

Kaminski & Kaminski CPA

Client Organizer

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TAX INFORMATION ORGANIZER

Client # _____

Tax Year _____

BASIC INFORMATION

TAXPAYER

SPOUSE

First name, middle initial _____

Last name _____

(if different)

Social Security # _____ - _____ - _____

_____ - _____ - _____

Primary occupation _____

Date of birth _____ / _____ / _____

_____ / _____ / _____

Date of death _____ / _____ / _____
(if applicable)

_____ / _____ / _____

Citizenship, if not US _____

Check if dependent of another taxpayer

Name of taxpayer _____

Relationship _____

Check if legally blind

ADDRESS

Mailing address

Address _____

Address _____

City _____ State _____ Zipcode _____

Primary residence

If different from mailing address:

Address _____

Address _____

City _____ State _____ Zipcode _____

Other address

Address _____

Address _____

City _____ State _____ Zipcode _____

Comments:

COMMUNICATIONS

TAXPAYER

SPOUSE

Home telephone # () _____

() _____

Work telephone # () _____ Ext _____

() _____ Ext _____

Fax telephone # () _____

() _____

Email address: _____

Car telephone # () _____

() _____

Pager/beeper # () _____

() _____

If you will be out of town during the period February 15th through April 15th, please provide mailing and telephone instructions:

Period away from: _____
to: _____

Mailing address

Address _____

Address _____

City _____ State _____ Zipcode _____

Telephone # () _____

**QUESTIONNAIRE
Part II**

For purposes of tax planning and estimated tax preparation, what changes do you expect next year for the following:

TAXPAYER

SPOUSE

| | | |
|------------------------------------|--|--|
| Gross income | | |
| Municipal income | | |
| Self-employment income | | |
| Self-employment expenses | | |
| Other income | | |
| Itemized deductions | | |
| Other adjustments | | |
| Exemptions/dependents | | |
| Filing status | | |
| State(s) of residency | | |
| Tax withholding | | |
| Other: | | |
| <u>Description</u> | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

FILING STATUS

Marital status as of the last day of the year

- j Single
- j Married, both agree to file jointly
- j Married filing separately
 - j Your spouse itemizes deductions
 - j You lived apart from your spouse for the entire year
- j Head of household, "married"
 - j Your house was the main residence (i.e., more than half the year) of your child, stepchild, or foster child
 - j You paid more than half the cost of keeping up the main home or rest home for a parent
 - j Your spouse did not live in your home during the last six months of the year
 - j You paid more than half the cost for upkeep of your home
- j Head of household "unmarried"
 - j Your house was the main residence (i.e., more than half the year) of your child, stepchild, or foster child
 - j You paid more than the half the cost of keeping up the main home or rest home for a parent
 - j You paid more than half the cost for upkeep of your home
- j Qualifying widow(er) with dependent child
Please provide dependent information (Code K)

DEPENDENTS

| | <u>Last name, first name, middle initial</u> | <u>Date of birth</u> | <u>Social Security #</u> |
|----|--|----------------------|--------------------------|
| 1. | _____ | ___ / ___ / ___ | _____ - ____ - _____ |
| 2. | _____ | ___ / ___ / ___ | _____ - ____ - _____ |
| 3. | _____ | ___ / ___ / ___ | _____ - ____ - _____ |
| 4. | _____ | ___ / ___ / ___ | _____ - ____ - _____ |
| 5. | _____ | ___ / ___ / ___ | _____ - ____ - _____ |
| 6. | _____ | ___ / ___ / ___ | _____ - ____ - _____ |

| | <u>Relationship</u> | <u>Months lived in your home</u> | <u>Gross income</u> | <u>% of total support provided if less than 100%</u> | <u>Code(s)</u> |
|----|---------------------|----------------------------------|---------------------|--|----------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |

NOTE: Temporary absences (e.g., illness, education, business, vacation, military service) are considered time living in your home.

CODES

- A Dependent was not a US citizen or resident, or a resident of Canada or Mexico for any part of the year.
- B Dependent filed a joint return for the year (please supply details).
- C You provided more than half the person's total support for the year.
- D Child did not live with you due to divorce or separation.

Date of agreement ____ / ____ / ____

- E Copy of Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents, or similar statement.

j Form enclosed

j Needs to be prepared

Other parent:

Name _____

Address _____

SS# _____ - ____ - _____

- F Form 2120, Multiple Support Declaration, or data to prepare same, since no one provided more than half of the individual's support.
- G Death of dependent. Date of death ____ / ____ / ____
- H Taxpayer is not custodial parent.
- I No Social Security number. Provide Form SS-5 to apply for one.
- J Non-dependent - Earned Income Credit only.
- K Child of qualifying widower.

PROFESSIONAL CONTACTS

Please provide us with the following information about professionals who provide services to you and whom we may need to contact.

Bank

Name of bank/credit union _____

Contact _____

Address _____

City _____ State _____ Zipcode _____

Telephone _____ Fax _____

Discuss referral with me.

Stockbroker

Name _____

Address _____

City _____ State _____ Zipcode _____

Telephone _____ Fax _____

Discuss referral with me.

Attorney

Name _____

Address _____

City _____ State _____ Zipcode _____

Telephone _____ Fax _____

Discuss referral with me.

Insurance agent, life

Name _____

Address _____

City _____ State _____ Zipcode _____

Telephone _____ Fax _____

Discuss referral with me.

Insurance agent, casualty

Name _____

Address _____

City _____ State _____ Zipcode _____

Telephone _____ Fax _____

Discuss referral with me.

Financial planner or consultant

Name _____

Address _____

City _____ State _____ Zipcode _____

Telephone _____ Fax _____

Discuss referral with me.

