

Self-Employment/ Small Business Profit & Loss Worksheet

- You are **required** to complete this form for the most recent **three** (3) months. Submit one summary form for each of the last three months.
- This form can also be used for completing an **annual** reporting to create your **Schedule C. For** these purposes, use documents from the last twelve (12) months.
- Please respond to all inquiries using recorded documentation (bank statements, mileage logs, receipts, P & L statements, expense reports). Please be as accurate as possible. No worries; we will review this document together during your tax interview.
- If you ever need a formal Annual P & L Statement, this form will be used to complete it. *\$50 fee applies to formal statement at time of request.

NAME OF BUSINESSS/PROFESSION:

*Is this name registered with the county and/or state? If not, you can only use your legal name for business activity.

EMPLOYER IDENTICATION NUMBER (EIN):

Rent/Mortgage of business premises

*LLCs, Partnerships, and Corps. MUST have one to file taxes using this activity.

MONTH(S) THIS FORM INCLUDES:

Any 1099s received and/or issued as a result of this work? YES NO

*If so, please provide all 1099s received and issued at time of appointment.

NCOME/GROSS SALES:		\$
	If you pay yourself a salary or take a draw from your business, please provide copies of your paystubs for the last three months (quarterly bookkeeping) or twelve months (annual), and state the gross amount:	\$

	Phone/Utilities		\$				
	Gross Labor Wages (not for self)		\$				
	Business Taxes (not personal income tax paymen	ts)	\$				
	Loan payments: Principle: \$	Interest: \$					
	Balance:		\$				
	Bank Charges		\$				
	License Fees Paid		\$				
	Legal Fees		\$				
	Office Supplies		\$				
	Tools/Equipment		\$				
	Repairs/Upkeep		\$				
	Merchandise/Purchases/Cost of Goods		\$				
	Fuel/Gas		\$				
	Advertising		\$				
	Commissions Paid		\$				
	Shipping		\$				
	Equipment Rental		\$				
	Insurance		\$				
	Type of Insurance:						
	Other Expenses (please list):		\$				
			\$				
			\$				
TOTA	LEXPENSES:		\$				
NET IN	ICOME		\$				
BUSINESS VEHICLE in your name: Year: Make: Model:							
	*If you plan to deduct this expense, you must he	ave mileage log!					
BANK ACCOUNTS – Include dates:							
	Balance in business checking account:	Date:	\$				
	Balance in business savings account:	Date:	\$				

^{*}Please provide bank statements for requested months noting likely business activity.

receipts, statements, and other related information:						
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