no)	
1.				\$			
2.				\$			
3.				\$			
J.					1		

Date:\_\_\_\_\_

Signature:\_\_\_\_\_