Self Employment

Tax Year 2024

Please fill in all fields that apply to you.

Taxpayer:		Spouse:	
Type of Business: *(please be specific, e.g., if consultant, in what field?)*		Type of Business:	
Business Address: *(if different from home)*		Business Address:	
Business Name: *(if not your own name)*		Business Name: *(if not your own name)*	
EIN Number: *(if applicable)*		EIN Number: *(if applicable)*	

☐ Business was started or acquired in 2021

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Self-Employment Income

TAXPAYER			SPOUSE		
Total of Forms 1099-MISC	$		Total of Forms 1099-MISC	$	
Total of Forms 1099-K	$		Total of Forms 1099-K	$	
Cash/Not Reported	$		Cash/Not Reported	$	
Total	$	0	Total	$	0

If you have foreign income:

T/S	Currency GBP, EUR, etc	Exchange Rate	Gross Income (foreign currency)	US $	Income Tax Paid (foreign currency)	US $
				$ #DIV/0!		$
				$ #DIV/0!		$

Self Employment Expenses

There is no need to send receipts for your expenses, but you should keep them for your records in case of audit.

TAXPAYER

	Amount
Advertising	$
Commissions and Fees	$
Contract Labor	$
Self Employed Health Insurance	$
Long-term Care Premiums	$
Other Insurance	$
Tax Preparation Fee Paid in 2019	$
Other Legal/Professional Services	$
Computer Equipment	$
Mortgage Interest (not for home office)	$
Other Interest	$
Utilities (not for home office)	$
Office Expense	$
Supplies (other than office)	$
Office Rent (other than home)	$
Other Rent (equipment, etc.)	$
Repairs and Maintenance	$
Travel & Lodging	$
Meals & Entertainment	$
Research	$
Telephone	$
Internet	$
Client Gifts (limit $25 each)	$
Education & Seminars	$
Postage	$
Local Transportation	$
Trade Publications	$
If you have employees:	
Wages Paid to Employees	$
Employee Health Insurance	$
Other Employee Benefits	$
Pension and Profit Sharing Plans	$

SPOUSE

	Amount
Advertising	$
Commissions and Fees	$
Contract Labor	$
Self Employed Health Insurance	$
Long-term Care Premiums	$
Other Insurance	$
Tax Preparation Fee Paid in 2019	$
Other Legal/Professional Services	$
Computer Equipment	$
Mortgage Interest (not for home office)	$
Other Interest	$
Utilities (not for home office)	$
Office Expense	$
Supplies (other than office)	$
Office Rent (other than home)	$
Other Rent (equipment, etc.)	$
Repairs and Maintenance	$
Travel & Lodging	$
Meals & Entertainment	$
Research	$
Telephone	$
Internet	$
Client Gifts (limit $25 each)	$
Education & Seminars	$
Postage	$
Local Transportation	$
Trade Publications	$
If you have employees:	
Wages Paid to Employees	$
Employee Health Insurance	$
Other Employee Benefits	$
Pension and Profit Sharing Plans	$

LIST OTHER SELF-EMPLOYMENT BUSINESS EXPENSES:

Description	Amount	Description	Amount
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$
	$		$

Filing of Forms 1099-MISC

Did you make any payments in 2024 that would require you to file Form(s) 1099? ☐ Yes ☐ No

Filing Form 1099-MISC is required if you paid any U.S. person over $600 for rents, services (including parts and materials), etc. during the tax year. In general, payments of more than $600 to corporations (except lawyers) and real estate agents are not included. See 1099-MISC instructions

If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

Self-Employed Retirement Plan (Keogh and SEP)

If you've already contributed to a SEP or Keogh:

2024 SEP contribution	$	2024 SEP contribution	$
2024 Keogh contribution	$	2024 Keogh contribution	$

If not, do you want me to calculate your maximum 2021 SEP contribution?

Taxpayer: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No

Home Office

General Rules:

To qualify, a portion of your home or a separate structure must be used exclusively on a regular basis:

(1) As the principal place of your business (this includes a place where you conduct administrative or management activities of the business if there is no other fixed location to conduct them), or

(2) as a place where you meet clients in the normal course of business.

Note: Do not fill in an amount for rent if you own your home.

If you lived at more than one location during the year, please complete expenses separately:

	TAXPAYER	SPOUSE
Location 1: Address	0	0
Dates used: From / to		
Total area of home (sq. ft.)		
Area used exclusively for business (sq. ft.)		
Rent $ X months = $	0	0
Utilities $ X months = $	0	0
Repairs and maintenance expense $		
Home insurance (total for year) $		
Location 2: (If you moved during the year)		
Dates used: From / to		
Total area of home (sq. ft.)		
Area used exclusively for business (sq. ft.)		
Rent $ X months = $	0	0
Utilities $ X months = $	0	0
Repairs and maintenance expense $		
Home insurance (total for year) $		

Home Owners:

If you own your home and you wish to claim depreciation of the office portion, please complete the following *(unless you previously provided this to me)* :

Adjusted Basis of Property:

$		Purchase Price of Property
$		Settlement Costs (abstract fees, legal fees, recording fees, surveys, transfer taxes, title insurance)
$		Capital Improvements made to property before it was made available for rent:
$	0	= TOTAL ADJUSTED BASIS

Value of land in price of property:

$ ______ (Note: Land is not a depreciable asset)

Vehicle Expenses

List only vehicle expenses that apply to self-employment (see Employee Expenses tab for W-2 related vehicle use)

Note: If you used more than one vehicle during the year, please I will need the expenses listed separately for each vehicle.

Vehicle 1:

Year, make and model

Dates used: From ______ to ______

Total miles for year (personal & business)

Total business miles

Another vehicle available for personal use? Yes ☐ No ☐

Is your vehicle leased? Yes ☐ No ☐

If owned, purchase price of vehicle $

Date of purchase

Tolls (business) $

Parking (business) $

If you want me to calculate actual expenses, which may be more than standard mileage:

List total expenses incurred between the dates below:
(I will calculate the business percentage)

From ______ to ______

Gas & oil $

Repairs/tires $

Lease payments $

Auto Insurance $

Garage rent $

Auto Club (AAA) $

Vehicle 2:

Year, make and model

Dates used: From ______ to ______

Total miles for year (personal & business)

Total business miles

Another vehicle available for personal use? Yes ☐ No ☐

Is your vehicle leased? Yes ☐ No ☐

If owned, purchase price of vehicle $

Date of purchase

Tolls (business) $

Parking (business) $

If you want me to calculate actual expenses, which may be more than standard mileage:

List total expenses incurred between the dates below:
(I will calculate the business percentage)

From ______ to ______

Gas & oil $

Repairs/tires $

Lease payments $

Auto Insurance $

Garage rent $

Auto Club (AAA) $