

**ICS Tax Services**  
**91 Grove Street, Suite 3**  
**Hopkinton, MA 01748**

**Tel: (508) 544 - 8200**  
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**House and Office Cleaning**

Gross Income (not on W2) \_\_\_\_\_

**Expenses --**

|                             |       |                        |       |
|-----------------------------|-------|------------------------|-------|
| Advertising                 | _____ | Promotional Items      | _____ |
| Commissions Paid            | _____ | Association/Union Dues | _____ |
| Liability Insurance         | _____ | Magazines              | _____ |
| Legal and Professional Fees | _____ | Books / Publications   | _____ |
| Tax Accountant Services     | _____ | Small Tools            | _____ |
| Licenses/Permits            | _____ | Supplies               | _____ |
| Office Rent                 | _____ | Repairs/Maintenance    | _____ |
| Office Supplies             | _____ | Equipment Rental       | _____ |
| Telephone Use               | _____ | Business Gifts         | _____ |
| Cell Phone Use              | _____ | Briefcase/Portfolio    | _____ |
| Fax Expense                 | _____ | Daytimer/Log Book      | _____ |
| Internet Expense            | _____ | Luggage                | _____ |
| Web Site                    | _____ | Travel Supplies        | _____ |
| Computer Supplies           | _____ | Meals/Entertainment    | _____ |
| Computer Software           | _____ | Education Expense      | _____ |
| Printing/Copying            | _____ | Seminars/Workshops     | _____ |
| Stationery/Business Cards   | _____ | Cable                  | _____ |
| Secretarial Services        | _____ | Laundry/Cleaning       | _____ |
| Bank Loan Interest Paid     | _____ | Postage/Freight        | _____ |
| Banking Service Fees        | _____ | Post Office Box        | _____ |
| Credit Card Usage Fees      | _____ | Safe Deposit Box       | _____ |
| Credit Card Interest Paid   | _____ | Business Donations     | _____ |
| Uniforms/Work Shoes         | _____ | Other Expenses         | _____ |

**Office Furniture and Equipment --**

| Item  | Date Purchased | Cost  |
|-------|----------------|-------|
| _____ | _____          | _____ |
| _____ | _____          | _____ |
| _____ | _____          | _____ |

**Child Care -- List Providers Separately**

| Name of Provider | --    | Address | --    | Tax ID # | --    | Cost  |
|------------------|-------|---------|-------|----------|-------|-------|
| _____            | _____ | _____   | _____ | _____    | _____ | _____ |

**Travel Expenses -- List Trips Separately (Include Food Expenses on Page 1)**

Dates \_\_\_\_\_ Location \_\_\_\_\_ Fees -- Hotel -- Air Fare -- Taxis/Busses \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Vehicle Expenses** -- Type \_\_\_\_\_ Purchase Price \_\_\_\_\_ Purchase Date \_\_\_\_\_  
 Total Miles \_\_\_\_\_ Business Miles \_\_\_\_\_ Commuting Miles \_\_\_\_\_

Excise Tax \_\_\_\_\_ Finance Charge \_\_\_\_\_ Inspection \_\_\_\_\_  
 Gas \_\_\_\_\_ Insurance \_\_\_\_\_ Tolls \_\_\_\_\_  
 Oil Changes \_\_\_\_\_ Registration \_\_\_\_\_ Parking \_\_\_\_\_  
 Repairs \_\_\_\_\_ License \_\_\_\_\_ Auto Club \_\_\_\_\_  
 Lease \_\_\_\_\_ Washing/Cleaning \_\_\_\_\_ Public Trans. \_\_\_\_\_

Do you use Fast Lane or MBTA passes for commuting? \_\_\_\_\_

**Home Office --**

Square Footage of House \_\_\_\_\_ Square Footage of Office \_\_\_\_\_  
 Condo Fees \_\_\_\_\_ Trash \_\_\_\_\_  
 Real Estate Tax \_\_\_\_\_ Heat \_\_\_\_\_  
 Mortgage Interest \_\_\_\_\_ Electric \_\_\_\_\_  
 Insurance \_\_\_\_\_ Water \_\_\_\_\_  
 Cleaning \_\_\_\_\_ Snow Removal \_\_\_\_\_  
 Mortgage Insurance \_\_\_\_\_ Landscaping \_\_\_\_\_  
 Repairs to Office \_\_\_\_\_ Repairs Other Than Office \_\_\_\_\_  
 Rent \_\_\_\_\_ Improvements/Additions \_\_\_\_\_

**Medical/Dental --**

Insurance Costs \_\_\_\_\_ Prescriptions \_\_\_\_\_  
 Doctor/Dental Visits \_\_\_\_\_ Hospital / X-rays \_\_\_\_\_  
 Eyeglasses/Eye Care \_\_\_\_\_ Car Miles \_\_\_\_\_  
 Other Medical Expenses \_\_\_\_\_ Other Transportation Costs \_\_\_\_\_

**Charitable Contributions --**

Cash Donations: \_\_\_\_\_ if over \$750.00: Name of Charity \_\_\_\_\_

Car Miles for Charity \_\_\_\_\_

Non-Cash Donations: Items \_\_\_\_\_ Charity Date Donated \_\_\_\_\_ Fair Market Value \_\_\_\_\_

**Retirement Contributions** -- IRA: \_\_\_\_\_ Roth: \_\_\_\_\_ SEP: \_\_\_\_\_

**Attach all W-2s, 1099s, 1098s, and other pertinent information.**

**Would like to E-file?**

**To direct deposit your refunds:** please circle one -- Checking / Savings

Routing # \_\_\_\_\_ Account # \_\_\_\_\_