

SELF-EMPLOYMENT FORM

GENERAL INFORMATION							
Your Name (First, Initial, Last Name)			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: You were sick or quarantined due to Covid 19days You cared for someone 18 or older who was sick or quarantined due to Covid 19days 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 							
BUSINESS INCOME	·						
Business Gross Income	\$						
MILEAGE							
Do you have <u>written</u> evidence t	o support the mile	s claimed?	•			Yes 🛛	No 🗆
Number of miles claimed: Business Miles Comm			nuting Miles	uting Miles Other Miles			_
BUSINESS EXPENSES							
Advertising Worker Wages (not W2's) Insurance Interest - Mortgage Interest - Other Internet Legal/Professional Fees Office Expenses Supplies EQUIPMENT Did you purchase any equipme	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Taxes and Travel Cos Meals Utilities Other Exp	Rental nd Mainte I Licenses sts (NOT N		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	No □
If Yes, please list the item(s) below							
Description of Equipment		Date Acc	quired	Cost of the Equipment	% the Equipment was used by the Business	New or Used when Purchased	