IRA, Keogh, SEP or other retirement plan consultant

Name _____

Address _____

City _____ State _____ Zipcode _____

Telephone _____ Fax _____

Discuss referral with me.

**ESTIMATED
TAX PAYMENTS**

Federal

Fill in only if separate
allocations are required

| | <u>Date paid</u> | <u>Joint</u> | <u>Taxpayer</u> | <u>Spouse</u> |
|---|------------------|--------------|-----------------|---------------|
| Overpayment applied from prior year's return | ___ / ___ / ___ | _____ | _____ | _____ |
| 1st quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 2nd quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 3rd quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 4th quarter | ___ / ___ / ___ | _____ | _____ | _____ |

State #1 Name of state _____

| | <u>Date paid</u> | <u>Joint</u> | <u>Taxpayer</u> | <u>Spouse</u> |
|---|------------------|--------------|-----------------|---------------|
| Overpayment applied from prior year's return | ___ / ___ / ___ | _____ | _____ | _____ |
| 1st quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 2nd quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 3rd quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 4th quarter | ___ / ___ / ___ | _____ | _____ | _____ |

State #2 Name of state _____

| | <u>Date paid</u> | <u>Joint</u> | <u>Taxpayer</u> | <u>Spouse</u> |
|---|------------------|--------------|-----------------|---------------|
| Overpayment applied from prior year's return | ___ / ___ / ___ | _____ | _____ | _____ |
| 1st quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 2nd quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 3rd quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 4th quarter | ___ / ___ / ___ | _____ | _____ | _____ |

**ESTIMATED
TAX PAYMENTS**

Local #1 Name of locality _____

| | <u>Date paid</u> | <u>Joint</u> | <u>Taxpayer</u> | <u>Spouse</u> |
|---|------------------|--------------|-----------------|---------------|
| Overpayment applied from prior year's return | ___ / ___ / ___ | _____ | _____ | _____ |
| 1st quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 2nd quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 3rd quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 4th quarter | ___ / ___ / ___ | _____ | _____ | _____ |

Local #2 Name of locality _____

| | <u>Date paid</u> | <u>Joint</u> | <u>Taxpayer</u> | <u>Spouse</u> |
|---|------------------|--------------|-----------------|---------------|
| Overpayment applied from prior year's return | ___ / ___ / ___ | _____ | _____ | _____ |
| 1st quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 2nd quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 3rd quarter | ___ / ___ / ___ | _____ | _____ | _____ |
| 4th quarter | ___ / ___ / ___ | _____ | _____ | _____ |

WAGES

TAXPAYER

SPOUSE

Number of W-2s enclosed _____

Comments:

How many exemptions are you claiming on your W-4?

Federal _____

State

Name of state(s)

Are you making any additional withholding adjustments?

Federal _____

State _____

WAGES

The following is for situations where you have lost or otherwise cannot provide a Form W-2.

TAXPAYER

SPOUSE

| | | |
|--|-------|-------|
| Employer name | _____ | _____ |
| Employer address | _____ | _____ |
| Employer ID# | _____ | _____ |
| Wages (Box 1) | _____ | _____ |
| Federal tax withheld (Box 2) | _____ | _____ |
| Social Security wages, if different (Box 3) | _____ | _____ |
| Social Security tax withheld (Box 4) | _____ | _____ |
| Medicare wages, if different (Box 5) | _____ | _____ |
| Medicare tax withheld (Box 6) | _____ | _____ |
| Social Security tips (Box 7) | _____ | _____ |
| Allocated tips (Box 8) | _____ | _____ |
| Advance EIC payment (Box 9) | _____ | _____ |
| Dependent care benefits (Box 10) | _____ | _____ |
| Box 13, enter description and amount . . | _____ | _____ |
| | _____ | _____ |
| Box 14, enter description and amount . . | _____ | _____ |
| | _____ | _____ |
| State wages, if different (Box 17) | _____ | _____ |
| State tax withheld (Box 18) | _____ | _____ |
| Local wages, if different (Box 20) | _____ | _____ |
| Local tax withheld | _____ | _____ |

Indicate which, if any, of the following are checked on your W-2:

Taxpayer

| | | | |
|--------------------|--------------|---------|---------------|
| Statutory employee | Pension plan | 942 emp | Deferred comp |
| j | j | j | j |

Spouse

| | | | |
|--------------------|--------------|---------|---------------|
| Statutory employee | Pension plan | 942 emp | Deferred comp |
| j | j | j | j |

Comments:

| |
|---|
| PENSIONS AND IRA DISTRIBUTIONS |
|---|

TAXPAYER

SPOUSE

| | | |
|---|---|---|
| Payer | | |
| Payer address | | |
| Payer city, state, zipcode | | |
| Payer identification number | | |
| Gross distribution (Box 1) | | |
| Taxable amount (Box 2) | | |
| Check if payer did not compute | j | j |
| Check if IRA or SEP | j | j |
| Distribution code (Box 7) | | |
| Federal tax withheld (Box 4) | | |
| State tax withheld (Box 10) | | |
| Local tax withheld (Box 13) | | |
| Amount rolled over within sixty days of distribution | | |
| Name of financial institution | | |

**INTEREST INCOME
1099-INT
FINANCIAL
INSTITUTIONS**

| Payer | Taxpayer (T) Spouse (S) Joint (J) | Form 1099 U | Bank or credit union Box 1 | US Bonds T Bills Box 3 | Federal tax withheld Box 4 | Foreign taxes paid Box 5 | Country | Early withdrawal penalty Box 2 | Accrued interest included |
|-------|--|-------------------|-------------------------------------|---------------------------------|-------------------------------------|-----------------------------------|---------|---|---------------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

U Please check if attaching Form 1099. Fill out only "Payer".

