



## Self Employed Businesses & Independent Contractors

### PART 1

#### Business Information

**The IRS requires that we have your information on file to support your tax returns**

Business Name: \_\_\_\_\_ Is this your first year in business? ☐ YES ☐ NO  
Address: \_\_\_\_\_ Federal ID # (if any) \_\_\_\_\_  
Did you make payments requiring a 1099 Form? ☐ YES ☐ NO If 'YES' did you file the required 1099 form? ☐ YES ☐ NO  
1. Total Gross Business Income: \_\_\_\_\_ 3. Merchandise Purchased: \_\_\_\_\_  
2. Beginning Inventory: \_\_\_\_\_ 4. Ending Inventory: \_\_\_\_\_

### PART 2

#### Business Expenses

1. Advertising:	17. Repairs:
2. Contract Labor (1099's Issued, if app):	18. Supplies - Parts & Materials:
3. Commissions and Fees:	19. Tax Paid:
4. Business Mileage:	20. Payroll Tax:
5. Insurance (other than health):	21. Real Estate Tax:
6. Health Insurance (for you):	22. Dues - Licenses:
7. Interest:	23. Travel:
8. Legal & Professional Fees:	24. Meals:
9. Tools:	25. Utilities:
10. Medical Expenses:	26. Warranties:
11. Bank and CC Charges:	27. Gift:
12. Uniforms:	28. Postage & Shipping:
13. Telephone ___% used for business:	29. HOA:
14. Office Expense:	30. Rent:
15. Parking & Toll Fees:	31. Cleaning & Janitorial:
16. Equipment Rentals:	<b>TOTAL:</b>

### PART 3

#### Business Mileage

How many miles did you drive for your business?  
(Do not include mileage to and from home unless your office is in your home)  
Do you have evidence to support your mileage? ☐ YES ☐ NO If 'Yes' is the evidence written? ☐ YES ☐ NO  
**This question MUST be answered!** **This question MUST be answered!**

### PART 4

#### Equipment Purchases

Did you purchase any major pieces of equipment (\$2,500 or more)?

Equipment 1:	Date:	Amount:
Equipment 2:	Date:	Amount:
Equipment 3:	Date:	Amount:
Equipment 4:	Date:	Amount:

### PART 5

#### Home Office

Do you have an office in your home? ☐ YES ☐ NO  
Square feet of Home: \_\_\_\_\_ Mortgage Interest: \_\_\_\_\_  
Real Estate Taxes: \_\_\_\_\_ Utilities (Lights & Gas): \_\_\_\_\_  
Home Owner's insurance: \_\_\_\_\_ Rent Paid: \_\_\_\_\_  
Square feet of Office: \_\_\_\_\_ Office Repairs: \_\_\_\_\_

### PART 6

#### Signature

I certify that I have listed all income, all expenses, and I have documentation to back up the figures entered on this worksheet.

(469) 913 - 4185

(972) 284 - 0835

Tax@PrestonFin.com

<https://PrestonFin.com>

Tax Year

Printed Name

Signature

Date

8036 Preston Rd. STE: 601  
Frisco, TX 75034