_

EIN (*if applicable*)

Sole Proprietor General Information

Name of sole proprietor

Business name (if different)

Business address (*if different from home address*)

Principal business activity Date					rted /	/			
	duct or service								
	Was the primary purpose of the	5	*						
	Did you materially participate ir	*							
	Has the business reported any lo	<u> </u>	rs?						
Accounting r	nethod: 🗆 Cash 🕒 Accrual 🗖 🤇	1 20							
🛛 Yes 🗖 No	Does the business file under a ca	lendar year? (<i>If n</i>	<i>no, what is the fiscal year?)</i>						
Sole Proprie	tor Specific Questions								
🛛 Yes 🖵 No	Did you pay any family member								
🛛 Yes 🖵 No			ubcontractors, attorneys, accountant						
🛛 Yes 🗖 No	If Yes, did you issue Form 1099-MISC/1099-NEC? List name and social security number (SSN) for each person to wh								
	Name			SSN					
	Name			SSN					
🛛 Yes 🗖 No	Did you make, or do you plan to	make, any contr	ibutions to a self-employed retireme	ent plan?					
	Type of plan			Amount contribute	ed \$				
🛛 Yes 🖵 No	Did you pay for your own health	n/dental insuranc	e? If Yes, provide amount of premiums p	paid during the year.	\$				
🛛 Yes 🖵 No	Did you use an area of your hom	e exclusively for	business, or an area exclusively for s	storage?					
	Square footage of space used								
	Total square footage of home								
Sole Proprie	tor Business Income								
Gross receipt	s or sales (<i>if you received Forms</i> 109	9-MISC, list name	e of payer and amount separately from g	ross receipts or sales)	\$				
	MISC/1099-NEC		Form 1099-MISC/1099-NEC	\$					
Form 1099-	MISC/1099-NEC	\$	Form 1099-MISC/1099-NEC	\$					
Total of all Forms 1099-MISC/1099-NEC received									
Total of all Fo	orms 1099-MISC/1099-NEC receive	ed			\$				
		ed			\$				
Returns and Other income	allowances e (not included in gross receipts above	2)	$\Gamma/1000$ NEC (instead of Form W 2) it	f you are not classified a	\$ (\$	200			
Returns and a Other income Form 1099-M you receive associated w	allowances e (not included in gross receipts above IISC/1099-NEC. You may receive Form 1099-MISC/1099-NEC, you th the income received, and mus	e) Form 1099-MISC are generally re pay self-employ		r Loss From Business, cla	\$ (\$ as an emplo				
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* Provide copies of Form W-3, Form 940, Form 941, Form 1099-MISC/1099-NEC, and any state tax forms filed.

Other Busin	ess Expenses — Lis	st out type and expense	amount							
	•		\$					\$		
			\$					\$		
			\$					\$		
			\$					\$		
Car Expense	25		· ·	1				1.		
Make/Model					Date car placed in service / /					
□ Yes □ No		personal use during	off-duty hours?							
□ Yes □ No	Car available for personal use during off-duty hours? Do you (or your spouse) have any other cars for personal				Did you trade in your car this year? Ves No					
□ Yes □ No	Do you have evidence?				Cost of trade-in Trade-in value					
□ Yes □ No					\$ \$					
	-)	Mileage			Actual Expenses					
Beginning of	year odometer	8			Gas/oil		\$			
End of year of					Insurance	9	\$			
Business mile					Parking f	ees/tolls	\$			
Commuting					Registration/fees \$					
Other mileag	je				Repairs \$					
		the standard mileage								
		standard mileage, it			ar the car	is available for	business. In later ye	ears,	you can then	
		<u>dard mileage rate me</u>	thod or actual exp	enses.						
Travel Expe										
 Meals. You can deduct the cost of meals while traveling away from home on business. You can use the actual cost of your meals or the standard meal allowance per diem, which can vary by location. Travel/Lodging. You can deduct the ordinary and necessary of penses of traveling away from your home for business purpose. Included expenses are transportation, airfare, taxi, lodging, etc. 										
City visited (fo			# of days in city		ited (for pe		,	1	of days in city	
	1			5	y	,			5 5 5	
Travel exper	ises		·	•						
Airfare			\$	Other to	ravel exp	enses (<i>describe</i> b	elow)			
Bus, train, taxi			\$		\$					
Entertainment			\$		\$					
Lodging			\$		\$					
Parking and tolls			\$		\$					
Meals (actual	receipts)		\$					\$		
Equipment	Purchases – Enter	the following informat								
Asset				Date pu	rchased	Cost	Date placed in ser	vice	New or used?	
						\$				
						\$				
						\$				
cost as a busi a period of y (a set numbe	ness expense. Dep ears. It is an annu r of years) for mos		the cost of a busin	less asset	allowing	you to recover	the cost or other basi	is of	property over	
Equipment	Sold or Disposed	ot During Year								
Asset				Date out	of service	Date sold	Selling price/FI	MV	Trade-in?	
							\$			
						_	\$			
							\$			
property, you damaged, de	ı transfer property	position of property of to satisfy a debt, you and you receive prop	i abandon property	y, your ba						
• SE tax is a	Social Security an	d Medicare tax prima	arily for in- •Y	'ou must p	oay SE tax	k if your net ear	nings from self-empl	loyn	nent were \$400	

- SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.
- You must pay SE tax if your net earnings from self-employment were \$400 or more, or you had church employee income of \$108.28 or more. The SE tax rules apply no matter how old you are and even if you are already receiving Social Security or Medicare benefits.