



Office: 410.356.3136
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Post Office Box 366
Reisterstown, MD 21136

PERSONAL TAX DEDUCTIONS FOR INDIVIDUAL TAX RETURNS

Taxpayer: _____

Tax year: _____

Job Description: _____

Client #: _____
(leave blank)

Home #: _____

Cell #: _____

Work #: _____

E-mail: _____

Reimbursed Allowances/Monies From Employer (you must list this is) _____

Expenses

Computer Expenses

Dues & Subscriptions

Entertainment & Business Meals

Furniture & Equipment Costs

Internet Expenses

Laundry & Uniforms

Licenses & Fees

Office Expense

Parking, Fees & Tolls

Software expense

Telephone

Travel

Miscellaneous (not noted above, please designate below)

Taxpayer: _____

Tax year: _____

Automobile Mileage Information:

Vehicle 1

Vehicle 2

Vehicle 3

Business Miles

Commuting Miles

Personal/Other Miles

Total Miles Driven For The Year

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Charitable Donations:

Cash, Checks & Credit Card Payments to Organizations:

Note: Please itemize any individual donation of greater than \$250. If you have any questions or concerns with regard to whether the organization for which you donated to is a "Qualified Charitable Organization" under the Internal Revenue Code, please contact us so that we may research this for you. Only monies contributed to "Qualified Charitable Organizations" are tax deductible.

Non-Cash Donations:

<u>Name of Organization</u>	<u>Date of Contribution</u>	<u>Original Cost (note if estimated)</u>	<u>Est. Value</u>
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(Please note that any single contribution in excess of \$5,000 requires an appraisal and accordingly you must include the appraisal form.)

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:

