Kathy's Tax Service, LLC

		Last Name		Social Security Number	
Business / Occupation:					
			(Note: Amount must be in	dollars and so	a+c\
Gross Income: \$ Do you have evidence to support your Gross Income?					
☐ Bank statements ☐ receipts					book 🗆 other
Business Expenses: \$		·	(Note: Amount must be in	n dollars and cei	nts)
Do you have evidence to support you	ır Busines	ss Expenses?	☐ Yes ☐ No Check al	l applicable:	
\square Bank statements \square receipts	□ 1099s	\square calendar	□ ledger □ notebook □	appointment	book 🗆 other
Business Expenses	\$	Amount	Other Expens	es	\$ 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,		
Gifts – Business Related			Tax Preparation/Accounting	ng/ Legal Fees	
Insurance			Phone		
Interest – Mortgage			Tips & Gratuities		
Interest – Other			Travel – Airfare / Train far		
Legal / Professional Fees			Travel – Auto Rental / Taxi	i / Bus	
Meals			Travel - Hotels		
Office Expense			Utilities		
Parking & Tolls			Other		
Did you purchase any equipment ove Description:		•	ess in 2024? Yes No Date Acquired	If yes, please Price	Business Use
·			·		
Miles related to Self-Employ	umant.	Note: In or	der to expense miles you mile	ct have written	evidence or the
IRS will not allow the deduction. Do	•		· · · · · · · · · · · · · · · · · · ·		
siness Miles Commuting Miles Other Miles					