

## INDIVIDUAL TAX ORGANIZER (1040)

**If we did not prepare your prior year returns, provide a copy of federal and state returns for the three previous years. Complete pages 1 through 4 and all applicable sections.**

Taxpayer's Name \_\_\_\_\_ SSN \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

City, Town, or Post Office \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ School District \_\_\_\_\_

Telephone Number Home ( ) _____ Email _____	Telephone Number (T)* Office ( ) _____ Fax ( ) _____ Cell ( ) _____	Telephone Number (S)* Office ( ) _____ Fax ( ) _____ Cell ( ) _____
---------------------------------------------------	------------------------------------------------------------------------------	------------------------------------------------------------------------------

Taxpayer: Date of Birth \_\_\_\_\_ Blind? - Yes \_\_\_ No \_\_\_  
 Spouse: Date of Birth \_\_\_\_\_ Blind? - Yes \_\_\_ No \_\_\_

Dependent Children Who Lived With You:

Full Name	Social Security Number	Relationship	Birth Date
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
8.)			
9.)			

Other Dependents:

Full Name	Social Security Number	Relationship	Birth Date	Number Months Resided in Your Home	% Support Furnished By You
10.)					
11.)					
12.)					

\*T= Taxpayer      \*S=Spouse

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**Please answer the following questions and submit details for any question answered "Yes":**

	<u>YES</u>	<u>NO</u>
1. Has your marital status changed since your last return?	_____	_____
2. Will the address on your current returns be different from that shown on your prior year returns? If yes, provide the new address and date moved.	_____	_____
3. Were there any changes in dependents from the prior year? If yes, provide details.	_____	_____
4. Are you entitled to a dependency exemption due to a divorce decree?	_____	_____
5. Did any of your dependents have income of \$900 or more? (\$400 if self-employed)	_____	_____
6. Did any of your children under age 19 have investment income over \$1,800? If yes, do you want to include your child's income on your return?	_____	_____
7. Are any dependent children married and filing a joint return with their spouse?	_____	_____
8. Did any dependent child 19-23 years of age attend school less than 5 months during the year?	_____	_____
9. Did you receive income from any legal proceedings, cancellation of student loans or other indebtedness during the year? If yes, provide details.	_____	_____
10. Did you make any gifts during the year directly or in trust exceeding \$12,000 per person?	_____	_____
11. Did you have any interest in, or signature, or other authority over a bank, securities, or other financial account in a foreign country?	_____	_____
12. Were you a resident of, or did you have income in, more than one state during the year?	_____	_____
13. Do you wish to have \$3 (or \$6 on joint return) of your taxes applied to the Presidential Campaign Fund?	_____	_____
14. Do you wish to contribute to any state fund(s)? If yes, indicate amount(s) and which fund(s): _____ _____	_____	_____
15. Do you want any overpayment of taxes applied to next year's estimated taxes?	_____	_____
16. Do you want any federal refund deposited directly into your bank account? If yes, enclose a voided check.	_____	_____
.1) Do you want any balance due directly withdrawn from this same bank account on the due date?	_____	_____
.2) Do you want next year's estimated taxes withdrawn from this same bank account on the due dates?	_____	_____
17. Do either you or your spouse have any outstanding child or spousal support payments or federal debt?	_____	_____

