



UPBLACK & ASSOCIATES CPA
P.O. Box 623
Mount Vernon, NY 10552-0623

COMPLETE THE FOLLOWING IF YOU ARE SELF EMPLOYED

TYPE OF BUSINESS _____

SOURCE OF INCOME:

ATTACH: 1099-MISC
OR COPIES OF PAYCHECK
OR YOUR BANK STATEMENTS

LICENSE# (If required) _____

TOTAL INCOME FOR THE YEAR: \$ _____

BUSINESS EXPENSES PAID:

ADVERTISING	\$ _____
LIABILITY INSURANCE	\$ _____
HEALTH INSURANCE	\$ _____
OFFICE EXPENSE	\$ _____
RENT	\$ _____
SUPPLIES	\$ _____
TRAVEL	\$ _____
TAXES	\$ _____
TELEPHONE	\$ _____
UNIFORMS	\$ _____
OTHER: LIST _____	\$ _____
_____	\$ _____

AUTOMOBILE:

MAKE & MODEL _____

TOTAL EXPENSES FOR THE YEAR

Gas, Repairs, Insurance _____

Lease Payment _____

Tolls & Parking _____

\$ _____

TOTAL MILES DRIVEN FOR THE YEAR _____

BUSINESS MILES FOR THE YEAR _____

SIGNATURE (S): _____