

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 2020? YES <input type="checkbox"/>	
DID YOU CLOSE THIS BUSINESS IN 2020? YES <input type="checkbox"/>	

INCOME

GROSS INCOME FROM SELF EMPLOYMENT (DO NOT INCLUDE W-2/OTHER INCOME)	\$
	\$

Did you receive a PPP loan ___Y Amount? \$ Date received: ___/___/___

Has your PPP loan been forgiven? ___Y Amount forgiven \$

Did you receive an EIDL Grant/Loan? ___Y Amount \$

Did you receive any local COVID related grants? ___Y Amount \$

Did you receive Pandemic Unemployment Assistance (PUA)? ___Y

BUSINESS EXPENSES	\$		\$
ADVERTISING (BUSINESS CARDS, WEB SITE, ADS)	\$	LOCAL MEALS	\$
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 (ANY CONTRACTOR YOU PAID \$600 OR MORE IN 2020 SHOULD RECEIVE A 1099-NEC FORM)	\$	REPAIRS AND MAINTENANCE	\$
QUALIFY FOR 1099? <input type="checkbox"/> ISSUED? <input type="checkbox"/>		SOFTWARE	\$
COST OF GOODS SOLD—SEE OTHER SIDE		SUPPLIES AND SMALL TOOLS (LESS THAN 1 YEAR LIFE)	
DUES AND SUBSCRIPTIONS	\$	TAXES--PAYROLL	\$
EMPLOYEE BENEFITS	\$	TAXES AND LICENSES (TRIMET, CITY OF PORTLAND, OFFICE PROPERTY TAX, BUSINESS LICENSE)	\$
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)	\$	UTILITIES—CELL PHONE	\$
INSURANCE (OTHER THAN HEALTH OR AUTO—LIABILITY, BONDS, WORKERS COMPENSATION)	\$	TOTAL COST: \$ % BUSINESS USE	
INTEREST (MORTGAGE)	\$	UTILITIES—HOME INTERNET	\$
INTEREST (OTHER—BUSINESS CREDIT CARDS, LOANS)	\$	TOTAL COST: \$ % BUSINESS USE	
LAUNDRY/CLEANING/JANATORIAL	\$	WAGES:	\$
LEGAL AND PROFESSIONAL (TAX PREP, CONSULTING)	\$	OTHER:	\$
		OTHER:	\$

BUSINESS APPORTIONMENT: -TOTAL DOLLAR AMOUNT EARNED IN CITY OF PORTLAND: _____
-TOTAL DOLLAR AMOUNT EARNED IN TRIMET
 CLACKAMAS: _____ MULTNOMAH: _____ WASHINGTON: _____ TOTAL: _____

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 :