



SELF EMPLOYMENT FORM

BUSINESS NAME: _____

Business Address: _____

Business Type (check): Sole Proprietor S Corp C Corp LLC

Primary Product/Service: _____

COMPANY EIN NUMBER: _____

INCOME

Total Gross Receipt for year: \$ _____

Do you receive 1099's from this income? Yes No

SELF-EMPLOYED BUSINESS EXPENSES (YEARLY TOTALS)

Advertising: \$ _____

Car & Trucking Expenses: \$ _____

Legal & Professional Services: \$ _____

Office Expense: \$ _____

Rent & Lease Payments: \$ _____

Utilities: \$ _____

Contract Labor: \$ _____

Total Mileage: _____

Repairs and Maintenance: \$ _____

Supplies: \$ _____

Taxes & License: \$ _____

Travel: \$ _____

Meal: \$ _____

Telephone: \$ _____

Insurance (other than health): \$ _____

Cell Phone: \$ _____

Do you use your home for business purposes? Yes No

If yes,

square feet used for business _____

square feet used for home _____

Other: \$ _____ Other: \$ _____

Other: \$ _____ Other: \$ _____

I affirm that the information provided on this Customer Data Sheet any any information provided verbally to the tax preparer is to the best of my knowledge and believe is true, accurate, and complete.

Signature: _____ Date: _____

Spouse: _____ Date: _____