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	<u>YES</u>	<u>NO</u>
18. If you owe federal tax upon completion of your return, are you able to pay the balance due?	_____	_____
19. Do you expect a large fluctuation in your income, deductions or withholding next year? If yes, provide details.	_____	_____
20. Did you receive any distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? (Form 1099R)	_____	_____
21. If you received an IRA distribution, which you did not roll over, provide details. (Form 1099R)	_____	_____
22. Did you “convert” IRA funds into a Roth IRA? If yes, provide details. (Form 1099R)	_____	_____
23. Did you receive any disability payments this year?	_____	_____
24. Did you receive tip income not reported to your employer?	_____	_____
25. Did you sell and/or purchase a principal residence or other real estate? If yes, provide settlement sheet (HUD-1) and Form 1099-S.	_____	_____
26. Did you collect on any installment contract during the year? Provide details.	_____	_____
27. Did you receive tax-exempt interest or dividends? (Form 1099-INT)	_____	_____
28. During this year, do you have any securities that became worthless or loans that became uncollectible?	_____	_____
29. Did you receive unemployment compensation? If yes, provide Form 1099-G.	_____	_____
30. Did you have any casualty or theft losses during the year? If yes, provide details.	_____	_____
31. Did you have foreign income, pay any foreign taxes, or file any foreign information reporting or tax return forms? Provide details.	_____	_____
32. If there were dues paid to an association, was any portion not deductible due to political lobbying by the association or benefits received?	_____	_____
33. Has the IRS, or any state or local taxing agency, notified you of changes to a prior year’s tax return? If yes, provide copies of all notices/correspondence received.	_____	_____
34. Are you aware of any changes to your income, deductions and credits reported on any prior years’ returns?	_____	_____
35. Did you purchase gasoline, oil, or special fuels for non-highway vehicles?	_____	_____
36. Did you purchase an energy-efficient vehicle?	_____	_____
37. If you or your spouse have self-employment income, did you pay any health insurance premiums or long-term care premiums?	_____	_____

## INDIVIDUAL TAX ORGANIZER (1040)

	<u>YES</u>	<u>NO</u>
38. Were either you or your spouse eligible to participate in an employer's health insurance or long-term care plan?	_____	_____
39. If you or your spouse have self-employment income, do you want to make a retirement plan contribution?	_____	_____
40. Did you acquire any "qualified small business stock"?	_____	_____
41. Were you granted or did you exercise any stock options? If yes, provide details.	_____	_____
42. Were you granted any restricted stock? If yes, provide details.	_____	_____
43. Did you pay any household employee over age 18 wages of \$1,600 or more?  If yes, provide copy of Form W-2 issued to each household employee.  If yes, did you pay total wages of \$1,000 or more in any calendar quarter to all household employees?	_____	_____
44. Did you surrender any U.S. savings bonds?	_____	_____
45. Did you use the proceeds from Series EE U.S. savings bonds purchased after 1989 to pay for higher education expenses?	_____	_____
46. Did you realize a gain on property, which was taken from you by destruction, theft, seizure or condemnation?	_____	_____
47. Did you start a business?	_____	_____
48. Did you purchase rental property?	_____	_____
49. Did you acquire any interests in partnerships, LLCs, S corporations, estates or trusts this year?	_____	_____
50. Do you have records to support travel, entertainment, or gift expenses? The law requires that adequate records be maintained for travel, entertainment, and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of recipient(s).	_____	_____
51. Were you the grantor, transferor or beneficiary of a foreign trust?	_____	_____
52. Has your will or trust been updated within the last three years?	_____	_____
53. Did you incur expenses as an elementary or secondary educator? If so, how much?	_____	_____
54. Did you make any energy-efficient improvements (remodel or new construction) to your home?	_____	_____
55. Can the Internal Revenue Service discuss questions about this return with the preparer?	_____	_____

**INDIVIDUAL TAX ORGANIZER (1040)**

YES      NO

56. Did you make any large purchases or home improvements? \_\_\_\_\_

57. Did you pay real estate taxes on your principal residence? If so, how much? \_\_\_\_\_

**ESTIMATED TAX PAYMENTS MADE**

	FEDERAL		STATE (NAME):	
	Date Paid	Amount Paid	Date Paid	Amount Paid
Prior year overpayment applied				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

**WAGES, SALARIES, AND OTHER EMPLOYEE COMPENSATION**

Enclose all Forms W-2.

**PENSION, IRA, AND ANNUITY INCOME**

Enclose all Forms 1099-R.

YES      NO

1. Did you receive a Lump Sum distribution from your employer? \_\_\_\_\_

2. Did you “convert” a Lump Sum distribution into another plan or IRA account? \_\_\_\_\_

3. Did you transfer IRA funds to a Roth IRA this year? \_\_\_\_\_

4. Have you elected a Lump Sum treatment for any retirement distributions after 1986? \_\_\_\_\_

Taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

**SOCIAL SECURITY BENEFITS RECEIVED**

Enclose all 1099 SSA Forms.

