

Taxpayer's Year - End Data

PERSONAL INFORMATION

TAXPAYER

Last Name _____
 First Name _____
 Middle Initial _____
 Social Security Number _____
 Date of Birth _____
 Cell Phone _____
 Work Phone: _____ Ext: _____
 Occupation _____
 Blind: Yes _____ No _____
 Deaf: Yes _____ No _____
 Presidential Election Campaign Fund:
 Yes _____ No _____
 Date of Death _____

SPOUSE

Last Name _____
 First Name _____
 Middle Initial _____
 Social Security Number _____
 Date of Birth _____
 Cell Phone _____
 Work Phone: _____ Ext: _____
 Occupation _____
 Blind: Yes _____ No _____
 Deaf: Yes _____ No _____
 Presidential Election Campaign Fund:
 Yes _____ No _____
 Date of Death _____

If you moved during the year date of move _____

Street Address: _____ Apartment No: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone No: () _____ E-mail address: _____
 County: _____ School District Name & Number: _____

DEPENDENTS (THAT YOU ARE CLAIMING THIS YEAR) Not Spouse

Children age 18 or younger (age 19-23 if attending school full time for at least five months during the year) who lived with you more than half the year and who did not provide more than half of their own support unless disabled

First Name	MI	Last Name	Date of Birth	Social Security No.	Relationship	**Months lived at home
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

OTHER DEPENDENTS (Relatives and or members of household)

First/Last Name	Relationship	Social Security No.	Income less than \$3900	Months in home	% of Support
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

** Do you have a divorce or legal separation agreement that provides a tax exemption for a child who did not live with you during the year? Yes _____ No _____ If "No," you must provide a signed Form 8332 to attach to your federal income tax return.

ESTIMATED TAX PAYMENTS

FEDERAL PAYMENT RECORD			
Date Due	Amount	Check Number	Date Sent
April 15, 2013			
June 17, 2013			
September 16, 2013			
January 15, 2014			

STATE PAYMENT RECORD			
Date Due	Amount	Check Number	Date Sent
April 15, 2013			
June 17, 2013			
September 16, 2013			
January 15, 2014			

SCHOOL DISTRICT PAYMENT RECORD			
Date Due	Amount	Check Number	Date Sent
April 15, 2013			
June 17, 2013			
September 16, 2013			
January 15, 2014			

CITY PAYMENT RECORD			
Date Due	Amount	Check Number	Date Sent
April 15, 2013			
June 17, 2013			
September 16, 2013			
January 15, 2014			

IF YOU ITEMIZE DEDUCTIONS ON YOUR FEDERAL TAX RETURN. IT IS USUALLY TO YOUR ADVANTAGE TO SEND YOUR LAST ESTIMATED PAYMENT IN DECEMBER INSTEAD OF JANUARY.

IF YOUR INCOME OR DEDUCTIONS CHANGE SIGNIFICANTLY, YOUR ESTIMATES CAN BE REVISED AT ANY TIME DURING THE YEAR. PLEASE CALL THE OFFICE.

SELLER FINANCED MORTGAGE INTEREST

Name of Payer	Address	Social Security / ID No.	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

INTEREST INCOME

Please let us know if you have any foreign bank accounts. New IRS reporting requirements.

Name of Payer (Bank, Credit Union, etc.)	Amount	Federal Tax Withheld	Early Withdrawal Penalty	Tax Exempt Income
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

DIVIDEND INCOME

Name of Payer (Brokerage, Bank)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Non-taxable Distributions	Federal Tax Withheld
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

OTHER INCOME TO INCLUDE (PLEASE SEND COPIES OF THE FORM)

Check list of forms to include (x)

