



NEW CENTURY

ASSOCIATES, INC.

MORE THAN JUST NUMBERS...

Accounting

Business Services

Payroll

Taxes

TAX PLANNER **FOR** **RENTAL PROPERTY** **OWNERS**

Our offices are conveniently located in Eldersburg and Mount Airy

Full staff of highly qualified Career Tax Professionals

Full service financial planning to include set up and management of your account or other retirement accounts

Offer free e-filing of Federal and State returns

Let us review your prior year's return for free. We may be able to save you some money

Complete Bookkeeping and Accounting Services

**603 Old Liberty Road, Suite 2,
Eldersburg, MD 21784
Phone: 410-549-8950
Fax: 410-549-8952**

**2702 Back Acre Circle, Suite 220,
Mount Airy, MD 21771
301-829-7720 301-829-9992 (FAX)**



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Thank you for your interest in New Century Associates, Inc. Please take a moment to fill out the following information so we can contact you for an appointment or a phone consultation.

Name:	
Address:	
City, State & Zip:	
Phone:	
Cell Phone:	
Email Address:	

**** Ask My Tax Professional ****
(List Discussion Points Below)

1.	
2.	
3.	
4.	
5.	
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7.	
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10.	
11.	
12.	

Call us to arrange a meeting to review your personal/business tax situation?

OFFICE IN HOME WORKSHEET

Name: _____

Tax Year: _____

Office in Home Worksheet for the Self-Employed		
	Amount	Remarks
Used exclusively for business *	Yes _____ No _____	
Total living area in home (square feet)		
Area used for business (square feet)		
1st mortgage interest		
2nd mortgage interest		
Equity line of interest		
Other home interest		
Real estate taxes		
Home owner's or renter's insurance		
General repairs (plumber, electrician, etc)		
Repairs to office area		
Cleaning/Maintenance		
Yard work/snow removal		
Condo fees/Homeowner's dues		
Utilities (gas, oil, electric, water)		
Trash collection fees		
Other expenses		
Purchase price of home		
Value of land at time of purchase		
Date of purchase		
Improvements (additions, renovations)		
Date placed in service for business use		
Other _____		

* If not used exclusively for business, you can NOT claim this deduction
 ** Please provide copy of settlement sheets for purchase and any refinancing

VEHICLE AND TRAVEL EXPENSES

Name: _____

Tax Year: _____

Vehicle Expenses	
Description of Auto	
Date Purchased	
Purchase Price (incl Tax)	
Date placed in Bus Use	
Odometer-beginning of year	
Odometer-end of year	
Total miles this year	
Business Miles	
Commuting Miles	
Daily avg R/T commute	
Personal miles	
Is car leased?	Yes ___ No ___
Is car owned?	Yes ___ No ___
Depreciated in prior years?	Yes ___ No ___
Gas/Oil/Lube	
Repairs and Maintenance	
Tires	
Towing	
Insurance	
Auto license/tags	
Personal Property Tax	
Lease Payments	

Vehicle Expenses (cont)	
Auto club	
Interest (auto loan)	
Warranty	
Inspection	
Parking/Tolls	
Car Washes	
Other _____	
Total:	
Travel Expenses	
Air/Train fare	
Car rentals/Gas/Insurance	
Taxis, bus, shuttles	
Lodging	
Meals (while on travel)	
Entertainment (on travel)	
Tips	
Telephone/Faxes	
Dry cleaning (out of town)	
# days on travel	
Tolls	
Other _____	
Total:	