

INCOME TAX QUESTIONNAIRE FOR SELF-EMPLOYED CONTRACTORS

Taxpayer Name: _____ Tax Year: _____

Phone: _____ Email: _____

INCOME FROM BUSINESS ACTIVITIES:

Total Income \$ _____

EXPENSES RELATING TO BUSINESS ACTIVITY:

Building Materials	_____	Rent: Equipment	_____	Utilities	_____
Building Supplies	_____	Rent: Office	_____	Wages Paid on W-2	_____
Sub-Contractors	_____	Pension: Employees	_____	Dump Fees	_____
Advertising	_____	Pension: Employees	_____	Business Gifts	_____
Commissions Paid	_____	Pension: Self	_____	Wages Paid on W-2	_____
Employee Benefits	_____	Rent: Equipment	_____	Bank Fees	_____
Insurance: Business	_____	Rent: Office	_____	Referral Fees	_____
Health Ins: Empl	_____	Repairs & Maintenance	_____	Telephone	_____
Health Ins: Self	_____	Supplies	_____	Printing	_____
Interest Expense	_____	Licenses	_____	Postage & Delivery	_____
Legal & Prof Fees	_____	Taxes: Bus Per Prop	_____	Dues & Memberships	_____
Office Expenses	_____	Travel & Lodging	_____	Other (Describe):	_____
Pension: Employees	_____	Meals	_____	Other (Describe):	_____
Pension: Self	_____	Entertainment	_____	Other (Describe):	_____

EQUIPMENT PURCHASES Please list major purchases separately

Small Tools	_____	Other (Describe):	_____
Machinery	_____	Other (Describe):	_____
Trucks (Describe)	_____	Other (Describe):	_____

AUTOMOBILE EXPENSES & OFFICE IN HOME EXPENSES

You must complete the Automobile Expense or Office in Home Expense summary forms.

FUEL TAX CREDIT

You are entitled to a tax credit for any gasoline or diesel fuel that is used for "off the road" purposes such as tractors, generators, high-lifts, etc.

Please indicate the number of gallons purchased for such uses: Gasoline _____ gal Diesel _____ gal