- Alimony _____
- Estates and Trusts (provide K-1) _____
- Gambling, Lottery, Prizes & Awards _____
- IRA, SEP and Keogh withdrawals _____
- Local Income Tax Refunds _____
- Lump Sum Distributions (1099-R) _____
- Partnerships (provide K-1) _____
- Pensions and Annuities (W-2P) _____
- Railroad Retirement (RRB-W-2P) _____
- Royalties _____
- S-Corporations (provide K-1) _____
- Scholarships _____
- Social Security Benefits (SSA-1099) _____
- State Disability Benefits _____
- State Income Tax Refunds _____

- Tips _____
- Unemployment Compensation _____
- Wages and Salaries (W-2) _____
- Worker's Compensation Benefits _____
- Retirement (1099-R) _____
- Cancellation of Debt (1099-C) _____
- Other: _____
- Other: _____

Roth IRA withdrawals _____

**** Basis needed for any Roth IRA withdrawals to determine taxable portion.**

CAPITAL GAINS OR LOSSES (SALES OF STOCKS, BONDS, MUTUAL FUNDS, ETC..)

PLEASE INCLUDE STATEMENT FROM BROKER WITH COST BASIS

Description of Asset	Date Purchased	Date Sold	No of Shares Purchased	No of Shares Sold	Cost / Basis Per Share	Sales Price Per Share
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	\$ _____	\$ _____

SALE OF PERSONAL RESIDENCE

PLEASE SEND THE SETTLEMENT SHEET

Was this your personal residence for 3 of the past 5 years? Yes No

* New laws reduce the top tax rate on most long-term capital gains. In addition, you may be able to exclude \$250,000 of the gain on the sale of your principal residence if certain specified ownership and use requirements are met. The exclusion is as much as \$500,000 for married taxpayers who file joint returns.

MOVING EXPENSES

Date of move: _____

Number of miles from your OLD home to your NEW workplace..... _____

Number of miles from your OLD home to your OLD workplace..... _____

Expenses of moving from OLD to NEW home:

Transportation and storage for household goods and personal effects..... \$ _____

Travel and lodging NOT including meals..... \$ _____

MEDICAL SAVINGS ACCOUNT (H.S.A. OR M.S.A) Not Pretax Deducted FSA

Family Plan _____ Single Plan _____

Deductible Amount \$ _____

Number of months the plan was owned _____

Your Contributions \$ _____

Your Employer Contributions \$ _____

Total distributions you and your spouse received from the plan during the current tax year. \$ _____

Total distributions rolled over into another health plan. \$ _____

Total unreimbursed qualified medical expenses.\$ _____

TOTAL DISABILITY RETIREMENT

Employer at time of retirement	Nature of injury	Date disability retirement started	Amount Received
_____	_____	_____	_____ \$ _____

You MUST attach a physician's statement along with a statement showing the payee and the amount received

ALIMONY or LEGAL SEPARATION PAYMENTS

Recipient's Name (first, MI, last)	Recipient's social security number	Date alimony payments started	Amount Paid
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____

DO NOT include payments for child support

GIFTS

Did you make any gifts to any one person, other than an exempt organization, during the current year that totaled \$14,000 or more?..... Yes _____ No _____

If "Yes" please provide details on the back of this page

CHILD and DEPENDENT CARE EXPENSES

If you incurred expenses for the care of a child under 15 years of age or if a child is disabled, you may be able to claim a non-refundable tax credit for child or dependent care expenses. If married filing a joint return, both of you MUST have earned income consisting of wages or profit from a business.

