Kathy's Tax Service, LLC

First Name	M.I.	Last Name		Social Secu	rity Number
Business / Occupation:					
Gross Income: \$  Do you have evidence to support your Gross Income?		☐ <b>Yes</b> ☐ <b>No</b> Check all applicable:			
					☐ Bank statements ☐ receipts ☐
Business Expenses: \$		(Note: Amount must be in dollars and cents)			
Do you have evidence to support you		•	☐ <b>Yes</b> ☐ <b>No</b> Check	• •	
☐ Bank statements ☐ receipts ☐	1099s	□ calendar	□ ledger □ notebook	$\square$ appointment l	oook 🗆 other
Business Expenses	\$	Amount	Other Expe	enses	\$ Amount
Advertising			Rent – Building		
Insurance			Rent – Equipment		
Bank Fees/Credit Card Fees			Repairs and Maintenance		
Cellphone			Research (books, trade publications)		
Commissions & Fees			Shipping, Postage, Courier Service		
Contract Labor			Show Fees		
Dues & Subscriptions			Small Tools		
Education – Job Related			Supplies (safety, cleaning, general shop)		
Gifts – Business Related			Tax Preparation/Accoun	nting/ Legal Fees	
Insurance			Phone		
Interest – Mortgage			Tips & Gratuities		
Interest – Other			Travel – Airfare / Train fare		
Legal / Professional Fees			Travel – Auto Rental / Taxi / Bus Travel - Hotels		
Meals Office Evnence			Utilities Utilities		
Office Expense  Parking & Tolls			Other		
Parking & Tolis			Other		
Did you purchase any equipment over Description:	r \$2500 f	or your busine	ess in 2023? <b>Yes</b> Date Acquired	No If yes, please Price	list items below Business Use
Description.			Date Acquired	Trice	Dusiness osc
Miles related to Self-Employ IRS will not allow the deduction. Do you			•		
				Miles	
					·
Signature:			Date		