

GENERAL Self-Employment Worksheet

Were you self-employed, did you run your own business, or did you receive a Form 1099-NEC (or 1099-MISC for 2019 or earlier)?

PART 1: SCREENING QUESTIONS

Check the statements below that apply to you:

- _____ I paid workers. _____ I kept an office or studio in my home.
_____ I had more than \$35,000 in business expenses. _____ I need to report a business loss.
_____ I kept an inventory for my business.

If you checked ANY of the above, please stop here and bring your documents to the Intake desk for review. If you did not check any of the above, please complete the worksheet below.

PART 2: TAX YEAR & BUSINESS TYPE

Tax Year? _____ (Complete a separate worksheet for each business and tax year.)
Industry/Type of Business? _____

PART 3: INCOME

Total from cash, checks, Form(s) 1099-K, etc. \$ _____
Total from Form(s) 1099-NEC/1099-MISC \$ _____
TOTAL income: \$ _____

PART 4: EXPENSES

General Expenses:

- Advertising \$ _____ Office and/or storage rent \$ _____
Commissions and fees \$ _____ Repairs to equipment (not vehicle) \$ _____
Health insurance premiums \$ ____/month for ____ months Supplies \$ _____
Business liability insurance \$ _____ Professional license/state taxes \$ _____
Insurance (equipment, property) \$ _____ Overnight travel (hotel/airfare) \$ _____
Legal & professional services \$ _____ Business meals (w/clients only) \$ _____
Office expense/supplies \$ _____ Utilities (NOT household) \$ _____
Machinery/equipment rental \$ _____

Other Expenses:

Phone/Internet: Monthly bill: \$ _____ No. of months used in year: _____ Percentage time used for business: _____%
Professional Education \$ _____ Small tools \$ _____
Protective supplies/clothing not suitable for non-work use \$ _____ Equipment, incl. computers \$ _____
Other: _____ \$ _____ Other: _____ \$ _____

Car and Truck Expenses:

Did you use a vehicle for your business? Yes No If Yes, answer the questions below.
Make and model of vehicle: _____ Date first used the vehicle for this business: _____ mm/dd/yyyy
Number of business miles driven* _____

*Do not include commuting miles between home and first job of day or between last job and home.

Do you (or your spouse) have another vehicle available for personal use? Yes No
Was your vehicle driven for personal use during off-duty hours? Yes No
Do you have evidence to support your mileage deduction? Yes No If yes, is the evidence written? Yes No
Tolls, parking/airport fees \$ _____ AAA membership or similar (if any): \$ _____ Interest on car loan (if any): \$ _____
If Yes to AAA membership or car loan interest, provide % of time vehicle used for business _____%

PART 5: ESTIMATED TAX PAYMENTS

I made estimated tax payments for this tax year. Yes No If Yes, total amount of payments: \$ _____

Table with 8 columns: On or Before April 15, \$, On or Before June 15, \$, On or Before September 15, \$, On or Before January 15 of the next year, \$.