Name of organization or person providing care	Street address, city, state and zip	Provider identifying number	Amount Paid
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____

Name of qualifying dependent	Social security number	Date of birth	Amount of employer provided benefits
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____ \$ _____

CONTRIBUTIONS to IRA's, ROTH's, KEOGH's, or S.E.P. PLANS

	Taxpayer	Spouse
Please identify the type of plan (IRA, Roth, Keogh, or S.E.P.).....	_____	_____
Contributions made for the current tax year.....	\$ _____	\$ _____
Do you intend to make an additional contribution to your plan before the due date of your return (including extensions)?.....	Yes _____	Yes _____
If "Yes", check the line to contribute the maximum allowable amount or enter the amount you intend to contribute.....	Max _____ \$ _____	Max _____ \$ _____
If you (a) received IRA distributions during the current year AND you have ever made NON-DEDUCTIBLE IRA contributions to any of your IRA's OR (b) choose to make any NON-DEDUCTIBLE IRA contributions for the current year, please provide the following information:		
Enter the value of ALL of your IRA's as of January 1st of the current tax year.....	\$ _____	\$ _____
Enter the value of ALL of your IRA's as of December 31st of the current tax year...	\$ _____	\$ _____

EMPLOYEE BUSINESS EXPENSES When paid on a W-2

(Not self-employment)

Name of individual incurring the expense: _____
 Occupation in which the expenses were incurred: _____

BUSINESS EXPENSES

VEHICLE INFORMATION

Travel and lodging while away from home (excluding meals).....	\$ _____
Meals and entertainment.....	\$ _____
Parking fees, tolls, taxi, etc.....	\$ _____
Telephone.....	\$ _____
Business gifts.....	\$ _____
Educational.....	\$ _____
Professional publications.....	\$ _____
Association dues.....	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

Description of vehicle: _____	
Date vehicle was placed in service: _____	
Vehicle cost.....	\$ _____
Interest on loan.....	\$ _____
Lease payment (if applicable).....	\$ _____
Gasoline, oil, insurance, repairs, etc.....	\$ _____
License and registration fees.....	\$ _____
TOTAL miles driven for the year.....	_____
PERSONAL miles driven for the year.....	_____
BUSINESS miles driven for the year.....	_____

If your employer provided you with a vehicle, is personal use permitted during off duty hours?.....	Yes _____	No _____	N/A _____
Is another vehicle available for personal use?.....	Yes _____	No _____	
Do you have evidence to support the business use claimed?.....	Yes _____	No _____	
If "Yes" is the evidence written?.....	Yes _____	No _____	

RENTAL INCOME and EXPENSES

Did personal use of the property exceed the greater of 14 days or 10% of the total days rented at fair market value?..... Yes _____ No _____
 Did you actively participate in the operation of each rental property during the tax year?..... Yes _____ No _____

No.	Description and Street Address	City	State	Zip Code
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

	No. 1	No. 2	No. 3	No. 4
Date acquired.....	_____	_____	_____	_____
Purchase price.....	\$ _____	\$ _____	\$ _____	\$ _____
Number of months rented.....	_____	_____	_____	_____
Rents received.....	\$ _____	\$ _____	\$ _____	\$ _____
Advertising.....	\$ _____	\$ _____	\$ _____	\$ _____
Auto and travel (see below).....	\$ _____	\$ _____	\$ _____	\$ _____
Cleaning and maintenance.....	\$ _____	\$ _____	\$ _____	\$ _____
Commissions.....	\$ _____	\$ _____	\$ _____	\$ _____
Insurance.....	\$ _____	\$ _____	\$ _____	\$ _____
Legal and professional fees.....	\$ _____	\$ _____	\$ _____	\$ _____
Management fees.....	\$ _____	\$ _____	\$ _____	\$ _____
Mortgage interest paid to banks.....	\$ _____	\$ _____	\$ _____	\$ _____
Other interest paid.....	\$ _____	\$ _____	\$ _____	\$ _____
Repairs.....	\$ _____	\$ _____	\$ _____	\$ _____
Supplies.....	\$ _____	\$ _____	\$ _____	\$ _____
Taxes.....	\$ _____	\$ _____	\$ _____	\$ _____
Utilities.....	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____