## INDIVIDUAL TAX ORGANIZER (1040)

**INTEREST INCOME** - Enclose all Forms 1099-INT and statements of tax-exempt interest earned. **If not available, complete the following:**

TSJ*	Name of Payor	Banks, S&L, Etc.	U.S. Bonds, T-Bills	<u>Tax-Exempt</u>	
				In-State	Out-of-State
	Early Withdrawal Penalties				

\*T = Taxpayer    S = Spouse    J = Joint

### **INTEREST INCOME (Seller-Financed Mortgage)**

Name of Payor	Social Security Number	Address	Interest Recorded

## INDIVIDUAL TAX ORGANIZER (1040)

**DIVIDEND INCOME** - Enclose all Forms 1099-DIV and statements of tax-exempt dividends earned. **If not available, complete the following:**

TSJ*	Name of Payor	Ordinary Dividends	Qualified Dividend	Capital Gain	Non Taxable	Federal Tax Withheld	Foreign Tax Withheld

\*T = Taxpayer    S = Spouse    J = Joint

**MISCELLANEOUS INCOME** - List and enclose related Forms 1099 or other forms.

Description	Amount
State and local income tax refund(s)	
Alimony received	
Jury fees	
Finder's fees	
Director's fees	
Prizes	
Gambling winnings (W2-G)	
Other miscellaneous income	

## INDIVIDUAL TAX ORGANIZER (1040)

### INCOME FROM BUSINESS OR PROFESSION (Schedule C)

Who owns this business?     Taxpayer     Spouse     Joint

Principal business or profession \_\_\_\_\_

Business name \_\_\_\_\_

Business taxpayer identification number \_\_\_\_\_

Business address \_\_\_\_\_

\_\_\_\_\_

Method(s) used to value closing inventory:

Cost     Lower of cost or market     Other (describe) \_\_\_\_\_    N/A

Accounting method:

Cash     Accrual     Other (describe) \_\_\_\_\_

	<u>YES</u>	<u>NO</u>
1. Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If yes, attach explanation.	_____	_____
2. Did you deduct expenses for the business use of your home? If yes, complete office in home schedule provided in this organizer.	_____	_____
3. Did you materially participate in the operation of the business during the year?	_____	_____
4. Was all of your investment in this activity at risk?	_____	_____
5. Were any assets sold, retired or converted to personal use during the year? If yes, list assets sold including date acquired, date sold, sales price, and original cost.	_____	_____
6. Were any assets purchased during the year? If yes, list assets acquired, including date placed in service and purchase price, including trade-in. Include copies of purchase invoices.	_____	_____
7. Was this business still in operation at the end of the year?	_____	_____
8. List the states in which business was conducted and provide income and expense by state.	_____	_____
9. Provide copies of certification for employees of target groups and associated wages qualifying for Work Opportunities Tax Credit.	_____	_____

Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule for each business.



## INDIVIDUAL TAX ORGANIZER (1040)

### INCOME AND EXPENSES (Schedule C)

Description	Amount
<b>Part I – Income</b>	
Gross receipts or sales	
Returns and allowances	
Other income (List type and amount.)	
<b>Part II - Cost of Goods Sold</b>	
Inventory at beginning of year	
Purchases less cost of items withdrawn for personal use	
Cost of labor (Do not include salary paid to yourself.)	
Materials and supplies	
Other costs (List type and amount.)	
Inventory at end of year	
<b>Part III – Expenses</b>	
Advertising	
Bad debts from sales or services	
Car and truck expenses (Complete Auto Expense Schedule on Page 20.)	
Commissions and fees	
Depletion	
Depreciation and Section 179 expense deduction (provide depreciation schedules)	
Employee health insurance and other benefit programs (excluding retirement plans)	
Employee retirement contribution (other than owner)	
Insurance (other than health)	
Interest:	
a. Mortgage (paid to banks, etc.)	
b. Other	
Legal and professional services	
Office expense	

**CONTINUED**

**INDIVIDUAL TAX ORGANIZER (1040)**

**INCOME AND EXPENSES (Schedule C) – CONTINUED**

Rent or lease:	
a. Vehicles, machinery, and equipment	
b. Other business property	
Repairs and maintenance	
Self employed owner	
a. Health insurance premiums	
b. Retirement contribution	
Supplies	
Taxes and licenses (Enclose copies of payroll tax returns.) Do not include state income tax.	
Travel, meals, and entertainment:	
a. Travel	
b. Meals and entertainment	
Utilities	
Wages (Enclose copies of Forms W-3/W-2.)	
Lobbying expenses	
Club dues:	
a. Civic club dues	
b. Social or entertainment club dues	
Other expenses (List type and amount.)	

