

**SELF EMPLOYED
CONSTRUCTION, SPECIALTY TRADE, HANDY MAN SERVICES**

DATE _____		TAX YEAR _____
NAME _____		ADDRESS _____
OCCUPATION _____		_____

INCOME:

TOTAL INCOME \$ _____

(To figure total income add all 1099's and put total on line above. If there are no 1099's reported or if you earn more income then reported on the 1099's you need to add up the total of all deposits.)

EXPENSES:

ACCOUNTING FEES \$ _____

AUTO EXPENSE:

TOTAL MILES _____

WORK MILES _____

1. GAS/FUEL \$ _____

4. PARKING \$ _____

2. REPAIRS & MAINT \$ _____

5. INSURANCE \$ _____

3. TOLLS \$ _____

6. LEASE PMTS \$ _____

HELPER/TEMPS \$ _____

INSURANCE (NO HEALTH) \$ _____

MEALS & ENTERTAIN \$ _____

LICENSES & PERMITS \$ _____

LARGE TOOLS & EQUIP: \$ _____

(List each piece of equipment with a description, date of purchase, and amount of purchase)

MATERIALS/SUPPLIES \$ _____

OFFICE EXPENSE \$ _____

RENT OR LEASED:

1. EQUIPMENT \$ _____

2. BUILDING/UNIT \$ _____

SMALL TOOLS & EQUIP \$ _____

(Including small power tools. Do not include large equip. as generators, trailers, e.g.)

SUBCONTRACTORS \$ _____

TELEPHONE/CELL \$ _____

TRAVEL \$ _____

UNIFORMS \$ _____

(Including gloves, boots, painters coverup, hard hat, e.g.)

HOME OFFICE EXPENSES: (If you pay a mortgage please only report the mortgage interest which is reported on form 1098 not the full amount of your monthly pmt)

MORTGAGE INTEREST \$ _____

PROPERTY TAX \$ _____

RENT EXPENSE \$ _____

ELECTRIC/GAS \$ _____

INSURANCE \$ _____

WATER \$ _____

REPAIRS & MAINT \$ _____

CLEANING SUPPLIES \$ _____

SECURITY/ALARM \$ _____

TOTAL SQ FEET ROOM USED AS OFFICE _____

TOTAL SQ FEET OF HOUSE/APT _____