VEHICLE INFORMATION

Description of vehicle: _____	Gasoline, oil, insurance, repairs, etc.....	\$ _____
Date vehicle was placed in service: _____	License and registration fees.....	\$ _____
Vehicle cost..... \$ _____	TOTAL miles driven for the year.....	_____
Interest on loan..... \$ _____	PERSONAL miles driven for the year.....	_____
Lease payments (if applicable)..... \$ _____	BUSINESS miles driven for the year.....	_____

Do you have evidence to support the business use claimed?..... Yes _____ No _____
 If "Yes" is the evidence written?..... Yes _____ No _____

CAPITAL IMPROVEMENTS TO RENTALS

Date	Description of Improvement	No. 1	No. 2	No. 3	No. 4
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

SALE of RENTAL PROPERTY

	No. 1	No. 2	No. 3	No. 4
Date Acquired.....	_____	_____	_____	_____
Date Sold.....	_____	_____	_____	_____
Purchase Price.....	\$ _____	\$ _____	\$ _____	\$ _____
Sales Price.....	\$ _____	\$ _____	\$ _____	\$ _____
Prior Depreciation.....	\$ _____	\$ _____	\$ _____	\$ _____

For each sale you MUST attach the closing statements for both the original purchase and the sale.
Attach all 1099's

NOTES to TAX PREPARERS for RENTAL PROPERTIES

Please list repairs separately with a description, date and amount so that we can determine if it needs to be capitalized.

OTHER BUSINESS or PROFESSION

Please indicate ownership..... Taxpayer _____ Spouse _____ Joint _____

Business Name: _____

Business Address: _____

Principal Business or profession: _____

Employer ID number (not social security number): _____

Accounting method..... Cash _____ Accrual _____ Other _____ (specify) _____

Method used to value ending inventory.... Cost _____ Lower of cost or market _____ Other _____

Did you start or acquire this business during the current tax year?..... Yes _____ No _____

Was this business fully disposed of during the current tax year?..... Yes _____ No _____

Did you "materially participate" in the operation of this business during the current tax year?..... Yes _____ No _____

INCOME

Gross receipts or sales..... \$ _____
 Refund, returns or allowances..... \$ _____
 RETAIL PROFIT..... \$ _____
 Other miscellaneous income..... \$ _____

INVENTORY

Inventory as of January 1st..... \$ _____
 Gross purchases (include ALL items purchased for resale)..... \$ _____
 Products used personally (include only those items included in gross purchases)..... \$ _____
 Materials and supplies..... \$ _____
 Inventory as of December 31st..... \$ _____

OPERATING EXPENSES

Advertising..... \$ _____
 Bank service charges..... \$ _____
 Contract Labor and/or commissions..... \$ _____
 Dues and publications..... \$ _____
 Employee benefit programs..... \$ _____
 Insurance (Liability)..... \$ _____
 Interest:
 Mortgage (paid to banks, etc...)..... \$ _____
 Other..... \$ _____
 Business Vehicle..... \$ _____

OPERATING EXPENSES (continued)

Laundry and cleaning..... \$ _____
 Legal and professional fees..... \$ _____
 Office supplies (including postage)..... \$ _____
 Pension and profit-sharing plans..... \$ _____
 Rent or lease:
 Vehicles, equipment and machinery.. \$ _____
 Other business property..... \$ _____
 Repairs and maintenance..... \$ _____
 Shipping and freight charges..... \$ _____
 Supplies (miscellaneous)..... \$ _____
 Taxes and licenses.....(Not Vehicle)..... \$ _____
 Telephone (LONG DISTANCE ONLY unless the business maintains a separate line)..... \$ _____
 Travel, meals and entertainment:
 Commercial transportation..... \$ _____
 Parking fees, tolls, taxi and etc..... \$ _____
 Lodging..... \$ _____
 Meals..... \$ _____
 Entertainment..... \$ _____
 Utilities..... \$ _____
 Wages and salaries (gross)..... \$ _____
 Insurance (Business Property)..... \$ _____
 Insurance (Business Vehicle)..... \$ _____
 Insurance (Self-employed Health)..... \$ _____
 Other:..... \$ _____
 Other:..... \$ _____
 Other:..... \$ _____

