

## GENERAL INFORMATION

Your Name (First, Initial, Last Name)	SSN/EIN
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Business Name	Business Address
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Type of Business
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## BUSINESS INCOME

Business Gross Income	\$
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## MILEAGE

Do you have <u>written</u> evidence to support the miles claimed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Business miles claimed: (65.5 cents per mile)	

## BUSINESS EXPENSES

Advertising	\$	Equipment Rental	\$
Worker Wages ( <b>NOT</b> W2's)	\$	Building Rental	\$
Insurance	\$	Repairs and Maintenance	\$
Interest - Mortgage	\$	Taxes and Licenses	\$
Interest - Other	\$	Travel Costs ( <b>NOT</b> Mileage)	\$
Internet	\$	Meals	\$
Legal/Professional Fees	\$	Utilities	\$
Office Expenses	\$	Other Expenses	\$
Supplies	\$		\$
			\$
			\$

## EQUIPMENT

Did you purchase any equipment over \$500 for your business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please list the item(s) below	

Description of Equipment	Date Acquired	Cost of the Equipment	% the Equipment was used by the Business	New or Used when Purchased