



Office: 410.356.3136
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Post Office Box 366
Reisterstown, MD 21136

Schedule of Business Income and Expenses

Taxpayer:

Tax year:

Job Description:

Client #:

(leave blank)

Home #:

Cell #:

Work #:

E-mail:

Total Sales

Expenses

Accounting

Advertising

Auto expense

Bank charges

Computer expense

Conventions & Meetings

Dues & Subscriptions

Entertainment & Promotion

Gifts

Insurance

Licenses & fees

Office expense

Postage & Delivery

Rent

Repairs & Maintenance

Taxpayer: _____

Tax year: _____

Salaries/Independent Contractors

Software expense

Supplies

Taxes

Telephone

Travel

Utilities

Additional Expenses (not noted above, use an attached schedule if necessary):

Automobile Business Use Information

Automobile Mileage Information:	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Vehicle 3</u>
Business Miles	-----	-----	-----
Commuting Miles	-----	-----	-----
Personal/Other Miles	-----	-----	-----
Total Miles Driven For The Year	=====	=====	=====

Notes/Comments

Taxpayer: _____

Tax year: _____

Please read and sign below as well as include this page with your information in order for us to complete your tax return.

I have submitted this information for the sole purpose of preparing my tax return. By signing below I am attesting that each item can be substantiated by receipts, canceled checks or other documentation and accordingly such records shall be maintained for a period of no less than 5 years from the date I file such returns. Furthermore the information presented above is true, correct and complete to the best of my knowledge.

If you are e-mailing please indicate the words "E-mailed" on the signature line below as well as the date.
All such e-mails should be sent to: taxinfo@kaplantaxservices.com.

Taxpayer(s) Signature: _____

Date: _____

For Internal Use Only. Please do not write below this line...

Record of Telephone Conference: (for internal use only by David J. Kaplan & Associates, Ltd.)

Client Name: _____

Client #: _____

Date of Call : _____

Time of call: _____

Interviewer: _____

Interviewee: _____

Notes/Comments:
