

## 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 2018? YES <input type="checkbox"/>	
DID YOU CLOSE THIS BUSINESS IN 2018? YES <input type="checkbox"/>	

### INCOME

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	\$	BUSINESS EXPENSES	\$
<b>ADVERTISING</b> (BUSINESS CARDS, WEB SITE, ADS)	\$	<b>LOCAL MEALS AND ENTERTAINMENT</b>	\$
<b>AUTO</b> —PLEASE FILL OUT AUTO WORKSHEET		<b>LOCAL TRAVEL</b>	\$
<b>BANK FEES/MERCHANT SERVICES</b>	\$	<b>OFFICE AND POSTAGE/SHIPPING</b>	\$
<b>CHILDCARE MEAL LOG</b> —SEE OTHER SIDE		<b>PARKING/TOLLS</b>	\$
<b>COMMISSIONS AND FEES</b>	\$	<b>RENT</b>	\$
<b>CONTRACT LABOR</b> (ANY CONTRACTOR YOU PAID \$600 OR MORE IN 2017 SHOULD RECEIVE A 1099-MISC FORM)	\$	<b>REPAIRS AND MAINTENANCE</b>	\$
<b>QUALIFY FOR 1099?</b> <input type="checkbox"/> <b>ISSUED?</b> <input type="checkbox"/>	\$	<b>SOFTWARE</b>	\$
<b>COST OF GOODS SOLD</b> —SEE OTHER SIDE		<b>SUPPLIES AND SMALL TOOLS</b> (LESS THAN 1 YEAR LIFE)	\$
<b>DUES AND SUBSCRIPTIONS</b>	\$	<b>TAXES--PAYROLL</b>	\$
<b>EMPLOYEE BENEFITS</b>	\$	<b>TAXES AND LICENSES</b> (TRIMET, CITY OF PORTLAND, OFFICE PROPERTY TAX, BUSINESS LICENSE)	\$
<b>EMPLOYEE HEALTH INSURANCE</b>	\$		
<b>EQUIPMENT</b> —PLEASE SEE OTHER SIDE		<b>TRAVEL</b> —SEE OTHER SIDE	
<b>HEALTH INSURANCE PREMIUMS</b> (SELF/FAMILY)	\$	<b>UTILITIES</b> (RENTED/OWNED OFFICE SPACE—NOT HOME OFFICE—GAS, ELECTRIC, TRASH, WATER, INTERNET/TV, TELEPHONE, SECURITY)	\$
<b>INSURANCE</b> (OTHER THAN HEALTH OR AUTO—LIABILITY, BONDS, WORKERS COMPENSATION)	\$		
<b>INTEREST</b> (MORTGAGE)	\$	<b>UTILITIES—CELL PHONE</b> TOTAL COST: \$ % BUSINESS USE	\$
<b>INTEREST</b> (OTHER—BUSINESS CREDIT CARDS, LOANS)	\$	<b>UTILITIES—HOME INTERNET</b> TOTAL COST: \$ % BUSINESS USE	\$
<b>LAUNDRY/CLEANING/JANATORIAL</b>	\$	<b>WAGES:</b>	\$
<b>LEGAL AND PROFESSIONAL</b> (TAX PREP, CONSULTING)	\$	<b>OTHER:</b>	\$
	\$	<b>OTHER:</b>	\$

**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 :