

**SELF-EMPLOYMENT TAX ORGANIZER
AND TAX DEDUCTION FINDER WORKSHEET**

BUSINESS INFORMATION

CLIENT NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUS. PHONE: _____ BUS. FAX: _____

BUSINESS INCOME

PLEASE ATTACH ALL 1099 FORMS RECEIVED

BUSINESS INCOME (OTHER THAN 1099) \$ _____

BUSINESS EXPENSES

For BUSINESS purposes only

TYPE OF EXPENSE	AMOUNT PAID	TYPE OF EXPENSE	AMOUNT PAID
Advertising	\$ _____	Cell Phone - <i>per month</i>	\$ _____
Business/Professional Dues, Membership Fees	\$ _____	Gifts - <i>to customers</i>	\$ _____
Insurance (GL, WC - <i>not health</i>)	\$ _____	Health Ins. Premiums	\$ _____
Interest Paid - Credit Cards	\$ _____	Mortgage Interest	\$ _____
Internet - <i>per month</i>	\$ _____	Phone Line - <i>must be 2nd line</i>	\$ _____
Professional Fees	\$ _____	Travel	\$ _____
Office Supplies	\$ _____	Rent - <i>vehicle, machinery</i>	\$ _____
Job Supplies	\$ _____	Continuing Education	\$ _____
Postage & Shipping	\$ _____	Utilities	\$ _____
Rent	\$ _____	Taxes & Licenses	\$ _____
Repairs & Maintained	\$ _____	Office Expenses	\$ _____
Meals & Entertainment	\$ _____	Other: _____	\$ _____

BUSINESS VEHICLE EXPENSES

TYPE OF EXPENSE	AMOUNT PAID	TYPE OF EXPENSE	AMOUNT PAID
Auto Insurance	\$ _____	Gasoline	\$ _____
Interest - <i>on vehicle note</i>	\$ _____	Maintenance & Repair	\$ _____
Parking & Tolls	\$ _____	Vehicle Tax & Tax	\$ _____

VEHICLE DESCRIPTION (*make and model*): _____

DATE PLACED IN SERVICE: _____ Is vehicle available for personal use (*check box*):

MILEAGE (JAN - JUNE): _____ MILEAGE (JULY-DEC): _____

HALL'S ON POST INC.

404-754-9917 (OFFICE) * 1-866-745-7077 (FAX)