Were proceeds from redemption of Series EE Savings Bonds used to pay higher education costs for yourself, your spouse, or a dependent?

If so, what amount? _____

Did you receive any interest from a foreign bank account? _____

**INTEREST INCOME
1099-INT
SELLER-FINANCED
MORTGAGES**

| | Payer | Social Security # | Address | Taxpayer (T) Spouse (S) Joint (J) | Form 1099 U | Property description | Accrued interest included |
|----|-------|-------------------|---------|---|-------------|----------------------|---------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

U Please check if attaching Form 1099. Fill out only "Payer".

**TAX-EXEMPT INTEREST
AND DIVIDENDS**

| | Payer of tax-exempt interest | Taxpayer (T) Spouse (S) Joint (J) | Statement U | % in residency state | Total | In-state bonds | Out-of- state bonds | Private activity bond interest |
|----|---------------------------------|--|----------------|----------------------------|-------|-------------------|------------------------|--------------------------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

U Please check if enclosing statement and prospectus, if a fund. Fill out only "Payer".

Include percentage fund breakdown, if provided by mutual fund company.

**DIVIDEND INCOME
1099-DIV**

| Payer | Taxpayer (T) Spouse (S) Joint (J) | Form 1099 U | Gross dividends (Box 1a) | Capital gains distribution (Box 1c) | Nontaxable distribution (Box 1d) | Federal tax withheld (Box 2) | Foreign tax paid (Box 3) | Foreign country or US possession (Box 4) |
|-------|--|-------------------|--------------------------------|--|--|---------------------------------------|-----------------------------------|--|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

U Please check if attaching Form 1099. Fill out only "Payer".

OTHER INCOME

TAXPAYER

SPOUSE

| | | |
|--|--|--|
| Gambling winnings (Form W-2G) | | |
| Income tax withheld | | |
| State tax refund (1099-G) | | |
| Name of state | | |
| Local tax refund | | |
| Name of locality | | |
| Unemployment received | | |
| Unemployment repaid | | |
| Alimony received | | |
| Social Security benefits (SSA-1099, box 5) | | |
| Tier I Railroad Retirement Benefits (RRB-1099, Box 5) | | |
| Taxable scholarships and fellowships | | |
| Income subject to self-employment tax with no offsetting expenses | | |

Payer

Amount

Amount

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

Other income

Description

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

OTHER ADJUSTMENTS

TAXPAYER

SPOUSE

| | | |
|--|--|--|
| Self-employed health insurance | | |
| Alimony paid | | |
| Recipient's name | | |
| Recipient's Social Security # | | |
| Moving expenses, Form 3903 | | |
| Miles from old home to new workplace . . | | |
| Miles from old home to old workplace . . . | | |
| Travel and lodging (meals are non-deductible) | | |
| Transportation and storage of goods | | |
| Reimbursement not included on Form W-2 | | |

DEPENDENT CARE

Provider 1:

Name _____
Address _____
SS# or EIN _____
Amount paid this year .. _____

Provider 2:

Name _____
Address _____
SS# or EIN _____
Amount paid this year .. _____

Provider 3:

Name _____
Address _____
SS# or EIN _____
Amount paid this year .. _____

Number of children under the age of thirteen
as of the end of the tax year _____

If one spouse has no earned income, answer the following:

Spouse is a full-time student five months out of the year YES j NO j
Spouse was physically or mentally incapable of self care YES j NO j

Did you incur dependent care expenses for dependents,
other than children who are physically or
mentally incapable of self care? YES j NO j

**BUSINESS INCOME
AND EXPENSE
(SOLE PROPRIETORSHIP)**

Principal business or profession _____

Principal business code _____

Business name, if different _____

Business address if different
from mailing address _____

City _____ State _____ Zipcode _____

Business employer identification number, if different _____

Taxpayer Spouse

Accounting method: Cash Accrual Other _____

Inventory method: Cost Lower of cost or market
Other N/A

Did you materially participate in business? Yes No

See vehicle expenses and/or office use of home, if applicable.

Any asset additions should be noted on Asset Acquisition Form.

Check if this is the first year of the business.

Income

- 1. Gross receipts or sales 1. _____
- 2. Returns and allowances 2. _____

Other income _____

Cost of goods sold

- 1. Beginning of year inventory 1. _____
- 2. Purchases 2. _____
- 3. Cost of items used personally 3. _____
- 4. Cost of labor 4. _____
- 5. Materials and supplies 5. _____
- 6. Other costs 6. _____
- 7. End of year inventory 7. _____

**BUSINESS INCOME
AND EXPENSE
(SOLE PROPRIETORSHIP)**

continued

Expenses

| | | |
|--|------|-------|
| 1. Advertising | 1. | _____ |
| 2. Bad debts (N/A cash basis) | 2. | _____ |
| 3. Commissions and fees | 3. | _____ |
| 4. Employee benefits | 4. | _____ |
| 5. Employee health insurance | 5. | _____ |
| 6. Other insurance | 6. | _____ |
| 7. Mortgage interest reported on Form 1098 | 7. | _____ |
| 8. Other interest | 8. | _____ |
| 9. Legal and accounting fees | 9. | _____ |
| 10. Allocation of tax preparation fees | 10. | _____ |
| 11. Office expense | 11. | _____ |
| 12. Pension and profit sharing plans | 12. | _____ |
| 13. Rent, vehicles | 13. | _____ |
| 14. Rent, equipment | 14. | _____ |
| 15. Rent, building | 15. | _____ |
| 16. Repairs and maintenance, building | 16. | _____ |
| 17. Repairs and maintenance, equipment | 17. | _____ |
| 18. Repairs and maintenance, vehicles | 18. | _____ |
| 19. Supplies | 19. | _____ |
| 20. Payroll taxes | 20. | _____ |
| 21. Other taxes: | | |
| <u>Description</u> | | |
| 21a. _____ | 21a. | _____ |
| 21b. _____ | 21b. | _____ |
| 21c. _____ | 21c. | _____ |
| 21d. _____ | 21d. | _____ |
| 22. Licenses | 22. | _____ |
| 23. Travel | 23. | _____ |
| 24. Meals and entertainment (in full) | 24. | _____ |
| 25. Utilities | 25. | _____ |
| 26. Wages | 26. | _____ |
| 27. Management fees | 27. | _____ |
| 28. Consulting expenses | 28. | _____ |
| 29. Payroll service | 29. | _____ |
| 30. Employee vehicle expenses | 30. | _____ |
| 31. Employee mileage reimbursements | 31. | _____ |
| 32. Client gifts limited to \$25 each | 32. | _____ |
| 33. Education and seminars | 33. | _____ |
| 34. Other: | | |
| <u>Description</u> | | |
| 34a. _____ | 34a. | _____ |
| 34b. _____ | 34b. | _____ |
| 34c. _____ | 34c. | _____ |
| 34d. _____ | 34d. | _____ |
| 34e. _____ | 34e. | _____ |
| 34f. _____ | 34f. | _____ |

**RENTAL AND ROYALTY
INCOME AND EXPENSE**

Residential j Commercial j

Location _____

If vacation home:

Number of days rented _____

Number of days used personally _____

Taxpayer (T); Spouse (S); or Joint (J) _____

Percentage ownership if not 100% _____

Please indicate if income and expenses below
are listed at 100% or your percentage _____

Did you live in part of the rental? _____

If so, what percentage did you occupy as a tenant? _____

j Check if rented to related party. Explain.

Income

1. Rental income 1. _____

2. Royalties received 2. _____

Expenses

1. Advertising 1. _____

2. Association dues 2. _____

3. Auto miles driven 3. _____

See vehicle expense. j

4. Travel 4. _____

5. Cleaning and maintenance 5. _____

6. Commissions 6. _____

7. Insurance 7. _____

8. Legal and professional fees 8. _____

9. Allocated tax preparation fees 9. _____

10. Licenses and permits 10. _____

11. Management fees 11. _____

12. Mortgage interest reported on Form 1098 12. _____

13. Other interest 13. _____

14. Repairs 14. _____

15. Supplies 15. _____

16. Property taxes 16. _____

17. Utilities 17. _____

18. Other:

Description

18a. _____ 18a. _____

18b. _____ 18b. _____

18c. _____ 18c. _____

18d. _____ 18d. _____

18e. _____ 18e. _____

Asset additions and/or property improvements should be reported on Asset
Acquisition Form. j

**FARM INCOME
AND EXPENSE**

Principal product _____ Product code _____

Employer ID #, if any _____

Accounting method: Cash j Accrual j

Check if you materially participated j

Taxpayer j Spouse j

Income

- 1. Sales of livestock and other resale items 1. _____
- 2. Cost of above 2. _____
- 3. Sales of livestock, produce, etc. you raised 3. _____
- 4. Cooperative distributions (1099-PATR) 4. _____
- 5. Cooperative distributions, taxable portion 5. _____
- 6. Agricultural program payments 6. _____
- 7. Agricultural program payments, taxable portion 7. _____
- 8. Commodity Credit Corporation loans 8. _____
- 9. Crop insurance proceeds 9. _____
- 10. Custom hire 10. _____
- 11. Other _____ 11. _____

Expenses

- 1. Car and truck expenses 1. _____
- 2. Chemicals 2. _____
- 3. Conservation expense 3. _____
- 4. Custom hire (machine work) 4. _____
- 5. Employee benefit programs 5. _____
- 6. Employee health insurance 6. _____
- 7. Feed purchased 7. _____
- 8. Fertilizers and lime 8. _____
- 9. Freight and trucking 9. _____
- 10. Gasoline, fuel, and oil 10. _____
- 11. Other insurance 11. _____
- 12. Mortgage interest reported on 1098 12. _____
- 13. Other interest 13. _____
- 14. Labor hired 14. _____
- 15. Legal and professional fees 15. _____
- 16. Allocated tax preparation fees 16. _____
- 17. Pension and profit sharing plans 17. _____
- 18. Vehicle rental 18. _____
- 19. Machinery and equipment rental 19. _____
- 20. Land rental 20. _____
- 21. Other _____ 21. _____
- 22. Repairs and maintenance 22. _____
- 23. Seeds and plants purchased 23. _____
- 24. Storage and warehousing 24. _____
- 25. Supplies purchased 25. _____
- 26. Payroll taxes 26. _____
- 27. Other taxes 27. _____
- 28. Utilities 28. _____
- 29. Veterinary, breeding, and medicine 29. _____

30. Other:

Description

- 30a. _____ 30a. _____
- 30b. _____ 30b. _____
- 30c. _____ 30c. _____

**PARTNERSHIPS,
S CORPORATIONS,
ESTATES, AND TRUSTS**

Entity #1 name _____

Type of entity _____

Taxpayer j Spouse j

K-1 is attached YES j NO j

If K-1 is not attached,
estimated date it
will be available ____ / ____ / ____

Firm preparing K-1 _____

Contact person _____

Firm telephone # _____

Please answer the following for K-1s from business or real estate activities:

Is activity rental real estate? YES j NO j

 If yes, do you make significant management
 decisions (e.g., approving tenants, rental terms
 and expenditures)? YES j NO j

