



# Self Employment Tax Profit and Loss

Date Range: \_\_\_\_\_

Client Name: \_\_\_\_\_

Please fill out and answer all questions below. When you complete this form, please mail, email or fax this back to your assigned Tax Analyst immediately.

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Gross Receipts : \$ \_\_\_\_\_

(This is the total revenue generated by your business BEFORE expenses are deducted.)

Cost of Goods Sold: \$ \_\_\_\_\_ Self Employment Taxes Paid: \_\_\_\_\_

Advertising Expense: \$ \_\_\_\_\_

Vehicle Expense: \$ \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_ Business Mileage: \_\_\_\_\_

Commissions and Fees: \$ \_\_\_\_\_ Contract Labor: \$ \_\_\_\_\_

Insurance (other than Health): \$ \_\_\_\_\_ Office Expense: \$ \_\_\_\_\_

Rent or Lease of Business Property: \$ \_\_\_\_\_ Repairs/Maintenance: \$ \_\_\_\_\_

Rent or Lease of Vehicles, Machinery, Equipment: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_ Taxes and Licenses: \$ \_\_\_\_\_ Travel: \$ \_\_\_\_\_

Meals and Entertainment: \$ \_\_\_\_\_ Legal and Professional Services: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_ Taxes Paid (Sales): \$ \_\_\_\_\_ Taxes Paid (Payroll): \$ \_\_\_\_\_

## For Truck Drivers/ Transportation Services - Self Employed:

Cost of Fuel: \$ \_\_\_\_\_ Repairs/Maintenance: \$ \_\_\_\_\_

Days on the Road: \_\_\_\_\_ License/Taxes: \$ \_\_\_\_\_ Lease Payments: \$ \_\_\_\_\_

Gas, Oil, Lubricants: \$ \_\_\_\_\_ Wash/Wax: \$ \_\_\_\_\_