

SELF-EMPLOYMENT LOG

****PLEASE NOTE: One month per page, do not combine months**

NAME _____ MONTH & YEAR _____

BUSINESS INCOME

WEEK 1			
DAY	DATE	HOURS	AMOUNT
Sun			\$
Mon			\$
Tues			\$
Wed			\$
Thurs			\$
Fri			\$
Sat			\$
		TOTAL:	\$

WEEK 2			
DAY	DATE	HOURS	AMOUNT
Sun			\$
Mon			\$
Tues			\$
Wed			\$
Thurs			\$
Fri			\$
Sat			\$
		TOTAL:	\$

WEEK 3			
DAY	DATE	HOURS	AMOUNT
Sun			\$
Mon			\$
Tues			\$
Wed			\$
Thurs			\$
Fri			\$
Sat			\$
		TOTAL:	\$

WEEK 4			
DAY	DATE	HOURS	AMOUNT
Sun			\$
Mon			\$
Tues			\$
Wed			\$
Thurs			\$
Fri			\$
Sat			\$
		TOTAL:	\$

WEEK 5			
DAY	DATE	HOURS	AMOUNT
Sun			\$
Mon			\$
Tues			\$
Wed			\$
Thurs			\$
Fri			\$
Sat			\$
		TOTAL:	\$

BUSINESS EXPENSES

ITEMS	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
Advertising					
Car/Truck Expenses					
Commission & Fees					
Contract Labor					
Gas OR Mileage					
Insurance					
Interest on Loans					
Legal & Professional Fees					
Mortgage Interest					
Office Expense					
Postage					
Property/equip. Rental					
Repairs & Maintenance					
Supplies/Material					
Taxes & Licenses					
Telephone					
Utilities					
Other (specify):					
TOTALS:					

IMPORTANT

Please list any deductible expenses you may claim for IRS tax purposes under "Other".

Remember to claim ONLY the portion that relates to your business.

****RECEIPTS REQUIRED FOR ALL EXPENSES USED AS DEDUCTIONS****

I certify that the information given on this sheet is accurate to the best of my knowledge. I understand that if I knowingly give false information or withhold information related to my receipt of assistance, now or in the future, I may be prosecuted for the crime of Unsworn Falsification, which can result in imprisonment. (RSA 641:3)

Signature

Date

Print Name

OFFICE USE ONLY