

## **SELF-EMPLOYMENT FORM**

GENERAL INFORMATION							
				SSN/EIN			
Your Name (First, Initial, Last Na	mej			33IN/EIIN			
Business Name			Business A	ddress			
Type of Business		<u>'</u>					
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 19 days - You cared for someone 18 or older who was sick or quarantined due to Covid 19 days - 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 written evidence to	support the miles o	claimed?				Yes 🗌	No 🗌
Number of miles claimed: Busir	ness Miles	_ Comr	nuting Mile	s	Other Mile	s	_
BUSINESS EXPENSES							
Advertising	\$		Equipme	ent Rental		\$	
Worker Wages (not W2's)	\$		Building	Rental		\$	
Insurance	\$		Repairs a	and Mainte	\$		
Interest - Mortgage	\$		Taxes and Licenses			\$	
Interest - Other	\$		Travel Co	osts (NOT N	Mileage)	\$	
Internet	\$		Meals			\$	
Legal/Professional Fees	\$		Utilities			\$	
Office Expenses	\$		Other Ex	nenses		\$	
Supplies	\$		\$				
		_	-			\$	
						\$	
						<u>-</u>	
EQUIPMENT							
Did you purchase any equipmen	t over \$500 for your	busines	s?			Yes 🗌	No 🗆
If Yes, please list the item(s)	) below						
Description of Equipment		Date A	cquired	Cost of the Equipment	% the Equipment was used by the Business	New or Used when Purchased	
I			1		I		1