

Sacopec Valley Health Center
STATEMENT OF SELF-EMPLOYMENT INCOME

Name _____

Month: _____

Business Income	Business Expenses				
	Item	Week 1	Week 2	Week 3	Week 4
Week 1 Total Amount \$	Advertising				
Week 2 Total Amount \$	Freight				
Week 3 Total Amount \$	Wages (paid out)				
Week 4 Total Amount \$	Insurance				
	Interest (on loans)				
	Materials				
	Merchandise (inventory expense)				
	Heat				
	Postage				
	Repairs				
	Social Security Taxes				
	State Sales Tax				
	Supplies				
	Vehicle Maintenance				
	Gas				
	Rent				
	Telephone				
	Utilities				
	Other (specify)				
	Other (specify)				
	Other (specify)				

IMPORTANT

Please list any deductible expenses you may claim for IRS tax purposes not listed above under "Other." Remember to claim only the portion that relates to your business.

I certify that the information given is true to the best of my knowledge.

Date _____

Signature _____