 Does someone else manage day to day activities? YES j NO j

 Number of days average period of rental _____

 Are any significant personal services involved with
 the rental (e.g., housekeeping)? YES j NO j

For activities other than rental real estate:

 How many hours do you participate? _____

 For the tax year, was your participation substantially
 all the participation in the activity for all
 individuals (including non-owners)? YES j NO j

 For the tax year, did you participate in the activity as
 much as any other individual (including non-owners)? YES j NO j

 Were you considered a material participant for any
 five of the previous ten years? YES j NO j

 If the activity is a personal service activity
 (e.g., health, law, engineering, etc.), did you
 materially participate in any three years? YES j NO j

 Did you participate in the activity on a regular,
 continuous, and substantial basis? YES j NO j

Did you dispose of this activity during the tax year? YES j NO j

**PARTNERSHIPS,
S CORPORATIONS,
ESTATES, AND TRUSTS**

Entity #2 name _____

Type of entity _____

Taxpayer j Spouse j

K-1 is attached YES j NO j

If K-1 is not attached,
estimated date it
will be available ____ / ____ / ____

Firm preparing K-1 _____

Contact person _____

Firm telephone # _____

Please answer the following for K-1s from business or real estate activities:

Is activity rental real estate? YES j NO j

 If yes, do you make significant management
 decisions (e.g., approving tenants, rental terms
 and expenditures)? YES j NO j

 Does someone else manage day to day activities? YES j NO j

 Number of days average period of rental _____

 Are any significant personal services involved with
 the rental (e.g., housekeeping)? YES j NO j

For activities other than rental real estate:

 How many hours do you participate? _____

 For the tax year, was your participation substantially
 all the participation in the activity for all
 individuals (including non-owners)? YES j NO j

 For the tax year, did you participate in the activity as
 much as any other individual (including non-owners)? YES j NO j

 Were you considered a material participant for any
 five of the previous ten years? YES j NO j

 If the activity is a personal service activity
 (e.g., health, law, engineering, etc.), did you
 materially participate in any three years? YES j NO j

 Did you participate in the activity on a regular,
 continuous, and substantial basis? YES j NO j

Did you dispose of this activity during the tax year? YES j NO j

**PARTNERSHIPS,
S CORPORATIONS,
ESTATES, AND TRUSTS**

Entity #3 name _____

Type of entity _____

Taxpayer j Spouse j

K-1 is attached YES j NO j

If K-1 is not attached,
estimated date it
will be available ____ / ____ / ____

Firm preparing K-1 _____

Contact person _____

Firm telephone # _____

Please answer the following for K-1s from business or real estate activities:

Is activity rental real estate? YES j NO j

If yes, do you make significant management
decisions (e.g., approving tenants, rental terms
and expenditures)? YES j NO j

Does someone else manage day to day activities? YES j NO j

Number of days average period of rental _____

Are any significant personal services involved with
the rental (e.g., housekeeping)? YES j NO j

For activities other than rental real estate:

How many hours do you participate? _____

For the tax year, was your participation substantially
all the participation in the activity for all
individuals (including non-owners)? YES j NO j

For the tax year, did you participate in the activity as
much as any other individual (including non-owners)? YES j NO j

Were you considered a material participant for any
five of the previous ten years? YES j NO j

If the activity is a personal service activity
(e.g., health, law, engineering, etc.), did you
materially participate in any three years? YES j NO j

Did you participate in the activity on a regular,
continuous, and substantial basis? YES j NO j

Did you dispose of this activity during the tax year? YES j NO j

**BUSINESS USE
OF HOME**

Do you use any part of your home regularly and exclusively for business? YES j NO j

Estimated percentage of time spent in home office compared to total time spent in this business activity (e.g., 10%, 20%) _____

Description of work done in home office _____

Description of work done outside of home office _____

Total area of home _____

Total area of home used regularly for business _____

| | Direct costs (benefit only business portion <u>of home</u>) | Indirect (<u>other</u>) |
|--|---|------------------------------|
|--|---|------------------------------|

| | | |
|-----------------------------------|-------|-------|
| Home insurance | _____ | _____ |
| Repairs and maintenance | _____ | _____ |
| Utilities | _____ | _____ |
| Rent | _____ | _____ |
| Other _____ | _____ | _____ |

If daycare facility:
 Days as daycare facility _____
 Hours per day used as daycare facility _____

Prior year carryover of unallowed losses _____

Cost of home and improvements and prior depreciation _____

Cost of home, improvements, furniture, and equipment should be included on Asset Acquisition Form. j

**CAPITAL GAINS
AND LOSSES**

| <u>Investment</u> | <u>Gross proceeds</u> | <u>Date acquired</u> | <u>Date sold</u> | <u>Cost/ basis</u> | <u>Net sales proceeds</u> |
|-------------------|---------------------------|--------------------------|----------------------|------------------------|-----------------------------------|
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |
| _____ | _____ | ___/___/___ | ___/___/___ | _____ | _____ |

Number of 1099-Bs enclosed to tie out gross proceeds. _____

Have you considered reinvested dividends in your basis calculation? YES j NO j

Any previous year capital loss carryforward? YES j NO j

If yes, amount? _____

INSTALLMENT SALES

If first year, include closing documents and basis information

Sale #1

Description _____

Payments received this year _____

Interest _____

Principal _____

Total _____

Gross profit % from prior year sale _____

Sale #2

Description _____

Payments received this year _____

Interest _____

Principal _____

Total _____

Gross profit % from prior year sale _____

**ASSET
ACQUISITION LIST**

| | Description | Activity | Date acquired | Cost | Business use % |
|----|-------------|----------|---------------|------|----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |

