

INCOME & EXPENSE FROM SELF-EMPLOYED SERVICES

Name of Business: _____

Date Started Business: _____

INCOME	COST OF SALES
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Gross Income/Sales \$ _____

Cost of goods sold - COGS \$ _____

EXPENSES:

Advertising	\$ _____	Maintenance/Cleaning Service	\$ _____
Insurance for Business	\$ _____	Supplies(not included in COGS)	\$ _____
Interest paid on loans	\$ _____	Licenses for business	\$ _____
Legal or Professional Services	\$ _____	Travel	\$ _____
Office expenses	\$ _____	Meals with Clients	\$ _____
Rent/Lease (Bldg,equip)	\$ _____		\$ _____

OTHER EXPENSES (list type & amount) Enter home office expense or page F8829

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

FURNITURE AND EQUIPMENT purchased for the business (list & include DATE of purchase)

Date: _____	Item Descrip. _____	\$ _____
Date: _____	Item Descrip. _____	\$ _____
Date: _____	Item Descrip. _____	\$ _____
Date: _____	Item Descrip. _____	\$ _____

VEHICLE EXPENSE - Please fill out Vehicle worksheet

I, confirm that the income and expense amounts provided on this worksheet are accurate, complete and can be backed by my records and receipts. Executive Public Accountants Inc is not responsible for verifying the accuracy or completeness of this information and will rely on it for tax preparation purposes.

Printed Name: _____

Signature _____

PLEASE ATTACH A SEPARATE SHEET FOR OTHER ITEMS OR QUESTIONS