

# Howland Tax Services International



## 2016 Self-Employment Checklist (United States)

### Identification

What is your main product or service? \_\_\_\_\_

Name of business \_\_\_\_\_

Business address \_\_\_\_\_

Fiscal year end (usually Dec. 31) \_\_\_\_\_

Do you use the Cash or Accrual method of accounting?

Cash

Accrual

Don't Know

Did this business start in 2016?  Yes  No

Did you "materially participate" in this business in 2016?  Yes  No

### Income

Income reported on 1099-MISC slips \_\_\_\_\_

Income not reported on 1099-MISC slips \_\_\_\_\_

Other sales, commissions, or fees \_\_\_\_\_

Per diems, royalties \_\_\_\_\_

Any other income (specify) \_\_\_\_\_

### Cost of Goods Sold

(if you sell products)

Inventory at beginning of year \_\_\_\_\_

Purchases during the year \_\_\_\_\_

Wage and subcontract costs \_\_\_\_\_

Other costs \_\_\_\_\_

Inventory at end of year \_\_\_\_\_

## Expenses

You should have receipts or statements to document all expenses. Credit card or bank statements are generally not considered to be adequate documentation.

Accounting, tax preparation, legal, consulting	_____
Advertising, promotion, publicity	_____
Bad debts	_____
Bank charges	_____
Business tax, fees, licenses	_____
Commission fees	_____
Convention expenses	_____
Delivery, shipping, freight	_____
Equipment lease or rental	_____
Insurance on business assets	_____
Interest on business loans	_____
Maintenance and repairs	_____
Management and administration fees	_____
Meals and entertainment – enter total amounts	_____
• for documented business meetings	_____
• for business travel outside home city	_____
Office supplies	_____
Office rent	_____
Other supplies and materials (specify)	_____
Professional development	_____
Property taxes on business property	_____
Research costs	_____
Salaries, wages, benefits	_____
Subcontract fees	_____
Subscriptions to industry periodicals	_____
Supplies (provide breakdown)	_____
	_____
	_____
Telephone and utilities	_____
Training courses (lodging, tuition, etc.)	_____
Travel (not auto)	_____
Uniforms, cleaning and alterations	_____
Union dues	_____
Vehicle lease or rental	_____

Health insurance coverage for you, your spouse and dependents (allowable for months not eligible to participate in an employer-sponsored plan)

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Other expenses (provide breakdown)

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## Business Use of Home

Total square footage of home

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Square footage of area used regularly and exclusively for business purposes (including storage of equipment and inventory)

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Write down the total amounts for the home:

Mortgage interest or rent paid

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Insurance

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Home maintenance and repairs

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Electricity, heat, water, other utilities

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Property taxes

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Strata fees

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Other expenses

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## Depreciation of the Home

Please answer the following questions if you wish to claim depreciation of the business area of the home (note: not necessary if we have claimed this expense in previous years):

On what date did you start using your home for business purposes?

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What was the Fair Market Value of your home on that date?

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What was the home's cost basis (its cost plus additions and improvements)?

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What was the value of the land relative to the building?

(i.e. land – 40%; building – 60%)

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## Automobile

A. Miles driven for business in 2016	_____
B. Commuting miles driven in 2016 (driving to employment)	<b>+</b> _____
C. Personal, non-commuting miles driven in 2016	<b>+</b> _____
D. Total miles driven in 2016 (A+B+C should equal D)	<b>=</b> _____

Did you buy a new vehicle or sell an old one?  Yes  No

If yes, please provide your contract of purchase or sale, or other documentation.

If claiming actual expenses, write down the total expense amounts for the vehicle below. If claiming the Standard Mileage Rate, jump to "Additional information required by IRS."

Insurance	_____
Maintenance and repairs	_____
License fees	_____
Gas and oil	_____
Car washes	_____
Loan interest	_____
Auto club membership	_____
Parking and tolls	_____

### Additional information required by IRS:

Was the vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the vehicle used primarily by a more than 5% owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have evidence to support your business use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Asset Purchases and Disposals in 2016

	Purchases	Disposals
Office furniture	_____	_____
Purchase or disposal date	_____	_____
Cost or proceeds	_____	_____
Office equipment	_____	_____
Purchase or disposal date	_____	_____
Cost or proceeds	_____	_____
Computer equipment	_____	_____
Purchase or disposal date	_____	_____
Cost or proceeds	_____	_____
Other Equipment (provide breakdown)	_____	_____
Purchase or disposal date	_____	_____
Cost or proceeds	_____	_____
Other Equipment (provide breakdown)	_____	_____
Purchase or disposal date	_____	_____
Cost or proceeds	_____	_____

Please indicate your preference:

- Claim depreciation on assets to the extent that they are used for business purposes;
- Elect to take the Section 179 deduction and write off the entire cost of the assets in 2016; or
- I don't know – I have no preference.

## Other Items

Please list any other items related to your business operations here:

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