

## “LET’S NOT FORGET ANYTHING” PACKET

### PERSONAL INFORMATION

#### Tax Payer

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Initial: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

#### Driver’s License Information

State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Document # (NY only): \_\_\_\_\_

Tax Year \_\_\_\_\_

#### Spouse

Last Name (if different): \_\_\_\_\_

First Name: \_\_\_\_\_ Middle \_\_\_\_\_

Initial: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

#### Driver’s License Information

State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Document # (NY only): \_\_\_\_\_

**The NY document number is located on the back of  
your DL and is a combination of 10 characters**

Did you move in 2023? YES \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the date of the move? \_\_\_\_\_

If yes, what was the old address? \_\_\_\_\_

### Federal Filing Status

1. ☐ Single
2. ☐ Married filing jointly
3. ☐ Married filing separately  
☐ Taxpayer did not live with spouse at any time during year
4. ☐ Head of Household

If qualifying person is child but not dependent:

Child's name: \_\_\_\_\_

Child's SSN: \_\_\_\_\_

5. ☐ Qualifying widow(er). Year Spouse died: \_\_\_\_\_
6. Are you or your spouse eligible to be claimed as a dependent on someone else's return? ☐ Yes ☐ No

### Methods of Payment

We accept checks, cash, or credit services. If you wish to pay via credit card, please fill in the appropriate information below:

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Sec Code (CVV): \_\_\_\_\_

## Dependents

1.	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Social Security	Date of Birth
2.	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Social Security	Date of Birth
3.	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Social Security	Date of Birth
4.	_____	_____	_____	_____	_____
	First Name	MI	Last Name	Social Security	Date of Birth

## E-Filing (Mandatory)

Your returns will be E-Filed. This means they will be transmitted electronically to both the Internal Revenue Service and to the appropriate states that you are filing. You can expect to **receive a federal refund in approximately ten (10) days to two (2) weeks.**

Individual states may take a little longer.

## Direct Deposit/Electronic Funds Withdrawl Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>direct deposit</b> for any <b>federal tax refund/state refund</b>
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> for <b>federal balance due</b>
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> for <b>state balance(s) due</b>

## Financial Institution Information

<input type="checkbox"/>	Check if bank info is same as last year	<b>Account Type:</b>	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
--------------------------	---	----------------------	-----------------------------------	----------------------------------

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

## The Following Items May Affect Your Tax Return

**YES NO**

<input type="checkbox"/>	<input type="checkbox"/>	Are you interested in making additional contributions to a retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse eligible to participate in an employer's retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a retirement plan withdrawal, rollover or lump sum distribution in 2023? If so, provide Forms 1099R?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses in 2023 or prior years associated with the adoption of a child? If so, ask us about it
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell stock, securities, real estate or other property? If yes, provide all Forms 1099-B. Also provide (1) description of the property, (2) date of purchase, (3) date of sale, (4) purchase price, (6) expenses of sale, (7) improvements or other cost/basis and (8) closing statements for purchase and/or sale
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new home or refinance your home mortgage during 2023? Please provide the settlement (closing) statement
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any securities or hold any bad debts that became worthless during the year? Provide details?
<input type="checkbox"/>	<input type="checkbox"/>	Were any stock options granted to you or by your employer, or did you exercise any stock options in 2023?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have income from a foreign investment, such as interest from a foreign bank account? If yes, provide details.
<input type="checkbox"/>	<input type="checkbox"/>	During 2023, did you acquire, sell, or exchange virtual currency (Bitcoin, etc.)?

## Final Checklist/Items We Will Need

<input type="checkbox"/>	Your completed Personal Income Tax Organizer
<input type="checkbox"/>	All Forms W-2 (wages) and all Forms 1099 (1099-INT for interest, 1099-DIV for dividends, 1099-B for sales of securities, 1099-R for annuities and pensions, 1099-R for IRA or other retirement plan withdrawals, 1099-G for state tax refund, SSA-1099 for Social Security 1099-G for unemployment compensation and 1099-MISC for commissions and fees.)
<input type="checkbox"/>	Copies of returns (Schedules K-1) for partnership, joint ventures, S corporations, estates, or trusts. (In some cases, we may have your K-1 on file.)
<input type="checkbox"/>	If you are a new client, provide a copy of last year's tax return (Federal and State)

### Electronic Filing

If we are filing your returns electronically, we will email you a copy of your return as a PDF document. We will also email **your signature authorization forms** for you to **electronically sign**.

