



## Taxpayer's Year - End Data

<b>PERSONAL INFORMATION</b>
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### 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: \_\_\_\_\_

<b>DEPENDENTS (THAT YOU ARE CLAIMING THIS YEAR) Not Spouse</b>
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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

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

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

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

<b>CITY PAYMENT RECORD</b>			
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.....	\$ _____		Insurance reimbursements.....	\$ _____
Medical equipment and supplies.....	\$ _____			

**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**