**ASSET
DISPOSITION LIST**

| | Description | Activity | Date sold | Proceeds | Selling expense | Date purchased | Purchase price | Prior §179 | Prior depreciation | Prior business use % |
|----|-------------|----------|-----------|----------|-----------------|----------------|----------------|------------|--------------------|----------------------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |
| 13 | | | | | | | | | | |
| 14 | | | | | | | | | | |
| 15 | | | | | | | | | | |
| 16 | | | | | | | | | | |
| 17 | | | | | | | | | | |
| 18 | | | | | | | | | | |
| 19 | | | | | | | | | | |
| 20 | | | | | | | | | | |
| 21 | | | | | | | | | | |

| |
|------------------------------------|
| CASUALTY AND THEFT LOSS |
|------------------------------------|

Check one:

- | | | | |
|-----------------------------------|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Personal | | |
| <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint | |

| | Property A | Property B | Property C | Property D |
|--|------------|------------|------------|------------|
| Description | _____ | _____ | _____ | _____ |
| Date of casualty or theft | _____ | _____ | _____ | _____ |
| Cost or basis | _____ | _____ | _____ | _____ |
| Insurance reimbursement | _____ | _____ | _____ | _____ |
| Fair market value before casualty or theft | _____ | _____ | _____ | _____ |
| Fair market value after casualty or theft | _____ | _____ | _____ | _____ |
| Check if supporting documentation is enclosed | j | j | j | j |

CONTRIBUTIONS

Cash, check, or charge

| <u>Donee</u> | <u>Gross amount</u> | <u>FMV services or merchandise received in return</u> |
|--------------|---------------------|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Note: you may include any credit card charges made in December even if they are not paid until January.

Individual contributions equal to or greater than \$250 must be substantiated in writing by donee.

j Contribution carryover from prior years
Please provide support and details.

Charitable mileage and expenses _____

Non-cash contributions

| <u>Donee</u> | <u>Address of donee</u> | <u>Description of gift</u> |
|--------------|-------------------------|----------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

| | <u>Date of purchase</u> | <u>Date of contribution</u> | <u>Original cost</u> | <u>FMV of gift</u> | <u>How property was acquired (see Table A)</u> | <u>Method used to determine FMV (see Table B)</u> |
|----|-------------------------|-----------------------------|----------------------|--------------------|--|---|
| 1. | ___/___/___ | ___/___/___ | _____ | _____ | _____ | _____ |
| 2. | ___/___/___ | ___/___/___ | _____ | _____ | _____ | _____ |
| 3. | ___/___/___ | ___/___/___ | _____ | _____ | _____ | _____ |
| 4. | ___/___/___ | ___/___/___ | _____ | _____ | _____ | _____ |
| 5. | ___/___/___ | ___/___/___ | _____ | _____ | _____ | _____ |
| 6. | ___/___/___ | ___/___/___ | _____ | _____ | _____ | _____ |

Acquisition of property
Table A
1 = Gift
2 = Purchase
3 = Exchange
4 = Inheritance

Determination of FMV
Table B
1 = Comparable sales
2 = Thrift shop value
3 = Appraisal
4 = Catalog

j Any gifts over \$5,000?

**NON-CASH
CONTRIBUTION
WORKSHEET**

| | <u>Quantity</u> | <u>FMV</u> | <u>Total</u> | | <u>Quantity</u> | <u>FMV</u> | <u>Total</u> |
|----------------------------|-----------------|------------|--------------|-------------------------|-----------------|------------|--------------|
| LADIES' CLOTHING | | | | DRY GOODS | | | |
| Blouses | _____ | _____ | _____ | Blankets | _____ | _____ | _____ |
| Bathrobes | _____ | _____ | _____ | Bedspreads | _____ | _____ | _____ |
| Boots | _____ | _____ | _____ | Curtains | _____ | _____ | _____ |
| Bathing suits | _____ | _____ | _____ | Drapes | _____ | _____ | _____ |
| Coats | _____ | _____ | _____ | Pillows | _____ | _____ | _____ |
| Dresses | _____ | _____ | _____ | Sheets | _____ | _____ | _____ |
| Evening dresses | _____ | _____ | _____ | Throw rugs | _____ | _____ | _____ |
| Fur coats | _____ | _____ | _____ | Towels | _____ | _____ | _____ |
| Handbags | _____ | _____ | _____ | | | | |
| Jackets | _____ | _____ | _____ | FURNITURE | | | |
| Suits | _____ | _____ | _____ | Rugs | _____ | _____ | _____ |
| Shoes | _____ | _____ | _____ | Radios | _____ | _____ | _____ |
| Skirts | _____ | _____ | _____ | Portable TVs (B&W) | _____ | _____ | _____ |
| Sweaters | _____ | _____ | _____ | Portable TVs (color) | _____ | _____ | _____ |
| Slacks | _____ | _____ | _____ | Typewriters | _____ | _____ | _____ |
| | | | | Vacuum cleaners | _____ | _____ | _____ |
| MEN'S CLOTHING | | | | Baby furniture | _____ | _____ | _____ |
| Jackets | _____ | _____ | _____ | | | | |
| Coats | _____ | _____ | _____ | HOUSEHOLD ITEMS | | | |
| Pants/shorts | _____ | _____ | _____ | Bric-a-brac | _____ | _____ | _____ |
| Slacks | _____ | _____ | _____ | Small appliances | | | |
| Shirts | _____ | _____ | _____ | Toaster | _____ | _____ | _____ |
| Sweaters | _____ | _____ | _____ | Coffee maker | _____ | _____ | _____ |
| Shoes | _____ | _____ | _____ | Electric frypan | _____ | _____ | _____ |
| | | | | Pots/pans | _____ | _____ | _____ |
| CHILDREN'S CLOTHING | | | | Utensils | _____ | _____ | _____ |
| Blouses | _____ | _____ | _____ | Dishes | _____ | _____ | _____ |
| Boots | _____ | _____ | _____ | Glassware | _____ | _____ | _____ |
| Coats | _____ | _____ | _____ | Lamps | _____ | _____ | _____ |
| Dresses | _____ | _____ | _____ | Rugs | _____ | _____ | _____ |
| Jackets | _____ | _____ | _____ | Luggage | _____ | _____ | _____ |
| Jeans | _____ | _____ | _____ | Sewing machines | _____ | _____ | _____ |
| Pants | _____ | _____ | _____ | Mirrors | _____ | _____ | _____ |
| Snowsuits | _____ | _____ | _____ | Clocks | _____ | _____ | _____ |
| Shoes | _____ | _____ | _____ | Chairs | _____ | _____ | _____ |
| Skirts | _____ | _____ | _____ | Tables | _____ | _____ | _____ |
| Sweaters | _____ | _____ | _____ | | | | |
| Slacks | _____ | _____ | _____ | TOTAL | _____ | _____ | _____ |
| Shirts | _____ | _____ | _____ | | | | |
| | | | | | | | |
| OTHER | | | | | | | |
| _____ | _____ | _____ | _____ | | | | |
| _____ | _____ | _____ | _____ | | | | |
| _____ | _____ | _____ | _____ | | | | |
| _____ | _____ | _____ | _____ | | | | |
| _____ | _____ | _____ | _____ | | | | |

