

## SELF-EMPLOYED

TAXPAYER NAME: \_\_\_\_\_ TAXPAYER SSN#: \_\_\_\_\_

TAXPAYER SIGNATURE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ EIN: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OPENED: \_\_\_\_\_ DATE CLOSE: \_\_\_\_\_ FILING DATE: \_\_\_\_\_

**\*KEEP COPYS OF ALL BUSINESS INCOME AND EXPENSE FOR YOUR RECORD  
MINIMUM 5 YEARS!!!**

**\*PROVIDE US PROOF OF YOUR SELF EMPLOYMENT: BANK STATEMENT, 1099'S,  
RECEIPTS ETC.... ANYTHING THAT CAN PROVE YOU GROSS INCOME BEFORE THE  
IRS.**

**\*ACCOUNTING METHOD: \_\_\_\_\_**

## INCOME

MONTHS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	NET TOTAL
CASH													
CHECK													
OTHER													
<b>TOTAL</b>													

## EXPENSES

MONTHS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DE	NET TOTAL
ADVERTISING													
CAR AND TRUCK EXPENSES													
COMMISSIONS & FEES													
CONTRACT LABOR													
DEPLETION													
DEPRECIATION													
EMPLOYEE BENEFITS													
INSURANCE SE HEALTH													
INTEREST:MORTG-AGE & OTHER INTEREST													
LEGAL/PRO SERVICES													
OFFICE EXPENSE													
PENSION PLANS													
RENT & LEASE EQUIPMENT													
REPAIRS & MAINT													
SUPPLIES													
TAXES & LICENSES													
TRAVEL, MEALS, ENTERTAINMENT													
UTILITIES													
WAGES AND OTHER EXPENSES													
RESERVED FOR FUTURE USE													
<b>TOTAL</b>													

\*By signing this form, you the tax payer, attest that all the information proved is in no manner false