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INDIVIDUAL TAX ORGANIZER (1040)

### OFFICE IN HOME

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business or you must be able to show that income is actually produced there. If business use of home relates to daycare, provide total hours of business operation for the year.

Business or activity for which you have an office	Total area of the house (square feet)	Area of business portion (square feet)	Business percentage

### I. DEPRECIATION

	Date Placed in Service	Cost/Basis	Method	Life	Prior Depreciation
House					
Land					
Total Purchase Price					
Improvements (Provide details)					

### II. EXPENSES TO BE PRORATED:

Mortgage interest	_____
Real estate taxes	_____
Utilities	_____
Property insurance	_____
Other expenses - itemize	_____
	_____
	_____
	_____

### III. EXPENSES THAT APPLY DIRECTLY TO HOME OFFICE:

Telephone	_____
Maintenance	_____
Other expenses - itemize	_____
	_____
	_____
	_____

## **INDIVIDUAL TAX ORGANIZER (1040)**

**CAPITAL GAINS AND LOSSES** - Enclose all Forms 1099-B and 1099-S and HUD-1 closing statements. Complete the following schedule **OR** provide all brokerage account statements and transaction slips for sales and purchases.

Description	Date Acquired	Date Sold	Sales Proceeds	Cost or Basis	Gain (Loss)

Enter any sales **NOT** reported on Forms 1099-B and 1099-S:

Description	Date Acquired	Date Sold	Sales Proceeds	Cost or Basis	Gain (Loss)

## INDIVIDUAL TAX ORGANIZER (1040)

### SALE/PURCHASE OF PERSONAL RESIDENCE

Provide closing statements (HUD-1) on purchase and sale of old residence and purchase of new residence.

Description	Amount

### MOVING EXPENSES

Did you change your residence during this year incident to a change in employment, transfer, or self-employment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, furnish the following information:

Number of miles from your former residence to your new business location \_\_\_\_\_ miles

Number of miles from your former residence to your former business location \_\_\_\_\_ miles

Did your employer reimburse or pay directly any of your moving expenses?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, enclose the employer provided itemization form and note the amount of reimbursement received.

\$ \_\_\_\_\_

Itemize below the total moving costs you paid without reduction for any reimbursement by your employer.

Expenses of moving from old to new home:

Transportation expenses in moving household goods and family \$ \_\_\_\_\_

Cost of storing and insuring household goods \$ \_\_\_\_\_

### RESIDENCE CHANGE

If you changed residences during the year, provide period of residence in each location.

Residence #1 \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Residence #2 \_\_\_\_\_ From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## INDIVIDUAL TAX ORGANIZER (1040)

### RENTAL AND ROYALTY INCOME – Complete a separate schedule for each property.

1. Description and location of property: \_\_\_\_\_  
 \_\_\_\_\_

2. Residential rental property? Yes \_\_\_\_\_ No \_\_\_\_\_ Personal use? Yes \_\_\_\_\_ No \_\_\_\_\_

If personal use yes:

Number of days the property was occupied by you, a member of your family, or any individual not paying rent at the fair market value. \_\_\_\_\_

Number of days the property was not occupied. \_\_\_\_\_

3. Did you actively participate in the operation of the rental property during the year? Yes \_\_\_\_\_ No \_\_\_\_\_

4. a) Were more than half of personal services that you or your spouse performed during the year performed in real property trades? Yes \_\_\_\_\_ No \_\_\_\_\_

b) Did you or your spouse perform more than 750 hours of services during the year in real property trades or businesses? Yes \_\_\_\_\_ No \_\_\_\_\_

<b>Income:</b>	Amount		Amount
Rents received		Royalties received	
<b>Expenses:</b>			
Mortgage interest		Legal and other professional fees	
Other interest		Cleaning and maintenance	
Insurance		Commissions	
Repairs		Utilities	
Auto and travel		Management fees	
Advertising		Supplies	
Taxes		Other (itemize)	

If this is the first year we are preparing your return, provide depreciation records.

