

Report of Unincurred Business Expenses – items received at no cost:

Personal information:

Name: _____

Social Security Number: _____

Address: _____

Phone: _____

I am self-employed as a: _____

ITEMS RECEIVED FROM OTHERS

Date Received	Item	Provided by	Their relationship to me	Value of item
_____	_____	_____	_____	\$
_____	_____	_____	_____	\$
_____	_____	_____	_____	\$

These items were provided to me by others because: _____

Signature

Date

Report of Unincurred Business Expenses – service provided by others:

Personal information:

Name: _____

Social Security Number: _____

Address: _____

Phone: _____

I am self-employed as a: _____

SERVICE PROVIDED BY OTHERS

Service provided: _____

Provided by: _____

(Name of person providing assistance and their relationship to me)

<u>Hourly value of the donated service</u>		<u>Number of hours the service is provided per month</u>		<u>Monthly value of services donated</u>
\$ _____	X	_____	=	\$ _____

These services are donated to me because: _____

Signature

Date

