

ARE YOU SELF-EMPLOYED?

Your First Name	M.I.	Last Name	Social Security Number
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Gross Income for 2017: \$ _____

Miles related to self-employment for 2017:

Business miles _____ Commuting miles _____ Other miles _____

Yes No * Do you have WRITTEN evidence to support the miles claimed?

*To expense miles, you must have written evidence or the IRS will not allow the deduction.

Business Expenses:

Advertising	\$ _____	Taxes and licenses	\$ _____
Worker wages (not W2)	\$ _____	Travel costs (not mileage)	\$ _____
Insurance	\$ _____	Meals and entertainment	\$ _____
Interest--mortgage	\$ _____	Utilities	\$ _____
Interest--other	\$ _____	Other expenses (list type and amount):	
Legal/Professional fees	\$ _____	_____	\$ _____
Office Expense	\$ _____	_____	\$ _____
Rent--equipment	\$ _____	_____	\$ _____
Rent--building	\$ _____	_____	\$ _____
Repairs and maintenance	\$ _____	_____	\$ _____
Supplies	\$ _____	_____	\$ _____

Yes No Did you purchase any equipment over \$250 for your business in 2017?

If yes, please list the items below:

Description of Equipment	Date acquired	Cost (basis)	Business use %	New property (yes or no)
1.		\$		
2.		\$		
3.		\$		
4.		\$		

Signature _____

Date _____