

Office Use Only- Intake Date: \_\_\_/\_\_\_/2024 By: \_\_\_\_\_  
 Scanned Date : \_\_\_/\_\_\_/2024 By: \_\_\_\_\_  
 Preparer: \_\_\_\_\_  
 Review Date: \_\_\_/\_\_\_/2024 By: \_\_\_\_\_  
 Print Date : \_\_\_/\_\_\_/2024 Collated By: \_\_\_\_\_  
 \_\_\_Spring Hill \_\_\_Brooksville



**AMERICAN EXECUTIVE**  
 TAX & FINANCIAL SERVICES

IF YOU RECEIVED A 1099-NEC THE IRS CONSIDERS YOU SELF-EMPLOYED  
 PLEASE FILL OUT ONLY WHAT PERTAINS TO YOU... EXPENSES RELATED  
 TO THIS INCOME ON BACK

**SELF EMPLOYED INTAKE**



Client Name: \_\_\_\_\_

Business Name \_\_\_\_\_

TAX ID# \_\_\_-\_\_\_-\_\_\_ (if any) or SS# \_\_\_-\_\_\_-\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Type of Business: \_\_\_\_\_

Has your address changed?  Yes  No (If Yes, list changes)



Do you file state Return? Yes No-If Yes Which One(s) \_\_\_\_\_

**IF YES-CIRCLE ONE: Sole Proprietor    LLC**

Are you a bookkeeping client currently or need bookkeeping services this year? Yes No

***Please attach profit and loss statement from  
 accounting software (see back if needed.)***



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## Simple Self-Employed Schedule C Income/Expenses

Sales/Income (not reported elsewhere)	
Credit Card Sales	
1099 Income (Attach 1099s)	
<b>GROSS RECEIPTS</b>	
<b>EXPENSES</b>	
Advertising	
Charitable Contributions	
Commissions	
Contract Labor & 1099 Paid to Subcontractors (Attach list)	
Depreciation	
Dues and Subscriptions	
Employee Benefit Programs	
Insurance (Other than Health)	
Liability Insurance	
Interest Paid	
Legal and Professional Fees	
Licenses and Fees	
Miscellaneous	
Office Expense	
Bank Charges	
Postage	
Rent	
Repairs & Maintenance	
Supplies	
Taxes & Licenses	
Telephone (Cell)	
Travel/Tolls/Lodging	
Utilities	
W-2 Wages Paid (attach detail)	
Other:	
<b>TOTAL EXPENSES</b>	
Vehicle Expenses or TOTAL MILEAGE	
Vehicle Make & Model	
Business Miles	
Personal Miles	
Do you have a home office? If yes, we need all home expenses and Sq ft of home and Sq Ft of office space	

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