

SELF EMPLOYMENT WORKSHEET

GENERAL INFORMATION

BUSINESS BELONGS TO TAXPAYER SPOUSE BOTH

TYPE OF BUSINESS OR SERVICE:

BUSINESS NAME: _____ EIN: _____

DO YOU HAVE A SEPARATE BUSINESS BANK ACCOUNT? YES NO

ACCOUNTING METHOD: CASH ACCRUAL OTHER

DO YOU HAVE INVENTORY? YES NO

DID YOU START THIS BUSINESS IN 2017? YES

DID YOU CLOSE THIS BUSINESS IN 2017? YES

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) \$

AUTO—PLEASE FILL OUT AUTO WORKSHEET

BANK FEES/MERCHANT SERVICES \$

CHILDCARE MEAL LOG—SEE OTHER SIDE

COMMISSIONS AND FEES \$

CONTRACT LABOR (ANY CONTRACTOR YOU PAID \$600 OR MORE IN 2017 SHOULD RECEIVE A 1099-MISC FORM) \$

QUALIFY FOR 1099? **ISSUED?**

COST OF GOODS SOLD—SEE OTHER SIDE

DUES AND SUBSCRIPTIONS \$

EMPLOYEE BENEFITS \$

EMPLOYEE HEALTH INSURANCE \$

EQUIPMENT—PLEASE SEE OTHER SIDE

HEALTH INSURANCE PREMIUMS (SELF/FAMILY) \$

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

INTEREST (MORTGAGE) \$

INTEREST (OTHER—BUSINESS CREDIT CARDS, LOANS) \$

LAUNDRY/CLEANING/JANATORIAL \$

LEGAL AND PROFESSIONAL (TAX PREP, CONSULTING) \$

LOCAL MEALS AND ENTERTAINMENT \$

LOCAL TRAVEL \$

OFFICE AND POSTAGE/SHIPPING \$

PARKING/TOLLS \$

RENT \$

REPAIRS AND MAINTENANCE \$

SOFTWARE \$

SUPPLIES AND SMALL TOOLS (LESS THAN 1 YEAR LIFE)

TAXES--PAYROLL \$

TAXES AND LICENSES (TRIMET, CITY OF PORTLAND, OFFICE PROPERTY TAX, BUSINESS LICENSE) \$

TRAVEL—SEE OTHER SIDE

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

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

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

WAGES: \$

OTHER: \$

OTHER: \$

BUSINESS APPORTIONMENT: -TOTAL DOLLAR AMOUNT EARNED IN CITY OF PORTLAND: _____
 -TOTAL DOLLAR AMOUNT EARNED 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PURCHASES LESS ITEMS WITHDRAWN FOR PERSONAL USE	\$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: