

SPECIALTY WORKSHEET for the SELF-EMPLOYED

In order to maximize your deductions, please complete this form.

CLIENT _____	TAX YEAR _____
Accounting Fees	Office Supplies
Accounting Software	Office Supplies - Pens, Pencils, etc.
Advertising - Business Cards	Office Supplies - Water Delivery
Advertising - Magazines	Outside Service
Advertising - Other	Payroll Paid to Others (W2s)
Advertising - Paper	Payroll Taxes
Advertising - Radio and Television	Pest Control
Advertising - Signs	Postage
Alarm Service	Printing
Association Dues	Professional Services
Auto Equipment Holders	Publications - Trade Books
Bad Debts	Publications - Trade Journals
Bank Charges (Business Account)	Referral Fees
Bookkeeping	Small Tools
Briefcase	Software
Business Travel - Luggage	Supplies
Business Credit Card Annual Fee	Taxes
Business Mileage @ ____ Cents Per Mile	Telephone - Answering Service
Carpet Cleaning	Telephone - Cellular Phone Charges
Casual Labor	Telephone - Long Distance
Clipboards	Telephone - Other
Commissions	Telephone - Pay Phone Charges
Cost of Goods Sold	Tools
Credit Card Acceptance Service Fees	Transportation Expenses
Delivery	Travel away from home overnight
Dues - Professional Societies	Travel - Other
Education - Books	Travel @ ____ cents per mile
Education - Classes	Uniforms - Shirts, Shoes, Repairs and Purchases
Education - Continuing Education Courses	Uniform Laundry @ \$1 per load
Education - Conventions	Union Dues
Education - Mileage @ ____ Cents Per Mile	
Education - Professional Development	
Education - Seminars	
Emblems for Uniforms	
Entertainment	Equipment Purchased This Year
Equipment Repairs	Equipment Depreciation (From Prior Years)
Equipment Rental	
Freight	
Gifts (\$25 Maximum Per Person)	Cost of Goods Sold Computation
Identification Case	Beginning Inventory
Insurance	Plus: Purchases
Interest on Business Debt	Less: Withdrawn for Personal Use
Interest on Business Mortgage	Equals: Goods Available for Sale
Legal Fees	Less: Ending Inventory
License	Equals: Cost of Goods Sold
Maintenance and Maintenance Contracts	
Medical - Employee Related	
Medical - Owner Related	
Notary Fees	
	GROSS INCOME:

THE ABOVE EXPENSES ARE ORDINARY AND NECESSARY IN MY LINE OF WORK AS A SELF-EMPLOYED PERSON.

RENTAL INCOME / EXPENSE

NAME _____ SS# _____

T= Taxpayer
S= Spouse
J= Joint

If you do not take an active part in the operation of the property.
 Number of days rented during year? _____
 Number of days you or your family member resided at location? _____

T S J	Property Code	Date Acq.	Description of Property	Location
	A			
	B			
	C			
	D			

INCOME	A	B	C	D
Rents Received				
Deposits Received				
Other:				

EXPENSES	A	B	C	D
Real Estate Taxes				
Mortgage Interest				
Other Interest				
Insurance				
Cleaning/Maintenance				
Yard/Snow Removal				
Rubbish Hauling/Trash				
Supplies				
Fuel				
Electricity				
Water/Sewer				
Wages/Labor				
Management Fees (Commissions)				
Homeowners Assoc. Dues				
Travel Expense (Detail)				
Auto Travel Mileage	#	#	#	#
Telephone				
Advertising				
Legal & Professional				
Repairs - Painting				
- Plumbing				
- Electrical				
- Appliances				
-				
Refunds				
Other:				
Personal Use (Percent or Amount)	%	%	%	%

Comments/Questions _____

List on back, purchases of furniture, appliances, equipment and major property improvements.