



Self-Employment Income & Expenses Worksheet

Name/Business Name

Address

Year

INCOME*	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Gross Receipts													
Other													
TOTAL GROSS INCOME													

* Include cash, checks, and credit card payments made to you

EXPENSES	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Health Ins. Premiums													
Advertising													
Commissions/Fees													
Business Liability Ins.													
Office Supplies													
Rent or Lease Costs													
Repairs & Maintenance													
Business License													
Sales Tax Paid to State													
Professional Education													
Safety Equipment													
Freight & Postage													
Cell Phone													
Gas (mileage deducted)													
Other													
Other													
Other													
TOTAL EXPENSES													
NET INCOME^													

^ Net income equals total gross income minus total expenses

Note: In your budget track gas costs. On your tax return deduct business miles.