

## SELF-EMPLOYMENT WORKSHEET

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| <b>A. BUSINESS OWNER'S NAME</b>  | <b>B. SOCIAL SECURITY NO.</b>  |
| <b>C. BUSINESS NAME</b>  | <b>D. TELEPHONE NO.</b>  |
| <b>E. BUSINESS ADDRESS (No. and Street)</b> <span style="float: right;"><b>(City/or Town)</b> <b>(Zip Code)</b></span>   |  |
| <b>F. MAIN BUSINESS ACTIVITY</b>   |  |
| <b>G. ACCOUNTING METHOD (check appropriate box)</b><br><input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (specify) _____   | <b>H. TIME COVERED BY REPORT (last 6 or 12 <u>full</u> calendar months)</b><br>From ____/____/____ To ____/____/____ |
| <b>I. INCOME</b>   |  |
| 1. a. Gross receipts or sales.....<br>b. Returns and allowances.....<br>c. Balance (subtract 1b from 1a).....<br>2. Cost of goods sold (taken from Part J, line 10 below).....<br>3. Cost of operations (taken from Part K, line 15 below).....<br>4. Gross profit (subtract the sum of lines 2 and 3 from line 1c).....<br>5. Other Income (specify).....<br>6. TOTAL INCOME (add lines 4 and 5)..... | .....<br>.....<br>.....<br>.....<br>.....<br>.....<br>.....  |
| <b>J – COST OF GOODS SOLD</b>  |  |
| 7. Inventory/job-related supplies at beginning of period.....<br>8. a. Purchases.....<br>b. Cost of items withdrawn for personal use.....<br>c. Balance (subtract line 8b from 8a).....<br>9. Inventory/job-related supplies at end of period.....<br>10. Cost of goods sold (subtract line 9 from the sum of lines 7 and 8c).....   | .....<br>.....<br>.....<br>.....<br>.....<br>.....   |
| <b>K – COST OF OPERATIONS</b>  |  |
| 11. Cost of labor (do not include salary paid to yourself or other household members).....<br>12. Business insurance.....<br>13. Rent / mortgage (if business address is different than residential address).....<br>14. Utilities / telephone (if business address is different than residential address).....<br>15. Cost of operations (add lines 11 through 14).....                               | .....<br>.....<br>.....<br>.....<br>.....  |

I HEREBY CERTIFY that all the information presented above on this "WORKSHEET" is accurate and complete to the best of my knowledge and belief and that I understand that the provision of false, fraudulent or misleading information is punishable by law.

SIGNATURE OF BUSINESS OWNER

SIGNATURE OF NOTARY

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\_\_\_\_\_

DATE NOTARIZED \_\_\_\_\_

NOTARY EXPIRATION DATE \_\_\_\_\_

**SEAL**