

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: