



H MEDICAL EXPENSES	
Hospital & Medical/Dental Insurance Premiums.....	
Medicare Insur. Premiums (w/h from Soc. Sec.).....	
Prescription Drugs (only).....	
Other Medicines (for specific illnesses').....	
DR. _____	
DR. _____	
DR. _____	
Dentist _____	
Dentist _____	
Hospital _____	
Travel for Medical Purposes _____ Miles	
Parking Fees (for Medical reasons) _____	
Taxi _____ Bus _____ Plane _____	
Ambulance _____	
Phone Calls to Drs., Hospitals, Etc. (Toll Charges) _____	
Medical Equipment _____	
Prosthetic Devices _____	
Lab & X-ray (Not included with Dr. & Hospital) _____	
Glasses _____	
Hearing Aids _____ Batteries _____	
Special Therapy _____	
Insurance Reimbursement (only for amounts listed above) _____	

I INTEREST PAID	
Your December or January Statement will usually indicate total interest paid For the year. If loan interest for the year is not stated, please have the original Contract available.	
Home Mortgage	1 <sup>st</sup> Cost of House _____
	Cost of Improvements _____
	Date of Loan _____
	2 <sup>nd</sup> Cost of House _____
	Cost of Improvements _____
	Date of Loan _____
	Points Paid to Acquire Loan _____
<b>If either mortgage paid to individual, give:</b>	
Name:	_____
Address:	_____
SS No.:	_____
Home Equity Loan	Amount _____
Lender _____	
Purpose _____	
Home Equity Loan	Amount _____
Lender _____	
Purpose _____	

J TAXES	
Real Estate Taxes – Residence	
Real Estate Taxes – Other	
Real Estate Taxes – Other	
Vehicle License (1)	
(2)	
(3)	
(4)	
Other:	
Personal Property Tax (Boat, Plane, etc.)	

K CONTRIBUTIONS		
	AMOUNT	VALUE (Of Goods)
Church _____		
Payroll Deduction _____		
(If contribution to one organization is \$3000 or more, list separately)		
Other _____		
Other _____		
Other _____		
Other _____		
Expenses in connection with a charitable organization, explain _____		
Travel for Charitable Work _____ Miles		
*VALUE IS LESSOR OF FAIR MARKET VALUE OR COST IF TOTAL OF THIS COLUMN IS \$200.00 OR MORE, AN ITEMIZED LIST IS REQUIRED.		

L RENTAL INCOME & EXPENSES			
IF PROPERTY PURCHASED OR CONVERTED THIS YEAR, HAVE ESCROW STATEMENT & COUNTY TAX BILL AVAILABLE			
PROPERTY	ADDRESS		
1			
2			
3			
PROPERTY	1	2	3
Income			
Advertising			
Auto Travel (Miles)			
Cleaning			
Commissions & Salaries			
Gardening & Landscape			
Insurance			
Interest (1) _____			
(2) _____			
Licenses			
Condo or Management Fee			
Repairs: Carpentry			
Electrical			
Paint & Décor			
Plumbing			
Roofing			
Misc. Repairs			
Supplies			
Taxes			
Telephone (Toll Calls Only)			
Utilities			
Other			
List cost of property as well as replacement items and major repairs or improvements in SECTION O.			

M MISCELLANEOUS		
	FILER	SPOUSE
Union Dues & Professional Dues .....		
Tools, Supplies, & Safety Equipment .....		
Work-related licenses, fees, etc. ....		
Uniforms: Pur. _____ Cleaning _____ ..		
Business Journals, Books, etc. ....		
Business Insurance (not life, medical or disability) .....		
Unreimbursed Business Travel:		
Travel to Professional Meeting .....	Mi.	Mi.
Travel between 1 <sup>st</sup> & 2 <sup>nd</sup> Job .....	Mi.	Mi.
Telephone (Business Toll Calls only) .....		
Employment Related Schooling or Seminars:		
Tuition _____ Books _____		
Parking _____ Miles _____		
Job Seeking Expenses (in same field):		
Miles _____ Employment Fee _____		
Toll Calls _____ Air Fare _____		
Food/Lodging _____ Other _____		
Safe Deposit Box .....		
Last Year's Tax Preparation Fee .....		
Political Contribution .....		
Investment Expenses, IRA & HR-10 Fees, etc. ....		
Casualty & Theft (over \$100 each loss):		
Date _____ Orig. Cost _____		
Market value before _____ after _____		
Insurance Reimbursement _____		
Police Report No. (if any) _____		
Attorney Fees (to protect taxable income) .....		
Job required physical exam (do not included in Section H)		
Other _____		
Note: Other unreimbursed business expenses are Listed in Section R.		

N SELF EMPLOYED BUSINESS INCOME AND EXPENSES					
	FILER		SPOUSE		
Gross Income .....					
Returns and Refunds .....					
Cost of Inventory at Beginning of Year .....					
Cost of Merchandise Purchased .....					
Cost of Items for Personal Use .....					
Cost of Inventory at End of Year .....					
EXPENSE	Filer	Spouse	EXPENSE	Filer	Spouse
Advertising...			Postage.....		
Bank Charges.			Property Taxes.		
Commissions.			Bus. Meal.....		
Dues.....			Rent.....		
Entertainment.			Repairs.....		
Freight.....			Sales Taxes.....		
Insurance.....			Training.....		
Interest.....			Supplies.....		
Janitorial.....			Telephone.....		
Legal & Acc...			Utilities.....		
Licenses.....			Vehicle.....		
Maintenance...			Wages.....		
Payroll Taxes.			Other.....		

O BUILDING, VEHICLES, EQUIPMENT ETC. PURCHASED FOR BUSINESS		
DESCRIPTION	DATE PURCH.	COST

P EMPLOYEE TRAVEL & BUSINESS EXPENSE					
	FILER		SPOUSE		
Total Miles Auto Driven, Personal & Bus. ....					
Total Business Miles Driven (See Note 1) .....					
Parking Fees & Tolls .....					
<b>AUTOMOBILE EXPENSES</b> (If using actual expenses)					
Original Cost .....					
Date Purchased .....					
Gasoline, Oil, Lubrication .....					
Repairs .....					
Tires, Batteries, etc. ....					
Insurance .....					
License & Taxes .....					
Interest .....					
Other .....					
Lease Payments .....					
<b>OTHER TRAVEL EXPENSES</b> (See Note 2)					
	Filer	Spouse		Filer	Spouse
Air Fare....			Lodging & Tips..		
Auto Rent..			Meals & Tips....		
Local Trans			Other.....		
<b>OTHER EXPENSES</b>					
Office Rent .....			Entertainment (2)		
Telephone..			Dues/Subscr.....		
Supplies....			Gifts (2).....		
Printing....			Other.....		
Reimbursement received from employer for above expenses NOT included in W2 wages.					
Is auto owned or leased? Yes ___ or No ___					
Do you have evidence to support the business claimed above? Yes ___ No ___					
Is the evidence written? Yes ___ No ___					
<b>HOME OFFICE EXPENSE If qualified</b> (See Note 3 below)					
Square Footage of Office .....					
Total Square Footage of Home .....					
Utilities.....			Maintenance.....		
Insurance...			Real Estate Tax...		
Interest 1...			Casualty Losses..		
Interest 2...			Other.....		
(1) Based on log or other records.					
(2) Deductions of this nature must be documented as follows: Name, Business Relationship, Date & Time, Place & Amount. Gifts are generally limited to \$25.00 per person. You may not deduct these expenses unless documented.					
(3) To qualify for the "Office in the Home", that portion of the home must be used <b>EXCLUSIVELY</b> and <b>ON A REGULAR BASIS</b> as (a) Your principal place of business or (b) A place of business that is used by patients, clients, or customers in meeting or dealing with you in the normal course of business.					

Q CHILD & DEPENDENT CARE					
NAME OF CHILD OR DEPENDENT			BIRTHDATE		
Paid To (Name & Address Required)	EIN	Relation- ship	DATE		Amount Paid
Name			From	To	
Address					
Tax Payer I.D. Number					
Name					
Address					
Tax Payer I.D. Number					
Name					
Address					
Tax Payer I.D. Number					

**R MOVING EXPENSES**

If you moved your residence because of transfer to a new place of employment or because you changed employers, the cost of the move may be deductible. The information below is necessary to determine the amount allowable, if any.

Distance of former residence from new bus. location \_\_\_\_\_ miles.  
 Distance of former residence from former bus. location \_\_\_\_\_ miles.  
 Date new employ. began \_\_\_\_\_ Still employed at this loc.? \_\_\_\_\_  
 If "no," date left \_\_\_\_\_

Transportation of family:	AMOUNT
Fares – Train, Bus, Air Travel .....	
Auto expense or mileage .....	
Cost of lodging en-route .....	
Cost of meals en-route .....	
Cost of moving furniture and personal effects .....	
Cost of pre-move house hunting trips .....	
Temporary living expenses near new employment site .....	
Expense of sale or lease settlement of former residence .....	
Expenses of purchase or acquiring lease of new residence .....	
Other expenses .....	
Amount reimbursed by employer .....	

**S SECURITIES & PROPERTY SOLD**

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SELLING PRICE	ORIGINAL COST

Do you or your spouse have an I.R.A or self retirement plan?  
 Yes  No

Amount contributed: Yours \_\_\_\_\_ Spouse \_\_\_\_\_

Are you or your spouse covered by another retirement plan?  
 Yes  No

Did you rollover any funds from one plan to another?  
 Yes  No

Did you receive any distributions or early withdrawals from any plan?  
 Yes  No

Please have the following information available at the time of your appointment:  
 A copy of last year's tax return (if you are a new client)  
 All income statements (W-2's, 1099's, etc.)  
 Business and rental income and expenses  
 Escrow statements for property bought, sold or refinanced  
 Front cover from federal and state tax booklets  
**DO NOT REMOVE THE LABELS!**

**THE CHECKLIST BELOW COULD LEAD TO HELPFUL DEDUCTIONS PLEASE CHECK AND PROVIDE SUPPORTING INFORMATION**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any births, adoptions, marriages, divorces or deaths in your immediate family during the past year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you help support anyone (other than your own children)? If so, list in Section B.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you travel between job locations on the same day? (See Section L).  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job other than to and from work? _____ Miles   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any special licenses, permits, certifications, etc. for your job? (See Section M).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take any schooling related to your job? (See Section M)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Amount forfeited from closing a time deposit? \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you move because of a job change? List expenses in Section R.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money which has become a bad debt?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have losses from previous years to carry forward?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have rental property? If yes, complete Section L.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a business? If yes, complete Section N.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy any business equipment? If yes, complete Section P.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell any securities or property or have any become worthless? (See Section S).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur employee expenses on your job? Complete Section M.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have child or dependent care or household expenses to enable you to work or attend school full time? Complete Section Q.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have income or loss from pensions, annuities, estates, partnerships or any other sources? Please have statements available and complete Section F. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive alimony? Amount \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay alimony? Amount paid \$ _____<br>Paid to whom: _____<br>Social Security #: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay estimated tax? (See Section O).  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay additional State tax last April 15 <sup>th</sup> ?<br>Amount \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a pension or profit sharing plan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a foreign bank account?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, or do you anticipate buying or leasing a car?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell real estate last year? Bring escrow papers for purchase and sale.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you anticipate buying or selling real estate this year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance your home? Bring loan papers.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund? This neither increases nor decreases your tax.                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or your spouse permanently and totally disabled?   |

**LIST BELOW ANY ITEMS YOU HAVE IN QUESTION**

---

---

---

---

---

---

---

---

---

---

Signature \_\_\_\_\_