



TAXLAND USA LLC
DBA SNS SERVICES

SELF EMPLOYMENT WORKSHEET

CLIENT NAME: _____

- 1.) ARE YOU SELF EMPLOYED? YES () NO ()
- 2.) DID YOU RECEIVE A FORM 1099 FROM AN EMPLOYER? YES () NO ()

NAME OF YOUR BUSINESS: _____

- 3.) WHAT CLASSIFICATION IS YOUR BUSINESS? (CIRCLE ONE BELOW)
 - A. SOLE PROPRIETOR
 - B. SINGLE MEMBER LLC
 - C. MULTI MEMBER LLC

4.) WHAT YEAR DID YOU START YOUR BUSINESS? _____

5.) DOES YOUR BUSINESS HAVE A LICENSE? YES () NO ()

6.) DO YOU OPERATE THROUGH A BUSINESS BANK ACCOUNT? YES () NO ()

7.) CAN YOU PROVIDE BUSINESS BACK STATEMENTS? YES () NO ()

8.) DOES YOUR BUSINESS OPERATE OUT OF YOUR HOME? YES () NO ()

9.) DO YOU USE A VEHICLE WITH YOUR BUSINESS? YES () NO ()

10.) DO YOU KEEP TRACK OF BUSINESS MILES ON THE VEHICLE? YES () NO ()

A. IF YES, HOW MANY BUSINESS MILES DID YOU DRIVE FOR THE YEAR? _____

11.) HOW DO YOU KEEP TRACK OF YOUR INCOME AND YOUR EXPENSES WITH YOUR BUSINESS? _____

12.) ROUGHLY, HOW MANY CLIENTS DOES YOUR BUSINESS HAVE? _____

13.) WHAT SERVICES DOES YOUR BUSINESS PROVIDE? _____

14.) WHAT DOCUMENTATION CAN YOU PROVIDE TO YOUR PREPARER TO PROVE INCOME AND EXPENSES FOR YOUR BUSINESS? _____

TAXPAYER SIGNATURE: _____

PLEASE PROVIDE A BREAK DOWN OF YOUR INCOME AND EXPENSES ON THE FOLLOWING FORM FOR YOUR BUSINESS.

INCOME AND EXPENSES

ADVERTISING	
CAR / TRUCK EXPENSES	
CONTRACT LABOR	
INSURANCE	
MORTGAGE INTEREST	
LEGAL AND PROFESSIONAL FEES	
OFFICE EXPENSES	
RENT	
RENT VEHICLE, MACHINERY	
REPAIRS / MAINTENANCE	
SUPPLIES	
TAXES / LICENSES	
TRAVEL	
MEALS 50%	
MEALS 80%	
UTILITIES	
WAGES	
TOTAL INCOME	\$
TOTAL EXPENSES	\$

TAXPAYER SIGNATURE