Date of gift _____ j Receipt enclosed
 Donee _____
 Donee's address _____
 City _____ State _____ Zipcode _____

MEDICAL EXPENSES

TAXPAYER

SPOUSE

| | | | |
|---|-----|-------|-------|
| 1. Medicare B premiums | 1. | _____ | _____ |
| 2. Other insurance premiums | 2. | _____ | _____ |
| 3. Doctors and dentists | 3. | _____ | _____ |
| 4. Hospitals and nursing homes | 4. | _____ | _____ |
| 5. Transportation and lodging | 5. | _____ | _____ |
| 6. Miles driven for medical treatment | 6. | _____ | _____ |
| 7. Parking for medical treatment | 7. | _____ | _____ |
| 8. Eyeglasses | 8. | _____ | _____ |
| 9. Equipment and supplies | 9. | _____ | _____ |
| 10. Prescriptions and drugs | 10. | _____ | _____ |
| 11. Laboratory exams | 11. | _____ | _____ |
| 12. Insurance reimbursement on above amounts | 12. | _____ | _____ |

TAXES PAID

| | <u>Name</u> | <u>Amount</u> |
|---|-------------|---------------|
| Prior year 4th quarter state estimate paid this year | _____ | _____ |
| Prior year 4th quarter other state estimate paid this year | _____ | _____ |
| Prior year 4th quarter local estimate paid this year | _____ | _____ |
| Prior year state extension payment | _____ | _____ |
| Prior year other state extension payment | _____ | _____ |
| Prior year local extension payment | _____ | _____ |
| Paid with prior year state return | _____ | _____ |
| Paid with prior year other state return | _____ | _____ |
| Paid with prior year local return | _____ | _____ |
| State taxes paid in current year for prior year | _____ | _____ |
| Local taxes paid in current year for prior year | _____ | _____ |
| Real estate taxes, principal residence * | _____ | _____ |
| Real estate taxes, second residence * | _____ | _____ |
| Real estate taxes, investment property * | _____ | _____ |
| Personal property taxes | _____ | _____ |
| Auto license fees, if based on value | _____ | _____ |
| Foreign income taxes paid (if not withheld on interest or dividends) | _____ | _____ |

* Include closing statement for any properties bought or sold

INTEREST EXPENSE

Home mortgage

| Payee | Principal home (P) Second home/vacation residence (S) Home equity (HE) | Reported on Form 1098 Yes/No | Amount | |
|-------|--|------------------------------------|----------|--------|
| | | | Taxpayer | Spouse |
| | | | | |
| | | | | |
| | | | | |

Points paid on refinancing, current year _____

Points paid previously and being amortized _____

Prior points paid _____

Date paid ____ / ____ / ____

Life of loan financed _____

If previously refinanced, what was balance
of debt owed prior to refinancing? _____

If second home is a boat, motor home, etc:

Has kitchen YES j NO j

Has sleeping quarters YES j NO j

Has toilet facilities YES j NO j

If home equity loan(s), what was (were) the
outstanding balance(s) as of the end
of the year? _____

Investment interest

| <u>Payee</u> | <u>Related investment</u> |
|--------------|---------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**EMPLOYEE BUSINESS
EXPENSE
(OTHER THAN VEHICLE)**

Taxpayer j Spouse j

Activity/Employer _____

Expenses

- | | | |
|--|----|-------|
| 1. Lodging | 1. | _____ |
| 2. Meals and entertainment (in full) | 2. | _____ |
| 3. Airfare | 3. | _____ |
| 4. Car rental | 4. | _____ |
| 5. Local transportation | 5. | _____ |
| 6. Education | 6. | _____ |
| 7. Office supplies | 7. | _____ |
| 8. Printing | 8. | _____ |
| 9. Postage | 9. | _____ |

10. Other:

Description

- | | | |
|------------|-------|------------|
| 10a. _____ | | 10a. _____ |
| 10b. _____ | | 10b. _____ |
| 10c. _____ | | 10c. _____ |
| 10d. _____ | | 10d. _____ |
| 10e. _____ | | 10e. _____ |
| 10f. _____ | | 10f. _____ |
| 10g. _____ | | 10g. _____ |

