

Self –Employment Income Information Sheet

G & V Tax and Insurance

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Please complete the following information as accurately as possible

First Name: _____ Last Name: _____

Type of Business: _____

Business Name: _____ Tax ID # _____

Do You Have information or documents supporting your business? Yes or No

Will this form be used to represent all of your income and expenses? Yes or No

Will this form be used to represent extra income and expenses outside of your regular employment? Yes or No

Do you use part of your home for business? Yes or No

What are your total Gross Receipts: \$ _____

Fill in the following expenses:

Advertising: \$ _____ Supplies: \$ _____ Other expenses: _____

Vehicle Mileage: _____ Phone: \$ _____ _____

Contracted Labor: \$ _____ Repairs: \$ _____ _____

Insurance: \$ _____ Meals and ent.: \$ _____ _____

Interest: \$ _____ License Fees: \$ _____ _____

Legal Fees: \$ _____ Food expenses: \$ _____ _____

Office expenses: \$ _____ Utilities: \$ _____ _____

Rent or Lease pmts.: \$ _____ Travel expenses: \$ _____ _____

By signing this form the you certify that the information given is accurate, understanding that the preparer has an obligation to evaluate the information received from all clients, apply a consistency and reasonable standard to the information, ask additional questions if the information appears incorrect, inconsistent or incomplete and document and retain all inquiries made by the client.

Signature: _____ Date: _____

Notary Stamp Here: