

SELF EMPLOYMENT PACKET

****COMPLETE CASH LOG AND/OR SUPPLY RECEIPTS**

****COMPLETE A LIST OF CLIENT NAMES FOR
EACH MONTH**

***IT MUST BE COMPLETELY FILLED OUT PER IRS
REQUIREMENTS***

You stated you own your own business...

Did you start the business this year? Yes No If not, when? ____/____/____

Do you have:

Last year's return? Yes No

Written of the clients you handle? Yes No

Records including date & amount paid by clients? Yes No

Receipts for your expenses? Yes No

Where do you perform this work? _____

If in your home: Do you have a designated work area that no one else uses? Yes No

Is work performed in your regular living areas? Yes No How much area is used just for business? _____

If you have a space outside your home, how do you pay for that space? _____

Do you rent the space, or own it? _____ How many hours a day / week did you provide this service? _____

Do you have anyone working for you? Yes No Do you pay them with: W2 (taxes withheld) or 1099 (no taxes withheld)

How do you get paid? _____ Do you have written record of income and expense? Yes No

Could you provide the IRS records on a day's notice? Yes No Why not? _____

Do you need licenses, insurance, classes, or certification? Yes No Do you pay for advertising or marketing? Yes No

Do you drive for your business, other than from your home to your "office"? Yes No How many miles per day? _____

Did you:

Add amounts to reach the income reported? Yes No

Add up receipts? Yes No

If not, how did you determine how much you made or how much your expenses were? _____

If no written records of your income and expense...

Did you keep track of your clients on a calendar, in your phone or via email? Yes No

Do you know who you bought your supplies / tools / materials from? Yes No

Would they be able to give you copies of their records (what you bought, when and for how much)? Yes No

The amount of income versus expenses you have provided seems off...

Did you have some income you forgot to include? Yes No

Are these expenses only from this last year? Yes No

By signing below, I hereby certify that I am Self-Employed and that the information given above is true and accurate to the best of my knowledge.

Client Signature _____ Date: _____

Day Care Providers

How many kids do you care for a day / week / month? _____

Do you have daily records of what children were in your care each day, and for how long each day? _____

Do you provide daily snacks or meals? Yes No

Does the parent pay extra for snacks or meals? Yes No

Do you take the children on field trips? Yes No

Does the parent pay extra for those trips? Yes No

Do you provide daily care items (wet wipes, diapers, etc.) or does the parent? Yes No

Do you provide daily play items (toys, art supplies, DVD's, CD's, etc.) or does the parent? Yes No

Hair / Braids / Nails

Do you purchase items (combs, color, nail polish, beauty supplies, etc.) to have on hand? Yes No

Where do you store this extra stock? _____

Do you sell any of these items? Yes No for a profit? Yes No or at cost? Yes No

Do you keep track of the items you sell at a profit / at cost, and who bought them? Yes No

What do you do with unusable items (broken / mis-matched, etc.)? _____

Construction

Do you have your own tools? Yes No

Do you have insurance on the tools? Yes No

Are you required to obtain work permits? Yes No

Do you charge the client for those permits? Yes No

Do you purchase protective gear? Yes No

Who pays for any government certification? _____

Do you purchase and store supplies for use as needed? Yes No

Do you keep track of when those items are used? Yes No

What do you do with unusable items (broken / mis-matched, etc.)? _____

Do you hire sub-contractors? Yes No

If so, how are they paid (by you or by the client)? _____

By signing below, I hereby certify that I am Self-Employed and that the information given above is true and accurate to the best of my knowledge.

Client Signature _____ Date: _____

Schedule C Worksheet - Self Employment

YOUR NAME _____ **SSN** _____

Principal Business of Profession _____ **Is this business home-based?** Yes No

I participate in this business Circle One Yes No

Gross receipts or Sales Yearly Monthly _____
Circle One

Expenses

Advertising _____

Insurance on the business _____

Interest _____

Legal or Professional Services _____

Office Expenses _____

Rent on: Equipment _____

Other business property (OFFICE SPACE, ECT) _____

Repairs and Maintenance _____

Supplies _____

Taxes and Licenses _____

Business Travel _____

Business Meals _____

Utilities _____

Bank Expenses _____

Uniforms _____

Other Expenses _____

Car and Truck (A written log is required by the IRS)

Total Miles Driven for Year _____

Business Miles _____

I have another car Circle One Yes No

I certify that the above information is true and correct to the best of my knowledge. I understand that Set Free Tax & Professional Services will use this information on this worksheet and other supporting documents to complete my tax return. I further understand that I will be responsible for local tax fees for income claimed and to provide further information to the IRS if asked.

SIGNATURE: _____ **DATE:** _____

TaxPayer Name _____

Business Name _____

SSN/EIN _____

MONTHLY CASH LOG

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

OR

Weekly Amount

\$ X 52 weeks =

TOTAL PER YEAR

Average Number of Clients for each month

AVERAGE \$ CHARGE PER CLIENT

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

To the best of my knowledge, I certify that this is my cash income from side jobs/self employment as shown in IRS Publication 525 that I have the right to claim. I understand that the IRS may ask for proof of additional information. I have been advised on how to keep better records for the upcoming tax year.

Signature _____

Date _____

*All income earned through the taxpayer's business, as an independent contractor or from informal side jobs is self-employment income, which is fully taxable and must be reported on Form 1040.

<http://www.irs.gov/uac/Reporting-Miscellaneous-Income>

CLIENT LIST

WRITE DOWN YOUR LIST OF CLIENTS FOR EACH MONTH

JANUARY

APRIL

FEBRUARY

MAY

MARCH

JUNE

JULY

OCTOBER

AUGUST

NOVEMBER

SEPTEMBER

DECEMBER