

CLIENT SIGNATURE

KAPLAN MANAGEMENT CONSULTANTS, INC SELF-EMPLOYED INCOME WORKSHEET TAX YEAR 2024

*PLEASE COMPLETE ENTIRETY OF THIS WORKSHEET (IF APPLICABLE) *RETURNS WILL NOT BE PREPARED WITHOUT A COMPLETED WORKSHEET

BUSINESS NAME	
FED ID # (IF APPLICABLE)	
DESCRIPTION OF JOB/ACTIVITY	
DID YOU MAKE ANY PAYMENTS IN 202 YES NO SIF YES, DID YOU OR WILL YOU FILE RE	3 THAT WOULD REQUIRE YOU TO FILE FORM(S) 1099? EQUIRED FORMS 1099? YES NO
INCOME (WHOLE \$ AMOUNTS)	
TOTAL REVENUE OR SALES (INCLUDING	CASH) \$
COST OF GOODS SOLD:	
PURCHASE OF MATERIALS \$	LABOR/SUBCONTRACTOR COSTS \$
EXPENSES (WHOLE \$ AMOUNTS)	
ADVERTISING \$	COMMISSIONS \$
INSURANCE \$	DUES & SUBSCRIPTIONS \$
LEGAL/PROFESSIONAL FEES \$	OFFICE SUPPLIES \$
ENT OR LEASE OF:	
VEHICLES, MACHINERY, EQUIP	REPAIRS/MAINTENANCE\$
LICENSES & PERMITS	TRAVEL\$
TELEPHONE_	UTILITIES \$
HEALTH INSURANCE \$	BUSINESS MEALS \$
AUTOMOBILE EXPENSES \$	EQUIPMENT PURCHASE \$
PAYROLL \$	_PAYROLL TAXES \$
BANK & CREDIT CARD FEES \$	
OTHER EXPENSES (PLEASE LIST):	

CLIENT NAME

DATE