**IMPORTANT.** Before I can transmit your returns electronically, I am required by law to have these signed signature forms in my office.



Tax & Financial Services, LLC  
"Your Tax and Retirement Planning Specialists"

### Income Document Check List (provide copies of all forms)

<b>Wages – Provide all copies of W-2</b>	
How many W-2 Forms do you have? (Do not enter amounts.)	
Self	
Spouse	

<b>Dividends and Interest Income</b>
Provide All forms 1099-INT and 1099-DIV which report interest and/or dividend income.

<b>Retirement Plan Distribution – Pensions, Annuities, Rollovers, IRA SEP, Keoghs, Lump-Sum Distributions or Other Retirement Plan Withdrawals</b>
Provide all copies of Forms 1099-R received for retirement plan distributions.

<b>Sale of Stock (Form 1099-B)</b>
Provide Forms 1099-B (including cost basis info)

<b>Partnerships, Estates, Trusts and S Corporation</b>
Provide all year-end reports and/or Schedule(s) K-1 received for tax year 2023

<b>Social Security Benefits (1099-SSA)</b>
Provide Forms SSA-1099

<b>Other Income – Provide All Forms 1099, etc.</b>	
1099 MISC/ 1099 NEC	
1099 G (Unemployment Comp)	
1099 SA (HSA Statement)	
1099-Q ( 529 Distribution)	
Tips and Gratuities not reported on Form W-2	
Bonuses and Prizes not reported on Form W-2	
Cancellation of Debt (Form 1099 C)	
Jury Duty – Election Board Fees	
Gambling/Lottery Earnings (Form W-2G)	
Bartering Income	

### Alimony

Payer/Payee's Name	Social Security Number	Amount received	Amount paid

What date was the divorce finalized? \_\_\_\_\_

### 2023 Estimated Tax Payments

	FEDERAL	Date Paid	STATE	Date Paid	Notes
Amount applied from 2023, if any					• Do not include balance due from prior tax year in the first estimated payment box.

### 2023 Extension

***PLEASE NOTE: AN EXTENSION IS ONLY AN EXTENSION OF TIME TO FILE YOUR TAX RETURN IT DOES NOT PROVIDE AN EXTENSION TO PAY YOUR TAXES IF YOU OWE MONEY***

	Amount	Date Paid	State (Name)	Amount	Date Paid
FEDERAL (Form 4868)					

FILL OUT WORKSHEET AS COMPLETELY AS POSSIBLE. SAVE IT AS YOUR NAME AND TAX YEAR (JANEDOE2023.TAXES.PDF)  
EMAIL COPY TO EADUCHIO@NCFG.COM. Don't forget to mail/email/fax a copy of all your tax documents.

## Retirement Contributions

Did you (or will you) make a contribution to a Traditional IRA, SEP-IRA, SIMPLE IRA, or Individual 401K for last year? Do not include salary deferrals from work reported on Forms W-2.

	Taxpayer Contribution	Spouse Contribution
Traditional IRA		
Roth IRA		
SEP/SIMPLE/Individual 401K		

Did you convert all or port of a Traditional IRA into a **ROTH IRA** last year?

Amount Converted: \_\_\_\_\_

## College Related Expenses

1. **Did you pay tuition to a college or University for you or your dependent?** Yes ☐ No ☐  
If Yes, please provide a copy of the Form-1098-T that was provided to you by the educational institution.
2. **Was the student enrolled at least half time for at least one academic period that began in 2023?** Yes ☐ No ☐
3. **Did the student complete first four years of post-secondary education before 2023?** Yes ☐ No ☐
4. **Did you receive a distribution from a 529 plan to pay for tuition?** Yes ☐ No ☐  
If yes, please provide a copy of the Form **1099-Q** that was provided to you by the 529 plan.
5. **Did you contribute to a 529 plan for either you or a dependent?** Yes ☐ No ☐  
If yes, how much did you contribute? \$ \_\_\_\_\_  
Was it a State Plan? Yes ☐ No ☐  
Was it a Private Plan? Yes ☐ No ☐

## Investment/Sale of Stock

If you sold shares of stock, bond, mutual funds, commodities, or crypto current in 2023, please provide a copy of the FORM 1099-B the investment company provided you. Please include any cost basis analysis that your investment company may have provided in relation to the sale of all stock, bond, mutual funds, commodities, or crypto currency sold in 2023.