If this is a new property, provide the closing statement. (HUD-1)

List below any improvements or assets purchased during the year.

Description	Date placed in service	Cost

If the property was sold during the year, provide the closing statement. (HUD-1)

## INDIVIDUAL TAX ORGANIZER (1040)

### INCOME FROM PARTNERSHIPS, ESTATES, LLCs, TRUSTS, AND S CORPORATIONS

Enclose all Schedules K-1 received to date. Also list below all Schedules K-1 not yet received:

Name	Source Code*	Federal ID #

\*Source Code: P = Partnership    E = Estate/Trust    S = S Corporation

### CONTRIBUTIONS TO RETIREMENT PLANS

	TAXPAYER	SPOUSE
Are you covered by a qualified retirement plan? (Y/N)		
Do you want to make the maximum deductible IRA contribution? (Y/N)		
IRA payments made for this return	\$	\$
IRA payments made for this return for nonworking spouse	\$	\$
Do you want to make an IRA contribution even if part or all of it may not be deducted? (Y/N) If yes, provide copy of latest Form 8606 filed.		
Have you made or do you want to make a Roth IRA contribution? (Y/N) If yes, provide Roth IRA payments made for this return.	\$	\$
Do you want to make the maximum allowable Keogh/SEP/SIMPLE IRA contribution? (Y/N)		
Keogh/SEP/SIMPLE IRA payments made for this return	\$	\$
Date Keogh/SIMPLE IRA Plan established		

**INDIVIDUAL TAX ORGANIZER (1040)**

**ALIMONY PAID**

Name of Recipient(s) \_\_\_\_\_

Social Security Number(s) of Recipient(s) \_\_\_\_\_

Amount(s) Paid \$ \_\_\_\_\_

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

**MEDICAL AND DENTAL EXPENSES (PLEASE NOTE THAT MEDICAL EXPENSES MUST EXCEED 7.5% OF ADJUSTED GROSS INCOME TO BE DEDUCTIBLE.) HEALTH INSURANCE PREMIUMS AND MEDICAL EXPENSES PAID WITH PRE-TAX DOLLARS (CAFETERIA PLANS, HEALTH SAVINGS ACCOUNTS, ETC.) ARE NOT DEDUCTIBLE.**

Description	Amount
Premiums for health and accident insurance including Medicare	
Long-term care premiums: Taxpayer \$ _____ Spouse \$ _____	
Medicine and drugs (prescription only)	
Doctors, dentists, nurses	
Hospitals, clinics, laboratories	
Eyeglasses / corrective surgery	
Ambulance	
Medical supplies / equipment	
Hearing aids	
Lodging and meals	
Travel	
Mileage (number of miles)	
Long-term care expenses	
Payments for in-home care (complete later section on home care expenses)	
Other	
Insurance reimbursements received	( _____ )

Were any of the above expenses related to cosmetic surgery? Yes \_\_\_\_\_ No \_\_\_\_\_



## INDIVIDUAL TAX ORGANIZER (1040)

### DEDUCTIBLE TAXES

Description	Amount
State and local income tax payments made this year for prior year(s).	
Real estate taxes: Primary residence	
Secondary residence	
Other	
Personal property or ad valorem taxes	
Sales tax on major items (auto, boat, home improvements, etc.)	
Other sales taxes paid (if applicable)	
Intangible tax	
Other taxes (itemize)	
Foreign tax withheld (may be used as a credit)	

### INTEREST EXPENSE

Mortgage interest (Enclose Forms 1098.)

Payee*	Property**	Amount

\*Include address and social security number if payee is an individual.

\*\*Describe the property securing the related obligation, i.e., principal residence, motor home, boat, etc.

Unamortized points on residence refinancing

Date of Refinance	Loan Term		Total Points

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Student loan interest

Payee	Amount

Investment interest

Payee	Investment Purpose	Amount

Business interest

Payee	Business Purpose	Amount

## INDIVIDUAL TAX ORGANIZER (1040)

### CONTRIBUTIONS

Cash contributions, for which you have receipts, canceled checks, etc. NOTE: You need to have written acknowledgment from any charity to which you made individual donations of \$250 or more during the year.