Reimbursements not on W-2

- | | | |
|----------------------------------|----|-------|
| 1. Meals and entertainment | 1. | _____ |
| 2. Other reimbursements | 2. | _____ |

VEHICLE EXPENSE

Taxpayer j Spouse j

Activity(s) _____

Was another vehicle available for personal use? YES j NO j

If employer provided vehicle, is personal use during off-duty hours permitted? YES j NO j

Do you have evidence to support deduction? YES j NO j

 If yes, is evidence written? YES j NO j

| | <u>Vehicle 1</u> | <u>Vehicle 2</u> |
|-----------------------------------|------------------|------------------|
| Is vehicle owned or leased? | _____ | _____ |
| Vehicle description | _____ | _____ |
| Date placed in service | _____ | _____ |
| Original cost | _____ | _____ |
| Prior depreciation | _____ | _____ |

Mileage

| | | |
|--|---|-------|
| A For employer and temporary job sites | A | _____ |
| B For self-employment | B | _____ |
| C For rental activity | C | _____ |
| D From job to school | D | _____ |
| E Between 1st and 2nd jobs | E | _____ |
| F Commuting to and from work | F | _____ |
| G Investment/tax preparation | G | _____ |
| H Charitable | H | _____ |
| I Other personal miles | I | _____ |
| J Total miles | J | _____ |
| Average daily commuting miles | | |
| | | _____ |

Note: the sum of items "A" through "I" should equal item "J", the total miles the vehicle was driven during the year.

VEHICLE EXPENSE

continued

| | | <u>Vehicle 1</u> | <u>Vehicle 2</u> |
|--|-----|------------------|------------------|
| <u>Expenses</u> | | | |
| 1. Gas | 1. | _____ | _____ |
| 2. Parking and tolls | 2. | _____ | _____ |
| 3. Lease payments | 3. | _____ | _____ |
| 4. Initial value of vehicle being leased | 4. | _____ | _____ |
| 5. Repairs and maintenance | 5. | _____ | _____ |
| 6. Maintenance supplies | 6. | _____ | _____ |
| 7. Car washes and waxes | 7. | _____ | _____ |
| 8. Tires | 8. | _____ | _____ |
| 9. Insurance | 9. | _____ | _____ |
| 10. Interest (sole proprietor only) | 10. | _____ | _____ |
| 11. Auto license | 11. | _____ | _____ |
| 12. Auto registration | 12. | _____ | _____ |
| 13. Value of employer provided vehicle on W-2 | 13. | _____ | _____ |
| 14. Other: | | | |
| <u>Description</u> | | | |
| 14a _____ | 14a | _____ | _____ |
| 14b _____ | 14b | _____ | _____ |
| 14c _____ | 14c | _____ | _____ |
| 14d _____ | 14d | _____ | _____ |
| 14e _____ | 14e | _____ | _____ |
| 14f _____ | 14f | _____ | _____ |
| 14g _____ | 14g | _____ | _____ |

SALE OF YOUR HOME

Date former main home was sold _____

Was any part of the home used for business? YES j NO j
 Was any part of the home rented out? YES j NO j
 Have you bought a new home? YES j NO j
 If no, do you intend to? YES j NO j

Anticipated date you will be living
 in new residence _____
 Anticipated cost of replacement
 home _____

| | <u>Taxpayer</u> | <u>Spouse</u> | <u>Joint</u> |
|---|-----------------|---------------|--------------|
| Who owned the home that was sold? j | j | j | j |
| Who owns or will own new residence? j | j | j | j |

If you are over 55, was the home your
 main residence and owned and
 lived in for at least three of
 the five years preceding the
 sale? YES j NO j

Have you had any previous principle
 residence sales? YES j NO j
 If so, please provide copy of
 Form 2119 from last sale.

Have you ever elected to use the once in a
 lifetime exclusion of gain on sale of
 a personal residence? YES j NO j

Selling price of home _____
 Broker's commissions _____
 Attorney's fees _____
 Other closing costs _____
 Other expenses of sale _____
 Decorating or repair costs _____

Was the sale an installment sale? YES j NO j

Cost of main home _____
 Closing costs of purchase _____
 Improvements (e.g., new roof, additions, landscaping, etc.):

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please provide copies of closing documents for our files.

CREDITS

Did you purchase a qualified electric vehicle? YES j NO j

Did you purchase a diesel-powered car
or truck for your business? YES j NO j

Have you paid federal tax on fuel purchased for
off-highway use?

Type of fuel _____

Gallons _____

| | TAXPAYER | SPOUSE |
|--|----------|--------|
| 1. Current year investment credit (Form 3468, Part I) 1. | _____ | _____ |
| 2. Current year jobs credit (Form 5884, Part I) 2. | _____ | _____ |
| 3. Current year credit for alcohol used as fuel (Form 6478) 3. | _____ | _____ |
| 4. Current year credit for increasing research activities (Form 6765, Part I) 4. | _____ | _____ |
| 5. Current year low-income housing credit (Form 8586, Part I) 5. | _____ | _____ |
| 6. Current year enhanced oil recovery credit (Form 8830, Part I) 6. | _____ | _____ |
| 7. Current year disabled access credit (Form 8826, Part I) 7. | _____ | _____ |
| 8. Current year renewable electricity production credit (Form 8835, Part I) 8. | _____ | _____ |
| 9. Current year Indian employment credit (Form 8845, Part I) 9. | _____ | _____ |
| 10. Current year credit for employer Social Security and Medicare taxes paid on certain employee tips (Form 8846, Part I) 10. | _____ | _____ |
| 11. Current year credit for contributions to selected community development corporations (Form 8847, Part I) 11. | _____ | _____ |
| 12. Carryforward of general business credits (attach schedule) 12. | _____ | _____ |

