

Self-Employment Questionnaire

TAX YEAR 2026 | 2027 FILING SEASON | DRAFT FOR REVIEW

Client name: _____ Date: _____

Complete for each business or gig activity. Report all receipts, including cash and electronic payments, whether or not a tax form was issued.

Business name / activity / start date / entity type

Business address / months operated / hours worked

Products or services / typical customers

Payment methods and business bank account (yes/no)

Employees or contractors / payroll or 1099 records

Home office: exclusive regular use and square footage

Income evidence: statements, invoices, receipts, payment reports

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Expense evidence and prior-year business return availability

Client signature: _____ Date: _____

Spouse signature (if applicable): _____ Date: _____