

Monthly Self-Employed Expenses

Name: _____

Job Type/Title: _____

Month: _____

ALWAYS INCLUDE
RECEIPTS FOR ANY
DEDUCTIONS
REPORTED BELOW.

****Only bills directly related to your business will be counted. Generic supplies such as cleaning and other household supplies will be counted.****

Expense:	Total for the Month:
Rent/Booth Rental:	\$
Water Bill	\$
Power Bill	\$
Phone Bill	\$
Taxes	\$
Business Specific Supplies:	\$
Other: (Please specify)	\$
For office use only: Total deductions:	\$