

Profit or Loss from Self-Employed Business

Business operated by: Taxpayer Spouse Is Business operated Jointly? Y N
Year Business started: _____ Was Business disposed of this year? Y N

GENERAL INFORMATION

Business Name _____

Business Address _____

Principle business/ Profession _____

Employer ID Number _____

Accounting Method: Cash Accrual Other

Inventory Method: Cost Lower of Cost or Market Other

Did you materially participate in the operation of the business? Y N

If used your automobile in the business please fill out Auto Expense Worksheet

INCOME

Gross Receipts or Sales	
Returns & Allowances	
Rebates/Reimbursements	
Other Income	

COST OF GOODS SOLD

Inventory at beginning of year	
Purchases (less items for personal use)	
Cost of Labor	
Material and Supplies	
Other Costs (list separately)	
Inventory at end of year	