BUSINESS USE of VEHICLES

	Vehicle No. 1	Vehicle No. 2	Vehicle No. 3
Description of Vehicle.....	_____	_____	_____
Date placed in service.....	_____	_____	_____
Original cost.....	\$ _____	\$ _____	\$ _____
Lease payment.....	\$ _____	\$ _____	\$ _____
Interest paid on loan.....	\$ _____	\$ _____	\$ _____
Gas, oil, insurance, repairs	\$ _____	\$ _____	\$ _____
TOTAL miles for year.....	_____	_____	_____
PERSONAL miles for year.	_____	_____	_____
BUSINESS miles for year	_____	_____	_____

The business use of vehicle deduction is one of the most important business expenses available as it represents one of the largest tax deductions you will have. Your records MUST be kept accurately.

PURCHASE or SALE of BUSINESS ASSETS

Description of Assets SOLD	Date Acquired	Date Sold	Cost or Basis	Sales Price
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Description of Assets PURCHASED	Date Acquired	Cost or Basis
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

BUSINESS USE of HOME (DO NOT INCLUDE THESE FIGURES ON THE ITEMIZED DEDUCTIONS PAGE)

Original cost of personal residence.....	\$ _____	Mortgage interest.....	\$ _____
Current year capital improvements.....	\$ _____	Real estate taxes.....	\$ _____
Prior year capital improvements.....	\$ _____	Homeowner or Renter insurance.....	\$ _____
Area used regularly and exclusively for business or for inventory storage (square footage).....	_____	Repairs and maintenance.....	\$ _____
Total area or home (square footage).....	_____	Utilities.....	\$ _____
		Rent or lease payment.....	\$ _____
		Other: _____	\$ _____
		Other: _____	\$ _____

OTHER BUSINESS OR PROFESSION

Please indicate ownership..... Taxpayer _____ Spouse _____ Joint _____

Business Name: _____

Business Address: _____

Principal Business or profession: _____

Employer ID number (not social security number: _____

Accounting method..... Cash _____ Accrual _____ Other _____ (specify) _____

Method used to value ending inventory.... Cost _____ Lower of cost or market _____ Other _____

Did you start or acquire this business during the current tax year?..... Yes _____ No _____

Was this business fully disposed of during the current tax year?..... Yes _____ No _____

Did you "materially participate" in the operation of this business during the current tax year?..... Yes _____ No _____

INCOME

Gross receipts or sales..... \$ _____
 Refund, returns or allowances..... \$ _____
 RETAIL PROFIT..... \$ _____
 Bonuses, profit-sharing & other income.. \$ _____

INVENTORY

Inventory as of January 1st..... \$ _____
 Gross purchases (include ALL items purchased for resale)..... \$ _____
 Products used personally (include only those items included in gross purchases)..... \$ _____
 Materials and supplies..... \$ _____
 Inventory as of December 31st..... \$ _____

OPERATING EXPENSES

Advertising..... \$ _____
 Association dues and publications..... \$ _____
 Bank service charges..... \$ _____
 Commissions paid out..... \$ _____
 Freight and shipping charges..... \$ _____
 Interest:
 Mortgage (paid to banks, etc...)..... \$ _____
 Other..... \$ _____
 Legal and professional fees..... \$ _____

OPERATING EXPENSES (continued)

Meeting Expenses:
 Total people in attendance..... _____
 Home meeting refreshments..... \$ _____
 Room rentals..... \$ _____
 Seminar and function tickets..... \$ _____
 Office supplies (including postage)..... \$ _____
 Stocking and handling charges..... \$ _____
 Rent or Lease:
 Vehicles, equipment and machinery.. \$ _____
 Other business property..... \$ _____
 Promotional Tools:
 Sale aids..... \$ _____
 Awards, gifts, pins and etc..... \$ _____
 Contests..... \$ _____
 Telephone (LONG DISTANCE ONLY unless the business maintains a separate line)..... \$ _____
 Travel, meals and entertainment:
 Commercial transportation..... \$ _____
 Parking fees, tolls, taxi and etc..... \$ _____
 Lodging..... \$ _____
 Entertainment..... \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