Did you pay investment advisory/IRA administration fees? Yes ☐ No ☐

If yes, how much did you pay? \$ \_\_\_\_\_

**Self Employed/Freelance Income (Schedule C)** See descriptions page.

Name of Proprietor		Business Activity	
Business Name (If different)		Product or Service	
Business Address (if different)		Federal ID Number (if any)	

- Did you use any part of your home for business? ☐ Yes ☐ No (If yes, complete the *Office in the Home* section, page 8.)
- How many months in business during the year? \_\_\_\_\_

If this will be your first-year filing Schedule C (self-employed), please check here ☐

Are you required to issue 1099s?    Yes    No    If so, have the 1099s been issued?                      Yes    No

Number of 1099s submitted with this worksheet                      \_\_\_\_\_

<b>Income</b>	
Total Income Reported on Forms 1099-MISC / 1099-NEC / 1099-K	
Gross Free Income not Reported on Forms 1099-MISC/1099-NEC/ 1099-K (Do not include W-2 income here)	
<b>TOTAL INCOME</b>	

**Child and Dependent Care Expenses**

(a) Care provider's name and care providers phone number	(b) Address (Number, Street, Apt. No., City, State, Zip)	(c) Identifying Number (SSN or EIN)	(d) Amount Paid

**Form 1099-G – Unemployment Compensation**

Unemployment compensation and state tax refunds are reported on Form 1099-G.

**Unemployment Compensation (provide form 1099-G)**

Amount Received	State	Federal Income Tax Withheld	State Income Tax Withheld



Tax & Financial Services, LLC

"Your Tax and Retirement Planning Specialists"

## Itemized Deductions

Note: Complete this portion only if you think your itemized deductions might exceed the IRS standard deduction for your filing status (see below). Expenses related to self-employment can be used in addition to the Standard Deduction.

### 2023 Standard Deductions

#### Filing Status

Married filing jointly	\$27,700
Single or Married Filing Separately	\$13,850
Head of Household	\$20,800
Married Filing Separately	\$13,850

### Medical Expenses

Deductible Only if Net Cost Exceed 7.5% of AGI

(Do not include amounts paid for or reimbursed by insurance or health insurance premiums here. Include on separate page.)

NOTE: If you are self-employed, don't list health insurance premiums here. Include on separate page.

Health Insurance Premiums	
Medicare Insurance Premiums Paid (Form SSA-1099)	
Long-Term Care Insurance Premiums	
Dental Insurance	
Dentists	
Prescribed Drugs and Insulin	
Hospitals, Nurses, Alcoholism Treatment, Ambulance	
Doctors and Clinics	
Glasses, contact lenses, Eye Exams	
Lab tests, Therapy, X-ray, Anesthesiology	
Prescribed medical equipment	
Hearing aids, Batteries & Related Equipment	
Vasectomy/Tubal Ligation/Abortion Costs	
Nursing or Retirement Home (medical care only)	
Medical Transportation (taxi, bus, ambulance, etc.)	
Medical Miles	
Medical Parking	
Lodging While Obtaining Medical Treatment (Limited to \$50 per night, per person)	

### Taxes

Real Estate Taxes	
Property Tax Refund	
Other Real Estate Taxes (second home, cabin, boat, etc.)	
Personal Property Taxes	
State Income Taxes Paid This Year for prior years	

### Interest Paid (Mortgage)

	Primary Residence	Second Home
First Mortgage Interest (Provide forms 1098)		
Mortgage Interest deemed deductible by CO-OP		
Second Mortgage		
Private Mortgage Insurance (PMI)		
Home Equity/Improvement Loan		
Loan Points		

