

**Self-Employed Profit or Loss from Business**

Name: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Business name \_\_\_\_\_ EIN \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method: Cash: \_\_\_\_\_ Accrual: \_\_\_\_\_ Other (specify): \_\_\_\_\_

Business started or acquired during the tax year. \_\_\_\_\_ Disposed of during the tax year. \_\_\_\_\_

<u><b>Income</b></u>	<u><b>Current Year</b></u>		<u><b>Current Year</b></u>
Gross receipts or sales	_____	Other income	_____
Returns & allowances	_____		
<u><b>Cost of Goods Sold</b></u>			
Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of labor	_____	Inventory at end of year	_____
<u><b>Expenses</b></u>			
Advertising	_____	Repairs & maintenance	_____
Car & truck expenses	_____	Supplies	_____
Commissions & fees	_____	Taxes & licenses	_____
Contract labor	_____	Travel	_____
Depletion	_____	Total meals	_____
Employee benefit programs	_____	Utilities	_____
Insurance (other than owner health)	_____	Wages	_____
Interest – mortgage	_____	Family health insurance for owner	_____
Interest – other	_____	Other expenses (list) _____	_____
Legal & professional services	_____		_____
Office expenses	_____		_____
Pension & profit-sharing plans	_____		_____
Equipment Rental or lease	_____		_____
Rent (other business property)	_____		_____