BUSINESS USE of VEHICLES

	Vehicle No. 1	Vehicle No. 2	Vehicle No. 3
Description of Vehicle.....	_____	_____	_____
Date placed in service.....	_____	_____	_____
Original cost.....	\$ _____	\$ _____	\$ _____
Lease payment.....	\$ _____	\$ _____	\$ _____
Interest paid on loan.....	\$ _____	\$ _____	\$ _____
Gas, oil, insurance, repairs	\$ _____	\$ _____	\$ _____
TOTAL miles for year.....	_____	_____	_____
PERSONAL miles for year.	_____	_____	_____
BUSINESS miles for year	_____	_____	_____

The business use of vehicle deduction is one of the most important business expenses available as it represents one of the largest tax deductions you will have. Your records MUST be kept accurately.

PURCHASE or SALE of BUSINESS ASSETS

Description of Assets SOLD	Date Acquired	Date Sold	Cost or Basis	Sales Price
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Description of Assets PURCHASED	Date Acquired	Cost or Basis
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

BUSINESS USE of HOME (DO NOT INCLUDE THESE FIGURES ON THE ITEMIZED DEDUCTIONS PAGE)

Original cost of personal residence.....	\$ _____	Mortgage interest.....	\$ _____
Current year capital improvements.....	\$ _____	Real estate taxes.....	\$ _____
Prior year capital improvements.....	\$ _____	Homeowner or Renter insurance.....	\$ _____
Area used regularly and exclusively for business or for inventory storage (square footage).....	_____	Repairs and maintenance.....	\$ _____
Total area or home (square footage).....	_____	Utilities.....	\$ _____
		Rent or lease payment.....	\$ _____
		Other: _____	\$ _____
		Other: _____	\$ _____

FARMING

Please indicate ownership..... Taxpayer _____ Spouse _____ Joint _____ No. of Acres _____

Farm Name: _____

Farm Address: _____

Principal Product(s): _____

Employer ID number (not social security number: _____

Accounting method..... Cash _____ Accrual _____ Other _____ (specify) _____

Method used to value ending inventory.... Cost _____ Lower of cost or market _____ Other _____

Did you start or acquire this farm during the current tax year?..... Yes _____ No _____

Was this farm fully disposed of during the current tax year?..... Yes _____ No _____

Did you "materially participate" in the operation of this farm during the current tax year?..... Yes _____ No _____

FARM INCOME

Gross sales of livestock and other items
you bought for resale..... \$ _____

Cost or other basis of livestock sold..... \$ _____

Gross sales of livestock, produce, grains
and other products you raised..... \$ _____

Co-op distributions (1099-PATR)..... \$ _____

Agricultural program payments..... \$ _____

Commodity credit corporation loans..... \$ _____

Crop insurance proceeds and certain
disaster payments..... \$ _____

Custom hire (machine work)..... \$ _____

Fuel tax credits or refunds..... \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

OPERATING EXPENSES

Chemicals..... \$ _____

Conservation expenses..... \$ _____

Custom hire (machine work)..... \$ _____

Employee benefit programs (AgriPlan)... \$ _____

Feed purchased..... \$ _____

Fertilizers and lime..... \$ _____

Freight and trucking..... \$ _____

Gasoline, fuel, and oil..... \$ _____

OPERATING EXPENSES (continued)

Insurance (other than health)..... \$ _____

Interest:

Mortgage (paid to banks, etc.)..... \$ _____

Other..... \$ _____

Labor hired (gross wages)..... \$ _____

Pension and profit-sharing plans..... \$ _____

Rent or Lease:

Vehicles, equipment and machinery.. \$ _____

Other (land, animals, etc.)..... \$ _____

Repairs and maintenance..... \$ _____

Seeds and plants purchased..... \$ _____

Storage and warehousing..... \$ _____

Supplies purchased..... \$ _____

Taxes:

Real estate or property (farm portion). \$ _____

Other..... \$ _____

Utilities (farm portion)..... \$ _____

Veterinary, medicine, and breeding fees. \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

FARM USE of VEHICLES

	Vehicle No. 1	Vehicle No. 2	Vehicle No. 3
Description of Vehicle.....	_____	_____	_____
Date placed in service.....	_____	_____	_____
Original cost.....	\$ _____	\$ _____	\$ _____
Lease payment.....	\$ _____	\$ _____	\$ _____
Interest paid on loan.....	\$ _____	\$ _____	\$ _____
Gas, oil, insurance, repairs	\$ _____	\$ _____	\$ _____
TOTAL miles for year.....	_____	_____	_____
PERSONAL miles for year.	_____	_____	_____
BUSINESS miles for year	_____	_____	_____

The farm use of vehicle deduction is one of the most important business expenses available as it represents one of the largest tax deductions you will have. Your records MUST be kept accurately.

PURCHASE or SALE of FARM ASSETS

Description of Assets SOLD	Date Acquired	Date Sold	Cost or Basis	Sales Price
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Description of Assets PURCHASED	Date Acquired	Cost or Basis
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ADDITIONAL FARM INFORMATION

**ITEMIZED DEDUCTIONS
MEDICAL and DENTAL EXPENSES**

** Do not include Medicare premiums or pretax insurance

Health insurance premiums.....	\$ _____	**	Lodging for medical purposes (up to \$50 per night per person).....	\$ _____
Prescription medicines and drugs.....	\$ _____		Other: _____	\$ _____
Doctors, dentists, etc.....	\$ _____		Other: _____	\$ _____
Hospitals, clinics, etc.....	\$ _____		Other: _____	\$ _____
Lab and X-ray fees.....	\$ _____		Miles driven for medical purposes	_____
Eyeglasses and contact lenses.....	\$ _____			
Medical equipment and supplies.....	\$ _____			
			Insurance reimbursements.....	\$ _____

TAXES

Real estate tax paid on residence.....	\$ _____	State income tax paid (not withholdings)	\$ _____
Real estate tax paid on second home....	\$ _____	Local income tax paid (not withholdings)	\$ _____
Real estate tax paid on land.....	\$ _____	Other: _____	\$ _____
Personal property tax paid.....	\$ _____	Other: _____	\$ _____

MORTGAGE INTEREST

PRIMARY RESIDENCE

Interest paid to a financial institution:

First mortgage.....	\$ _____
Second mortgage.....	\$ _____
Home equity loan or line of credit.....	\$ _____
Points paid on refinancing.....	\$ _____
Date of refinance....	_____
Length of new loan.	_____
Interest paid to an individual.....	\$ _____

Name: _____
SSN: _____
Address: _____

SECONDARY RESIDENCE

Interest paid to a financial institution:

First mortgage.....	\$ _____
Second mortgage.....	\$ _____
Home equity loan or line of credit.....	\$ _____
Points paid on refinancing.....	\$ _____
Date of refinance....	_____
Length of new loan.	_____
Interest paid to an individual.....	\$ _____

Name: _____
SSN: _____
Address: _____

INVESTMENT INTEREST (INCLUDING MARGINAL INTEREST)

Name of Recipient	Description or Type of Investment	Amount Paid
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

CHARITABLE CONTRIBUTIONS (PLEASE SEE ATTACHED LETTER ON NEW RULES)

CASH CONTRIBUTIONS

Church and religious organizations..... \$ _____
 Non-profit schools and hospitals..... \$ _____
 Public parks and recreation facilities..... \$ _____
 War veterans' groups..... \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

