

GENERAL INFORMATION

Name of Sole Proprietor	
Business name (if different)	EIN
Business address (if different from home address)	
Principal business activity	Principal product or service
Date business started (if new)	Date business closed (if ceased)

SOLE PROPRIETOR SPECIFIC QUESTIONS

- Yes No Was the primary purpose of the business activity to realize a profit?
- Yes No Did you materially participate in the operation of this business?
- Yes No Did you pay any family members for services?
- Yes No Did you make any payments of \$600 or more to individuals, subcontractors, attorneys, etc.?
(Provide copies of Forms 1096 and 1099-NEC)
- Yes No Did you make, or do you plan to make, any contributions to a self-employed retirement plan?
Type of plan _____ Amount contributed \$ _____
- Yes No Did you pay for your own health/dental insurance? If yes, premiums paid \$ _____
- Yes No Did you have any employees? (Provide copies of Forms W2 and W3)
- Yes No Did you have any bartering transactions in 2021?
 Yes No If yes, are these amounts included in your financial reports?
- Yes No Did the business receive a Paycheck Protection Program loan?
- Yes No Did you receive an Economic Injury Disaster Loan or Emergency Advance through the SBA?
- Yes No Did you delay payment of employer payroll taxes?
- Yes No Were there any days you were unable to perform services because of COVID-19 related care (i.e., quarantine, isolation, illness, health professional advice, etc.) for yourself?
- Yes No Were there any days you were unable to perform services because of COVID-19 related care (i.e., quarantine, isolation, illness, health professional advice, etc.) for a family member?
- Yes No Were there any days you were unable to perform services because of care you provided to your child whose school / child care is closed or unavailable for reasons related to COVID-19?
- Yes No Did you receive a payroll tax credit for a business suspension or slowdown?

BUSINESS INCOME

Gross receipts or sales (Provide all copies for Forms 1099-NEC and 1099-K received)	\$
Returns and allowances	\$
Other income (not included in gross receipts)	\$

Of the gross receipts income earned (listed above), how much was performed in or delivered to the following localities:	
City of Portland	\$
Multnomah County	\$
TriMet District or Lane Transit District	\$

BUSINESS EXPENSES

Direct business expenses Do not include expenses that include personal use or equipment listed on page 3.

Accounting	\$
Advertising	\$
Bank charges	\$
Business licenses	\$
Commissions paid	\$
Contract labor	\$
Dues and subscriptions	\$
Employee benefit programs	\$
Entertainment	\$
Gifts	\$
Insurance (other than health)	\$
Interest paid	\$
Legal and professional services	\$
Meals for business (restaurants)	\$
Meals for business (other)	\$
Office supplies	\$
Postage	\$
Printing	\$
Rent or lease of equipment	\$
Repairs and maintenance	\$
Supplies (not included in inventory)	\$
Taxes - payroll	\$
Taxes - sales (included in gross)	\$
Taxes - Portland/Multnomah	\$
Taxes - OR TriMet	\$
Tax Preparation Fee	\$
Telephone	\$
Tools	\$
Wages	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$

Dedicated office or work space Do not include expenses for a home office or any space that includes personal use.

Rent	\$
Mortgage Interest	\$
Property Taxes	\$
Insurance	\$
Internet	\$
Telephone	\$
Utilities	\$
Janitorial or cleaning	\$
Security	\$
Repairs and maintenance	\$
Improvements	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$

Home office Area of home used exclusively for this business as a principal place of business. Include the full amount of expenses paid. We will apply the appropriate percentage where necessary.

Square footage of entire home	
Square footage of office space	
Rent	\$
Mortgage interest	\$
Property taxes	\$
Insurance	\$
Utilities	\$
Janitorial or cleaning	\$
Security	\$
Repairs and maintenance	\$
Improvements:	\$
Other:	\$
Other:	\$
Other:	\$
Internet - business use % _____	\$
Telephone - business use % _____	\$

COST OF GOODS SOLD*

*Use this section only if you are a manufacturer, wholesaler, or a business that makes, buys, or sells goods

Inventory at the beginning of the year	\$
Purchases of items for resale	\$
Materials and supplies	\$
Cost of items for personal use	\$
Inventory at the end of the year	\$

FIXED ASSETS

Equipment Purchased Assets or vehicles purchased or placed in service during the year with a useful life greater than one year and purchase price greater than \$500. Do not include these costs in the business expenses section.

Asset description	Date purchased	Cost	Date placed in service	New or used?
		\$		
		\$		
		\$		
		\$		

Equipment Sold Assets or vehicles sold or disposed. Do not include the sales price in the business income section.

Asset description	Date out of service	Date sold	Sales price	Trade-in?
			\$	
			\$	

AUTO EXPENSES

Generally, you can use either the standard mileage rate or actual expenses to figure the deductible costs of operating your car for business purposes.

Vehicle 1 Year/Make/Model:

- Yes No Car available for personal use?
- Yes No Do you have another car available?
- Yes No Is there written evidence of miles driven?

Beginning odometer

Ending odometer

Total miles

Business miles (not commuting)

If using actual expenses, also complete the following:

Gas / oil

Repairs and maintenance

Registration and fees

Insurance

Interest paid or Lease payments

Other:

Vehicle 2 Year/Make/Model:

- Yes No Car available for personal use?
- Yes No Do you have another car available?
- Yes No Is there written evidence of miles driven?

Beginning odometer

Ending odometer

Total miles

Business miles (not commuting)

If using actual expenses, also complete the following:

Gas / oil

Repairs and maintenance

Registration and fees

Insurance

Interest paid or Lease payments

Other: