

SELF-EMPLOYED TAXABLE INCOME STATEMENT

Tax Year:

Taxpayer Name:

SSN / ITIN:

Business Name:

EIN (if applicable):

Business Address:

Type of Business:

Revenue & Income Categories	Amount (\$)
Gross Receipts or Sales	
Other Income (Returns, refunds, etc.)	
Gross Self-Employment Income	

Operating Expenses	Amount (\$)
Advertising and Marketing	
Car and Truck Expenses	
Commissions and Fees	
Contract Labor	
Insurance (other than health)	
Mortgage Interest / Interest on Loans	
Legal and Professional Services	
Office Expense and Supplies	
Rent or Lease (Vehicles, Machinery, Property)	
Repairs and Maintenance	
Travel, Meals, and Entertainment	
Utilities and Phone	
Other Expenses	
Total Operating Expenses	

Net Taxable Income Calculation	Amount (\$)
Gross Self-Employment Income	
Less: Total Operating Expenses	
Less: Self-Employed Health Insurance Deduction	
Less: Other Qualified Deductions (e.g., Home Office deduction)	
Net Self-Employed Taxable Income	

Taxpayer Signature

Date

Preparer Signature (if applicable)

Date