NON-CASH CONTRIBUTIONS

United Way, Salvation Army, Goodwill:
 Please fill out detailed page attached _____

 Unreimbursed volunteer expenses..... \$ _____
 Miles driven for charity _____

CASUALTY and THEFT LOSSES

Description and Type of Property	Location of Property	Date acquired
Property A... _____	_____	_____
Property B... _____	_____	_____
Property C... _____	_____	_____
Property D... _____	_____	_____

	Property A	Property B	Property C	Property D
Cost or other basis of each property.....	\$ _____	\$ _____	\$ _____	\$ _____
Insurance or other reimbursement (whether or not you submitted a claim).....	\$ _____	\$ _____	\$ _____	\$ _____
Fair market value BEFORE casualty or theft.....	\$ _____	\$ _____	\$ _____	\$ _____
Fair market value AFTER casualty or theft.....	\$ _____	\$ _____	\$ _____	\$ _____

CONTINUING EDUCATION EXPENSES

Name of individual taking the additional education: _____

Name of educational institution: _____

Employers name and address: _____

Is the education needed to meet the minimum requirements or your trade or business?..... Yes _____ No _____
 Is the education part of a study program that can qualify you for a new trade or business?..... Yes _____ No _____
 Is the education required by your employer, or by law, to keep your present salary or job?..... Yes _____ No _____
 Does the education maintain or improve skills required in doing your present work?..... Yes _____ No _____

Tuition..... \$ _____
 Books..... \$ _____
 Materials and supplies..... \$ _____
 Lab Fees..... \$ _____
 Miles driven for education..... _____

Travel and lodging..... \$ _____
 Meals..... \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____
 Other: _____ \$ _____

STUDENT LOAN INTEREST EXPENSE

Student Loan Interest Paid During the Year \$ _____

* This can only be deducted on a joint return.

EDUCATIONAL CREDITS

The student must be a dependant on the tax return.

You may be able to claim educational credits for qualified expenses paid in the current tax year for a student enrolled at or attending an eligible educational institution.

Students Name	Amount Paid	Number of Years Completed
_____	\$ _____	_____
_____	\$ _____	_____

Requirements for the deduction:

Student must attend school at least half-time

Student must NOT have been convicted of a felony

Tuition must NOT include room and board, books, insurance, transportation, etc.

Student must attend an eligible educational facility

RESIDENTIAL ENERGY CREDIT

This credit is limited to \$500.00 lifetime credit.

Please include manufacturer's certification.

Item description _____

Date of purchase _____

Cost \$ _____

Item description _____

Date of purchase _____

Cost \$ _____

Item description _____

Date of purchase _____

Cost \$ _____

For more information go to <http://www.energystar.gov/taxcredits>

JOB EXPENSES and MISCELLANEOUS DEDUCTIONS

DO NOT DUPLICATE EXPENSES USED ON YOUR BUSINESS PAGES

Union and professional dues.....	\$ _____	Tax return preparation fees.....	\$ _____
Employment fees.....	\$ _____	Safe deposit box rental.....	\$ _____
Professional liability insurance.....	\$ _____	Investment and advisory fees.....	\$ _____
Tools and equipment.....	\$ _____	IRA custodial fees.....	\$ _____
Protective clothing and uniforms.....	\$ _____	Other: _____	\$ _____
Professional trade publications.....	\$ _____	Other: _____	\$ _____
Resume' preparation.....	\$ _____	Other: _____	\$ _____
Job search expenses.....	\$ _____	Other: _____	\$ _____
Miles driven for job search.....	_____	Other: _____	\$ _____

OTHER MISCELLANEOUS DEDUCTIONS

Gambling losses.....	\$ _____	Other: _____	\$ _____
Federal estate tax paid.....	\$ _____	Other: _____	\$ _____

NOTES to TAX PREPARERS