



Martinez Tax Service
Tax Consultants

Self Employment Income Worksheet

CLIENT NAME: _____ **TAX YEAR** _____

PROFESSION _____

TOTAL INCOME _____

DEDUCTIONS

Cellphone _____

Supplies _____

Uniforms _____

Tools _____

Additional Deductions (Specify)

MILEAGE

Total Miles _____

Total Business Miles _____

SIGN: _____ **DATE** _____