

**Specialty Worksheet for Self Employment**

Taxpayer Name	_____
Business Name	_____
Tax ID Numbers	_____
Principal Business Activity	_____
Principal Product	_____
Method Used to Value Inventory	_____
Accounting Method (cash or accrual)	_____

<b>Business Income</b>		<b>Amount</b>
Gross Income		Amount
Gross Income	_____	
Less Returns/Allowances	_____	
Cost of Sales		Amount
Beginning Inventory	_____	
Purchases	_____	
Cost of Labor	_____	
Materials and Supplies	_____	
Freight In	_____	
Other	_____	
Ending Inventory	_____	

<b>Business Use of Home</b>		
Total Area of Home (Sq ft.)	_____	
Total Area of Home used for Business (Sq. ft.)	_____	
Was another Office available to you outside the home	Yes	No

Deductions	Amount
Advertising	
Accounting Fees	
Dues – Professional Societies/Subscription	
Education/Professional Development	
Employee Benefit Programs	
Utilities	
Insurance	
Janitorial & Cleaning	
Rent	
Repairs/Maintenance	
Equipment Rentals	
Gifts (\$25 max per person)	
Legal Fees	
License Fees	
Office Supplies	
Payroll paid to others (W-2s)	
Payroll Taxes	
Postage	
Printing	
Professional Services & Contractors	
Small Tools	
Software	
Taxes (not employee or real estate)	
Telephone	
Travel	
Workman’s Comp	
Website/Internet	
Meals & Entertainment	
(Other)	

Additional Business Information		
Did you have business startup costs in 2014?	Yes	No
If so, was the business running by the end of 2014?	Yes	No
Did you have Business Mileage?		
Did you have income (or loss) on K-1 from Partnership, LLC, S-Corp, Estate or trust in 2014?		