

Fill out only if:

Self-employment Income Rental Income Farm Income 2106

Business Name _____

	YES	NO
What accounting method do you use? Circle one: Cash Accrual Hybrid		
Did you pay for self-employed health insurance?	_____	_____
Did you make any payments in 2016 that would require you to file Form(s) 1099?	_____	_____
If yes, did you or will you file all required Forms 1099?	_____	_____
Was any of this income earned in Kansas City (subject to KC E-Tax)?	_____	_____
Rental Properties: # of days used for personal _____ # of days rented or available for rent _____		

Section A (Mileage):

Did you have business mileage?	_____	_____
If yes, do you have a mileage log that details date, time, place and purpose of travel?	_____	_____
Do you have outside annual verification of mileage?	_____	_____
Miles log: January 1 – December 31, 2016 number of miles = _____		

Section B (Income and Expenses):

____ I am providing a profit and loss, general ledger, or other accounting documents containing information with income and expenses.

Complete this section ONLY if you are NOT providing a profit and loss, general ledger or total page:

Total 2016 Business **Income** \$ _____ Includes all 1099's _____

Expenses: _____

Section C (office in home):

I elect to use the "Office in Home" Simplified Method. _____ (initial)

I prefer claiming actual Office in the Home expenses. _____ (initial)

When claiming an "Office in the Home" deduction, I verify the space designated as an office is used exclusively, one hundred percent, in 2016 for business. The space is a room with four walls, a door and access to a restroom.

_____ office sq. ft. _____ total sq. ft. of home

By signing, I agree that 1) all income is accurately reported, 2) there are proper records for auto and cell phone expenses, 3) entertainment records include who was entertained and the business purpose, 4) business gifts are limited to \$25, and 5) etc. For the 2015 tax year, I verify that I have (and need to keep for five [5] years) records, log books, receipts, and cancelled checks to validate the above. (Verifiable upon request.)

Taxpayer

Date