

BUSINESS INCOME and EXPENSE SHEET
(INCOME FROM SELF-EMPLOYMENT)

1. What type of work did you do to earn this income? _____
2. Business Name: (if none, leave blank) _____
3. Business Address: (not required if the same as home address) _____

4. Whose name is the business in: (you or your spouse?) _____
5. Your Employer ID Number (EIN) if any _____ - _____

6. INCOME (Must be \$25,000 or less)

Total money received before expenses:

- a. Reported on 1099 MISC \$ _____ b. Total Cash Receipts \$ _____

- c. Check this box if this income was reported to you on Form W-2 and the "Statutory Employee" box was checked ()

7. EXPENSES (Must not exceed \$5,000 and can not show a loss)

Supplies _____ \$ _____

Postage _____ \$ _____

Phone Expense _____ \$ _____

Advertising _____ \$ _____

Misc / Other (please list) _____ \$ _____

TOTAL EXPENSES \$ _____

8. VEHICLE INFORMATION (Complete this section if you used your car or truck in this business)
(Your mileage **plus** expenses from above can not exceed \$5,000)

- a. When did you start using your vehicle for business purposes? ____ / ____ / ____

- b. Total number of miles driven for ALL PURPOSES during 2008: _____

- c. Of the total number of miles driven, enter the number of miles you used your vehicle prior to July 1, 2008 for:

Business Miles _____ Commuting Miles _____ Personal / Other Miles _____

- d. Of the total number of miles driven, enter the number of miles you used your vehicle after June 30, 2008 for:

Business Miles _____ Commuting Miles _____ Personal / Other Miles _____

- e. Do you / your spouse have another vehicle available for personal use during off-duty hours?.....**YES () NO ()**

- f. Was your vehicle available for personal use during off-duty hours?...**YES () NO ()**

- g. Do you have evidence to support your deduction?.....**YES () NO ()**
If Yes, is the evidence written?.....**YES () NO ()**

9. Did you (the sole proprietor) pay for any Health Insurance Premiums for yourself, your spouse, or any dependents in 2008? **YES () NO ()**

If Yes, how much per month? \$ _____, and for how many months? ____

Were you eligible to participate in any subsidized health plan maintained by an employer?

YES () NO () **If Yes**, how many months during 2008 were you eligible? ____.