### Cash Contributions (use separate sheet if needed)

Churches or Synagogues	
United Campaign (include Payroll Deductions)	
Cancer or Heart	
M.S./M.D./March of Dimes	
Other	
Out-of-pocket Expenses for Charitable work	

### Non-Cash Contributions (closing, furniture, books, bric-a-brac)

\*Fair Market Value of Items Given to Charities

If over \$500, we will need more specific details regarding the contribution

Vets/Goodwill/Salvation Army	
Organization	
Organization	
Charitable mileage on Auto	Miles:

### Gambling Losses

Limited to Total Gambling Winnings	
------------------------------------	--

## HSA (Health Savings Account)

Contributions made (or expected to be made) to an HAS for 2023 Amount:

Do not include contributions to Flexible Spending Account (FSA). Do not include employer contributions reported on Form W-2, Box 12, Code W. Provide me with your year-end statement and any Forms 1099-SA you received.

## ACA Health Insurance

☐ Yes ☐ No Did you purchase health insurance through an Affordable Care Act Exchange?

IF YES, please provide a copy of any FORMS 1095-A that you received.

FILL OUT WORKSHEET AS COMPLETELY AS POSSIBLE. SAVE IT AS YOUR NAME AND TAX YEAR (JANEDOE2023.TAXES.PDF)  
EMAIL COPY TO EADUCHIO@NCFG.COM. Don't forget to mail/email/fax a copy of all your tax documents.



Tax & Financial Services, LLC  
"Your Tax and Retirement Planning Specialists"

## Entertainment Industry-Related Expenses

Expense Category	Total Amt.
Photos, Resumes & Publicity (Advertising)	
Office Supplies/Expenses	
Postage & Shipping	
Tickets for Research (Film, Theatre & Concert Tickets)	
Scripts, Scores, Plays	
CD's, iTunes, Steaming Music	
Research Books	
Business Meals	
Union/membership Dues	
Rehearsal Studio	
Professional, Legal, or Copyright fees	
Theatrical Props	
Production Expenses (DVD's, CD's, etc.)	
Local Transportation	
Cable TV and Internet*	
Dancewear, costumes & professional wardrobe	
Professional Gratuities	
Promotional Theater Tickets	

Expense Category	Total Amt.
Accompanist fees	
Musical Arrangements & charts	
Stage makeup & Wigs ( <b>Professional Use Only</b> )	
Professional Equipment Repairs	
Cell Phone ( <b>BUSINESS PORTION ONLY</b> )	
Web Hosting Fees	
Professional Gifts ( <b>limited to \$25 per person &amp; \$25 per gift</b> )	
On-line Databases ( <b>IMDB, castnet.com, etc</b> )	
Professional trade publications	
Special Treatments required for roles	
Special styling required for roles	
Steaming Services (Prime, Hulu, Netflix, etc)	
Software Subscriptions (Adobe, MS Office, etc)	
Dropbox Expense	
Tax Preparation	
Liability/Equipment Insurance	
Contract Labor	
<b>Other Expenses:</b>	

Drama and Coaching Lessons Category	Total Amt.
Vocal Lessons	
Music instructions and theory	
<b>Speech and dialect lessons</b>	
Foreign language instruction	
Drama lessons	
Professional dance classes	
Pilates and/or yoga classes	
Movement ( <b>Alexander, etc</b> )	
Professional seminars	
Other ( <b>Please List &amp; Specify Type</b> )	

## Equipment

This is anything you use in your business that has an expected life of more than one year: Computer, fax machine, cell phone, PDA, ear prompter, musical instruments, audio and video equipment, etc. Software also goes here. Please complete the table below. Include an additional sheet if necessary.

Item/Description	Date of Purchase	Price	% of Business Use*

\*If business use percentage is over 50%, you may be able to write it all off this year.  
If under 50%, the equipment must be depreciated.

## Expenses Out-of-Town (Self-Employed Only)

Below are two charts for your out-of-town expenses. Travel out-of-town means when you are away from your tax home overnight working or looking for work related to self-employment. If the primary purpose of your trip is for business, then the cost of getting there and back is a deductible business expenses, even if you spend some time while you are there doing personal activities.

The top section below is a description of each trip. I need to know the location you were in and the number of days you were there. Each of the columns on the bottom chart corresponds to a trip or row across the top chart.