Donee	Amount	Donee	Amount

Expenses incurred in performing volunteer work for charitable organizations:

Parking fees and tolls	\$	
Supplies	\$	
Meals & entertainment	\$	
Other (itemize)	\$	
Automobile mileage _____		

Other than cash contributions (enclose receipt(s)):

Organization name and address			
Description of property			
Date acquired			
How acquired			
Cost or basis			
Date contributed			
Fair market value (FMV)			
How FMV determined			

For contributions over \$5,000, include copy of appraisal and confirmation.

## INDIVIDUAL TAX ORGANIZER (1040)

### CASUALTY OR THEFT LOSSES

Loss of property by theft or damage to property by fire, storm, car accident, shipwreck, flood or other "act of God"

	Property 1	Property 2	Property 3
Indicate type of property	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal	<input type="checkbox"/> Business <input type="checkbox"/> Personal
Description of property			
Date acquired			
Cost			
Date of loss			
Description of loss			
Was property insured? (Y/N)			
Was insurance claim made? (Y/N)			
Insurance proceeds			
Fair market value before loss			
Fair market value after loss			

Is the property in a Presidentially declared disaster area?

Yes \_\_\_\_ No \_\_\_\_

### MISCELLANEOUS DEDUCTIONS

Description	Amount
Union dues	
Income tax preparation fees	
Legal fees (provide details)	
Safe deposit box rental (if used for storage of documents or items related to income-producing property)	
Small tools	
Uniforms which are not suitable for wear outside work	
Safety equipment and clothing	
Professional dues	
Business publications	
Unreimbursed cost of business supplies	
Employment agency fees	
Investment expenses	
Trustee fees	
Other miscellaneous deductions – itemize	
Documented gambling losses	

**INDIVIDUAL TAX ORGANIZER (1040)**

**EMPLOYEE BUSINESS EXPENSES**

Expenses incurred by:     Taxpayer     Spouse     Occupation \_\_\_\_\_

(Complete a separate schedule for each business)

Description	Total Expense Incurred	Employer Reimbursement Reported on W-2	Employer Reimbursement Not on W-2
Travel expenses while away from home:			
Transportation costs			
Lodging			
Meals and entertainment			
Business use of home (see schedule)			
Other employee business expenses – itemize			

Automobile Expenses - Complete a separate schedule for each vehicle.

Jan. - June

July - Dec.

Vehicle description _____	Total business miles _____	_____
Date placed in service _____	Total commuting miles _____	_____
Cost/Fair market value _____	Total other personal miles _____	_____
Lease term, if applicable _____	Total miles this year _____	_____
	Average daily round trip commuting distance _____	_____

Actual expenses (\*Omit if using mileage method)

Gas, oil* _____	Taxes and tags _____
Repairs* _____	Interest _____
Tires, supplies* _____	Parking _____
Insurance* _____	Tolls _____
Lease payments* _____	Other _____

Did you acquire, lease or dispose of a vehicle for business during this year?    Yes \_\_\_\_\_    No \_\_\_\_\_  
If yes, enclose purchase and sales contract or lease agreement.

Did you use the above vehicle in this business less than 12 months?    Yes \_\_\_\_\_    No \_\_\_\_\_  
If yes, enter the number of months \_\_\_\_\_.

Do you have another vehicle available for personal purposes?    Yes \_\_\_\_\_    No \_\_\_\_\_

Do you have evidence to support your deduction?    Yes \_\_\_\_\_    No \_\_\_\_\_

Is the evidence written?    Yes \_\_\_\_\_    No \_\_\_\_\_

## INDIVIDUAL TAX ORGANIZER (1040)

### CHILD CARE EXPENSES/HOME CARE EXPENSES

Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

If the response to either of the questions above is yes, complete the following information:

Names(s) of dependent(s) for whom services were rendered.

\_\_\_\_\_

List individuals or organizations to whom expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.)

Name and Address	ID#	Amount	If Under 18

If payments of \$1,500 or more during the tax year were made to an individual, were the services performed in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

### EDUCATIONAL EXPENSES

Did you or any other member of your family pay any educational expenses this year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, was any tuition paid for either of the first two years of post-secondary education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes complete the following and provide Form 1098-T from school:

Student Name	Institution	Grade/Level	Amount Paid	Date Paid

Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 Plan? If yes, how much? \$ \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_