

**** Please Print Clearly ****

Name of Owner _____
 Business Name _____
 Business Address _____
 EIN _____
 Principal Business _____

Yes	No	Did you "materially participate" in the operation of business in 2021 ?
Yes	No	Did you make any payments that would require you to file Form 1099 ?
Yes	No	If yes, did you or will you file all required Form(s) 1099 ?

INCOME

\$ _____ Total Income Received
 \$ _____ Returns and Allowances

COST OF GOODS SOLD

\$ _____ Purchases
 \$ _____ Labor / Subcontractors
 \$ _____ Materials and Supplies

Ending Inventory @ 12/31/2021 \$ _____
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EXPENSES

\$ _____ Advertising
 \$ _____ Parking and Tolls
 \$ _____ Commissions and Fees
 \$ _____ Outside services (1099's Issued)
 \$ _____ Employee benefit programs
 \$ _____ Insurance
 \$ _____ Mortgage interest **Attach 1098**
 \$ _____ Other interest
 \$ _____ Legal and Professional Fees
 \$ _____ Office expense
 \$ _____ Pension and Profit-sharing plans
 \$ _____ Rent or Lease (vehicles, machinery, and equipment)
 \$ _____ Rent or Lease (other - building)
 \$ _____ Repairs and Maintenance
 \$ _____ Supplies
 \$ _____ Taxes and Licenses
 \$ _____ Travel
 \$ _____ Deductible meals
 \$ _____ Utilities
 \$ _____ Wages (attach quarterly payroll reports)

Auto Expense

Total Miles _____ Business Miles _____	
Year, Make, and Model of Vehicle _____	
Date vehicle placed in service for business purposes (MM,DD,YY) _____	
Was your vehicle available during off duty hours ?	Yes No
Do you have another vehicle available for personal use ?	Yes No
Do you have evidence to support your deduction ?	Yes No

<u>Large Purchases (to be capitalized and depreciated)</u>
<u>Attach</u> receipts for these items (do not include in other totals) Vehicle, Equipment, Furniture, Computers, etc.

**** IMPORTANT **** retain receipts for your records - only submit those specifically requested for large purchases

Self Employed Checklist

OTHER EXPENSES

<u>Amount</u>	<u>Description</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____

HOME OFFICE DEDUCTION

**Your home office MUST be a SEPARATE ROOM used STRICTLY for your business

ALLOCATION

_____ Total Area of Home (Square Footage)
_____ Area used **EXCLUSIVELY** for business

EXPENSES

<i>Attach Form 1098</i>	Mortgage interest
\$ _____	Real estate taxes
\$ _____	Insurance (home owners)
\$ _____	Rent
\$ _____	Repairs and Maintenance
\$ _____	Utilities

OTHER EXPENSES

<u>Amount</u>	<u>Description</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

******* COVID RELIEF FOR 2021 *******
CREDIT FOR SICK LEAVE AND FAMILY LEAVE

PART 1: Sick Leave for Self Employed Individuals: January 1st to March 31st

of days unable to perform selfemployed activities due to COVID-19 _____
of days unable to perform selfemployed activities due to COVID-19 care provided to another _____

PART 2: Family Leave for Self Employed Individuals: January 1st to March 31st

of days unable to perform selfemployed activities due to COVID-19 care for son/daughter _____

PART 3: Sick Leave for Self Employed Individuals: April 1st to September 30th

of days unable to perform selfemployed activities due to COVID-19 _____
of days unable to perform selfemployed activities due to COVID-19 care provided to another _____

PART 4: Family Leave for Self Employed Individuals: April 1st to September 30th

of days unable to perform selfemployed activities due to COVID-19 care you required or for another _____