

## SELF-EMPLOYMENT FORM

GENERAL INFORMATION					
Your Name ( <i>First, Initial, Last Name</i> )			SSN/EIN		
Business Name		Business Address			
Type of Business					
COVID 19 INFORMATION					
Indicate, if any, how many days were you unable to perform your self-employment services because of Covid 19:					
<ul style="list-style-type: none"> <li>- You were sick or quarantined due to Covid 19 _____ days</li> <li>- You cared for someone 18 or older who was sick or quarantined due to Covid 19 _____ days</li> <li>- You cared for someone UNDER THE AGE OF 18 who was sick or quarantined due to Covid 19 or whose school or child care was closed due to Covid 19 _____ days</li> </ul>					
BUSINESS INCOME					
Business Gross Income           \$ _____					
MILEAGE					
Do you have <u>written</u> evidence to support the miles claimed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of miles claimed: Business Miles _____ Commuting Miles _____ Other Miles _____					
BUSINESS EXPENSES					
Advertising	\$ _____	Equipment Rental	\$ _____		
Worker Wages (not W2's)	\$ _____	Building Rental	\$ _____		
Insurance	\$ _____	Repairs and Maintenance	\$ _____		
Interest - Mortgage	\$ _____	Taxes and Licenses	\$ _____		
Interest - Other	\$ _____	Travel Costs (NOT Mileage)	\$ _____		
Internet	\$ _____	Meals	\$ _____		
Legal/Professional Fees	\$ _____	Utilities	\$ _____		
Office Expenses	\$ _____	Other Expenses	\$ _____		
Supplies	\$ _____	_____	\$ _____		
		_____	\$ _____		
		_____	\$ _____		
EQUIPMENT					
Did you purchase any equipment over \$500 for your business?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , please list the item(s) below					
Description of Equipment	Date Acquired	Cost of the Equipment	% the Equipment was used by the Business	New or Used when Purchased	