

SELF EMPLOYMENT WORKSHEET

GENERAL INFORMATION

BUSINESS BELONGS TO TAXPAYR SPOUSE BOTH

TYPE OF BUSINESS OR SERVICE:

BUSINESS NAME:

EIN (IF APPLICABLE)

ACCOUNTING METHOD: CASH ACCRUAL OTHER

DO YOU HAVE INVENTORY? YES NO

DID YOU START THIS BUSINESS IN 2014? YES

DID YOU CLOSE THIS BUSINESS IN 2014? YES

INCOME

GROSS INCOME

\$

PORTION REPORTED ON 1099 K

\$

PORTION REPORTED ON 1099 MISC

\$

REFUNDS/RETURNS

\$

OTHER INCOME

\$

\$

BUSINESS EXPENSES

ADVERTISING (business cards, web site, ads)

\$

LOCAL MEALS AND ENTERTAINMENT

AUTO—PLEASE FILL OUT AUTO WORKSHEET

LOCAL TRAVEL

BANK FEES AND CHARGES/MERCHANT SERVICES

\$

OFFICE AND POSTAGE/SHIPPING

CHILDCARE MEAL LOG—SEE OTHER SIDE

PARKING/TOLLS

COMMISSIONS AND FEES

\$

REPAIRS AND MAINTENANCE

CONTRACT LABOR 1099? , ISSUED?

\$

SOFTWARE

COST OF GOODS SOLD—SEE OTHER SIDE

SUPPLIES AND SMALL TOOLS (LESS THAN 1 YEAR LIFE)

DUES AND SUBSCRIPTIONS

\$

TAXES AND LICENSES (TRIMET, CITY OF PORTLAND, OFFICE PROEPRTY TAX, BUSINESS LICENSE)

EMPLOYEE BENEFITS

\$

TAXES-PAYROLL

EMPLOYEE HEALTH INSURANCE

\$

TRAVEL—SEE OTHER SIDE

EQUIPMENT—PLEASE SEE OTHER SIDE

UTILITIES (RENTED/OWNED OFFICE SPACE—NOT HOME OFFICE—GAS, ELECTRIC, TRASH, WATER, INTERNET/TV, TELEPHONE, SECURITY)

HEALTH INSURANCE PREMIUMS (SELF/FAMILY)

UTILITES—CELL PHONE
TOTAL COST: \$
% BUSINESS USE

INSURANCE (OTHER THAN HEALTH OR AUTO—LIABILITY, BONDS, WORKERS COMPENSATION)

\$

UTILITES—HOME INTERNET
TOTAL COST:\$
% BUSINESS USE:

INTEREST (MORTGAGE)

\$

WAGES

INTEREST (OTHER—BUSINESS CREDIT CARDS, LOANS)

\$

LAUNDRY/CLEANING/JANATORIAL

\$

OTHER:

LEGAL AND PROFESSIONAL (TAX PREP, CONSULTING)

\$

OTHER:

BUSINESS APPORTIONMENT: % BUSINESS IN CITY OF PORTLAND: _____
 % BUSINESS IN TRIMET (CLACKAMAS, MULTNOMAH AND WASHINGTON COUNTIES): _____

TRAVEL EXPENSES

CITY	# OF DAYS	AIRFARE	HOTEL	BUS/TAXI	CAR RENTAL	FUEL	OTHER

EQUIPMENT

DESCRIPTION OF ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$
		\$
		\$

COST OF GOODS SOLD

DO YOU MANUFACTURE OR PRODUCE A PRODUCT FOR SALE TO CUSTOMERS	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU MAINTAIN INVENTORY	YES <input type="checkbox"/> NO <input type="checkbox"/>
STARTING INVENTORY	\$
PURCHASES LESS ITEMS WITHDRAWN FOR PERSONAL USE	\$
COST OF LABOR TO MANUFACTURE OR ASSEMBLE GOODS	\$
MATERIALS AND SUPPLIES	\$
ENDING INVENTORY	\$

CHILDCARE PROVIDER DAILY MEAL LOG

	BREAKFASTS	LUNCHESES	DINNERS	SNACKS
NUMBER FOR THE YEAR FOR ALL CHILDREN				

NOTES: