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Self-Employment Worksheet

Name				
Business Name		EIN		
Address (if different th	an home address)			
·	,	Street A	ddress	
City	-	State	Zip	
Total Business Mileage		Total miles driven		
	Gross Incom	e\$		
Business Expenses				
Advertising		Supplies _		
Commissions & Fees		Taxes & Li	Taxes & Licenses	
Contract Labor		Meals & Entertainment		
Insurance		Utilities		
Interest		Travel Expenses		
Legal & Professional Services		Other Expenses		
Office Expenses				
Rent				
Repairs/Maintenance			 	
Did you nurchase any sing	gle item in 2015 that cost (over \$100 00 if so pl	ease list helaw	
Item Description		Cost	Depreciate Y/N	
, , , , , , , , , , , , , , , , , , ,				
Did you use any part of	our home exclusively for b	usings?	 Yes□ No□	
	nts that require you to file		Yes No	
Client Signature			Date	