

## FORM #2: SELF-EMPLOYMENT INFORMATION SHEET

NAME: \_\_\_\_\_ SSN/EIN: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_ PROFESSION/PRODUCT: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_

### INCOME

GROSS INCOME (before expenses) IN 2011: \_\_\_\_\_

\*DO YOU HAVE INVENTORY? Y/N      \*IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:

### COST OF GOODS SOLD

INVENTORY ON JANUARY 1ST, 2011: \_\_\_\_\_  
TOTAL PURCHASES (less items withdrawn for personal use): \_\_\_\_\_  
OTHER COSTS DIRECTLY RELATED TO INVENTORY (i.e. supplies): \_\_\_\_\_  
SHIPPING TO RECEIVE INVENTORY (if not included in TOTAL PURCHASES): \_\_\_\_\_  
INVENTORY ON DECEMBER 31ST, 2011: \_\_\_\_\_

### EXPENSES

#### HOW MUCH DID YOU SPEND ON THE FOLLOWING?:

ADVERTISING (i.e. business cards, website, print ads) \_\_\_\_\_  
\*CAR AND TRUCK (please fill out Form 4)\* \_\_\_\_\_  
COMMISSIONS AND FEES \_\_\_\_\_  
CONTRACT LABOR (i.e. 1099's issued) \_\_\_\_\_  
INSURANCE (i.e. liability, worker's comp, bonds) \_\_\_\_\_  
MORTGAGE INTEREST (i.e. office, shop) \_\_\_\_\_  
OTHER INTEREST (i.e. business credit card) \_\_\_\_\_  
LEGAL AND PROFESSIONAL SERVICES (i.e. tax prep, lawyer fees, etc) \_\_\_\_\_  
OFFICE EXPENSES (i.e. paper, pens, etc.) \_\_\_\_\_  
RENT OR LEASE (equipment, machinery, vehicles, etc.) \_\_\_\_\_  
RENT (business property/office) \_\_\_\_\_  
REPAIRS AND MAINTENANCE (i.e. computer, plumbing, etc.) \_\_\_\_\_  
SUPPLIES (items that have less than 1 year life) \_\_\_\_\_  
TAXES AND LICENSES (i.e. real estate, employer paid payroll taxes, etc.) \_\_\_\_\_  
WAGES (gross wages less employer paid payroll taxes) \_\_\_\_\_  
LOCAL MEALS AND ENTERTAINMENT (total): \_\_\_\_\_  
UTILITIES (i.e. gas, electric, trash) \_\_\_\_\_  
INTERNET      COST FOR YEAR: \_\_\_\_\_      BUSINESS-USE %: \_\_\_\_\_  
CELL PHONE      COST FOR YEAR: \_\_\_\_\_      BUSINESS-USE %: \_\_\_\_\_  
DID YOU TRAVEL FOR BUSINESS IN 2011? IF YES, PLEASE FILL OUT OTHER SIDE. \_\_\_\_\_  
DID YOU BUY EQUIPMENT ( > 1 year of lifespan) IN 2011? IF YES, PLEASE FILL OUT OTHER SIDE. \_\_\_\_\_  
OTHER EXPENSES (provide some information) \_\_\_\_\_  
\_\_\_\_\_

**TRAVEL CONTINUED...**

*WE NEED TO KNOW WHEN AND WHERE YOU WENT AND HOW MUCH YOU SPENT.*

DATES	LOCATION	MEALS	AIRFARE	LODGING	CAB/BUS	OTHER EXPENSES
		\$	\$	\$	\$	\$

ADDITIONAL INFORMATION:

**EQUIPMENT CONTINUED....**

*WE NEED TO KNOW WHAT YOU BOUGHT, WHEN YOU BOUGHT IT AND HOW MUCH IT COST FOR EACH PIECE OF EQUIPMENT PURCHASED IN 2011.*

<u>ITEM</u>	<u>DATE OF PURCHASE</u>	<u>COST</u>	<u>BUSINESS USE %</u>

**For Preparer-Use only:**

Accounting Method (cash, accrual, other)	Inventory method (cost, lower of cost, other)
Business started in 2011 (Y/N)	Business was disposed of in 2011 (Y/N)