

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

<u>Date Received</u>	<u>Item</u>	<u>Provided by</u>	<u>Their relationship to me</u>	<u>Value of item</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

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)

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

These services are donated to me because: _____

Signature

Date