

SELF EMPLOYMENT WORKSHEET

GENERAL INFORMATION

BUSINESS BELONGS TO TAXPAYER <input type="checkbox"/> SPOUSE <input type="checkbox"/> BOTH <input type="checkbox"/>	
TYPE OF BUSINESS OR SERVICE:	
BUSINESS NAME:	EIN:
DO YOU HAVE A SEPARATE BUSINESS BANK ACCOUNT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ACCOUNTING METHOD: CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER <input type="checkbox"/>	
DO YOU HAVE INVENTORY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DID YOU START THIS BUSINESS IN 2016? YES <input type="checkbox"/>	
DID YOU CLOSE THIS BUSINESS IN 2016? YES <input type="checkbox"/>	

INCOME

	\$
GROSS INCOME FROM SELF EMPLOYMENT (DO NOT INCLUDE W-2/OTHER 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/MERCHANT SERVICES	\$	OFFICE AND POSTAGE/SHIPPING	\$
CHILDCARE MEAL LOG —SEE OTHER SIDE		PARKING/TOLLS	\$
COMMISSIONS AND FEES	\$	RENT	\$
CONTRACT LABOR 1099? <input type="checkbox"/> , ISSUED? <input type="checkbox"/>	\$	REPAIRS AND MAINTENANCE	\$
COST OF GOODS SOLD —SEE OTHER SIDE		SOFTWARE	\$
DUES AND SUBSCRIPTIONS	\$	SUPPLIES AND SMALL TOOLS (LESS THAN 1 YEAR LIFE)	\$
EMPLOYEE BENEFITS	\$	TAXES AND LICENSES (TRIMET, CITY OF PORTLAND, OFFICE PROPERTY TAX, BUSINESS LICENSE)	\$
EMPLOYEE HEALTH INSURANCE	\$	TAXES --PAYROLL	\$
EQUIPMENT —PLEASE SEE OTHER SIDE		TRAVEL —SEE OTHER SIDE	
HEALTH INSURANCE PREMIUMS (SELF/FAMILY)	\$	UTILITIES (RENTED/OWNED OFFICE SPACE—NOT HOME OFFICE—GAS, ELECTRIC, TRASH, WATER, INTERNET/TV, TELEPHONE, SECURITY)	\$
INSURANCE (OTHER THAN HEALTH OR AUTO—LIABILITY, BONDS, WORKERS COMPENSATION)	\$	UTILITIES—CELL PHONE TOTAL COST: \$ % BUSINESS USE	\$
INTEREST (MORTGAGE)	\$	UTILITIES—HOME INTERNET TOTAL COST: \$ % BUSINESS USE	\$
INTEREST (OTHER—BUSINESS CREDIT CARDS, LOANS)	\$	WAGES:	\$
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 :