

Sole Proprietorship / Independent Contractor Business Information Sheet

Name of Proprietor: _____

Name of business if different from above: _____

Business Address: _____

Social Security Number / EIN Number: _____

Materially Participate: Yes: () No. ()

Income: _____

Gross Receipts: _____

Other income: _____

EXPENSES

Advertising: _____ Rent of Lease: _____

Commissions & Fees: _____ Interest: _____

Contract Labor: _____ Office Expenses: _____

(a) Mortgage (Paid to Bank, etc): _____ (b) Other: _____

Legal & Professional: _____ Other Expenses: _____

Repairs & Maintenance: _____ Utilities: _____

Taxes & Licenses: _____ Insurance: _____

Vehicles, Machinery & Equipment: _____

Other Business Property: _____

Wages (Less Employment Credits): _____

Part III

Cost of Goods Sold:

Method(s) used to value Closing Inventory:

- a. Cost
- b. Lower of cost or market
- c. Other (attach explanation)

Was there any change in determining quantities, cost, or valuation between opening & closing inventory?

If yes, attach explanation: _____ Yes. () No. ()

Inventory at the beginning of the year. If different from last year's closing inventory.

Attach explanation: _____ Yes. () No. ()

Purchases less cost of items withdrawn for personal use: _____

Cost of Labor. Do not include any amount paid to yourself: _____

Materials & Supplies: _____

Other Cost: _____

Inventory at the end of year: _____

Part IV

Information on Your Vehicle:

Complete this part if you are claiming car or truck expenses on line 9 and are not requiring filing form 4562 for this business.

When did you place your vehicle in service for business purposes? (Year/Month/Day) _____

Of the total number of miles you drove your vehicle during (please enter year) _____, enter miles you used your vehicle for: (a) business _____

(b) Commuting _____ Others _____

Do you or (spouse) have another vehicle available for personal use? Yes. () No. ()

Was your vehicle available for personal use during off-duty hours? Yes. () No. ()

(a) If "Yes" is the evidence written? Yes. () No. ()

Part V

Other Expenses:

List below business Expenses not included above:

The information provided in this forms are supported by actual receipts that represent business activities.

Name: _____

Signature: _____ date: _____