

# SELF EMPLOYED INCOME/EXPENSE

NAME OF PROPRIETOR	BUSINESS ACTIVITY
BUSINESS NAME	PRODUCT OR SERVICE
BUSINESS ADDRESS	FEDERAL I.D. NUMBER

1. Business is conducted on the     Cash Basis     Accrual     Other \_\_\_\_\_
2. Inventory (if applicable) is based on     Cost     Other \_\_\_\_\_
3. Do you use any part of your home for business?     Yes     No
4. Did you hire any new employees that may qualify for job credits?     Yes     No
5. How many months in business during year? # \_\_\_\_\_      How many employees? # \_\_\_\_\_
6. Did you buy or sell any assets?     Yes     No      (See back for details)
7. Did you use the Health Insurance Marketplace to purchase health insurance?     Yes     No
8. Did you have credit/debit card transactions for any vendor/customer in excess of 200 transactions & \$20,000?     Yes     No

INCOME	COST OF GOODS SOLD (If Applicable)
Gross Receipts/Sales	Beginning of the Year Inventory
Returns & Allowances (                      )	End of the Year Inventory
*Income Reported on 1099's	Purchases
*Commissions	Above Withdrawn for Personal Use
Other:	Cost of Labor
	Materials/Supplies
* Do Not Duplicate if included in Gross Receipts	

EXPENSES			
Advertising		Wages (Owner/Family)	
Bad Debts (If reported as income)		(Other Employees)	
Bank Charges		<b>Payroll Taxes</b>	
Car/Truck Expense (Detail)		Social Security and Medicare	
Commissions & Fees Paid		Unemployment (Fed & State)	
Dues & Publications		<b>Other Taxes</b>	
Employee Benefit Programs		Real Estate	
Freight (Not Included Above)		Personal Property	
Insurance (Business)		Other:	
Interest (Business)		<b>Automobile Exp. (Adequate records required)</b>	
Laundry & Cleaning		Total Miles Driven	No.
Legal & Professional		Business Miles	Jan. – June    No.
Office Supplies & Postage			July – Dec.    No.
Pensions/Profit Sharing		Personal Miles	No.
Utilities		Parking Expense	
Rent (Business)		<b>Travel (Out of Town)</b>	
Repairs & Maintenance		Transportation (Air Fare)	
Supplies (Other)		Lodging	
Telephone (Business)		Cabs, Bus, Rentals	
Health Insurance		Other:	
Other:		<b>Meals &amp; Entertainment (at 100%)</b>	
		Meals & Tips	
		Entertainment	
		Other:	
Mortgage Interest (Paid to Financial Institution)			
Depreciation - If Predetermined (Attach Schedule)			
Other (Explain):			

List on back, purchases of equipment, furniture, vehicles or leasehold improvements.

## NEW EQUIPMENT/CAPITAL IMPROVEMENTS\*

If during the year you purchased Equipment, Furniture, Vehicles or made Property Improvements, list below (do not duplicate on other side).

Description	Property Code	Date	Cost	Asset Was		If Trade-In Involved	
				New	Used	Description	Allowance

\*Do you wish to consider accelerating your depreciation expense with Section 179 + any available bonus depreciation provisions?  Yes  No  Not Sure

## HEALTH CARE TAX CREDIT

Do you pay at least 1/2 of premiums for single employee health care coverage?

Yes  No

If Yes, please note # of equivalent full-time employees (FTE)\*\* (Full-time employees + (part-time employees total hours ÷ 2080 hours))

\*\*excluding owners/family members

## QUALIFIED DOMESTIC PRODUCTION ACTIVITIES

1. Domestic Production Gross Receipts (DPGR)	\$	<p>Qualified Activity Description:</p> <ol style="list-style-type: none"> <li>1. Gross sales from: tangible personal property, computer software, sound recordings, construction, engineering, agriculture and architectural services manufactured, produced, or constructed primarily in the U.S.</li> <li>2. Identify cost of product directly associated to the activity in #1.</li> <li>3. Direct expenses, deductions and losses associated specifically with the activity in #1.</li> <li>4. Allocate indirect expenses, deductions and losses not identifiable to any specific gross receipts to this and other activities. Note basis of allocation: _____</li> </ol> <p><b>Note:</b> Use one form per qualifying activity. Gross receipts for the total business should be outlined on the front of this form. Your activity may or may not qualify based on the nature of the business.</p>
2. <b>Less:</b> Cost of goods sold for DPGR		
<b>Less:</b> Qualified Deductions		
3. • Direct deductions / expenses for DPGR		
4. • Allocated indirect deductions / expenses		
5. Total Qualified Deductions (add lines 2 - 4)		
Qualified Production Activity Income (1 minus 5)		
Note: Total DPGR W-2 wages for yr _____ x 50%		

## DEPRECIABLE ASSETS SOLD OR DISPOSED OF

Description	Property Code	Date Acquired	Original Cost	Date Disposed of	Describe Means of Disposal	Amount Received