Do not include business mileage on your own car on this page. Include all business mileage on the auto page of the worksheet.

If you received any per diem payments that were not included in the nonemployee compensation box of your 1099 form, include these payments in the area for “Payments not included on Form 1099.” If you want me to calculate a Standard Meal Allowance to account for your meals and incidental expenses, check the “SMA” boxes in the table below.

Employer (or Possible Employer)	City	Inclusive Dates	Number of Days	For Office Use Only	For Office Use Only
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Total
Air/Train/ Bus Travel									
Lodging Expenses									
Tips and Gratuities									
Laundry and Dry Cleaning									
Local Transportation									
Auto Rental									
Gasoline and Oil for Car Rental									
Telephone									
Other (Explain):									
<b>Total Expenses</b>									
Payments not included on Forms 1099/W-2 (per diem payments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals & Incidentals or Total Standard Meal Allowance (Check “SMA”)	SMA	SMA	SMA	SMA	SMA	SMA	SMA	SMA	SMA



Tax & Financial Services, LLC  
"Your Tax and Retirement Planning Specialists"

## Office in the Home

### The following criteria must be met for a home office deduction:

The home office space must be used **regularly** and **exclusively** for business.

If you use more than one home office during the year, split the expenses between the two. I will need you to provide me with the number of rooms used for business and the number of rooms in your home (not including bathrooms), OR the square footage of your office space, and the total square footage in your home. If you share your home with someone else, provide me with the total costs for the home (not just your share).

Please provide us with the **date of the move**, and any **moving expenses** related to the move.

Date of Move: \_\_\_\_\_

Moving Expenses: \_\_\_\_\_

#### HOME OFFICE 1

#### HOME OFFICE 2

Square footage of House or Apartment (or number of rooms)

Square footage of Office (or number of rooms)

**Home owners only:** Deductible mortgage interest

**Home owners only:** Real estate taxes

**Home owners only:** Private Mortgage Insurance (PMI)

**Renters only:** Total rent paid for the year

Insurance (homeowner's, condo owner's, renter's)

Repairs and maintenance

Utilities (Gas, electric, water, trash, etc. – Do not include phone or internet.)

Condo/Homeowner's association fees

Fill in these boxes **ONLY** if you are claiming an office in your home. Otherwise, see page 10, Part X

If you purchased or refinanced your home this year, please provide me with the closing (settlement) statement. Also include a copy of your property tax bills.

## Energy Credits

If you purchase an energy-efficient product or renewable energy system for your home, you may be eligible for a federal tax credit. Examples of qualifying property include: *Biomass Stoves; Heating; Ventilating and Air Conditioning; Insulation; Water heaters; Roofs; Windows and Doors; Geothermal Heat Pumps.*

**Please provide me with a copy of your receipt(s) showing the products purchased and the cost. You will need to save your receipt(s) and a copy of the Manufacturer's Certification Statement for your records.**

## Education Expenses

	Taxpayer	Spouse
Did you attend a college or university? Enter total cost of tuition, books, and lab fees:		
Did you pay interest on a student loan? How much? Enter total amount of INTEREST ONLY:		
Did you pay for educational expenses for your child(ren) to attend a public or private elementary or secondary school? Enter total cost of tuition, books and lab fees: _____ and enter the grade level(s) for the child(ren): _____		
Name of School	City/State	

**Please include any Forms 1098-T and 1098-E that you received. Also include any account statements related to your education expenses for the year.**



Tax & Financial Services, LLC

"Your Tax and Retirement Planning Specialists"

## Auto Usage

Business mileage related to self-employment can be included as an expense on your Schedule C. If your home is your principal place of business, all of your mileage related to self-employment is deductible. Don't forget to include mileage related to business meetings, continuing education, research, etc. Traveling to a regular place of work is generally considered commuting and is not deductible.

Please note that you must have written evidence, such as a paper or electronic mileage log, in order to claim a deduction for the business use of the car.

## Standard Mileage Rate

There are two ways to take this deduction: the easy way and the hard way. Why don't we start with the easy way. You keep track of your business miles and simply multiply them by the Standard Mileage Rate. If you ever want to make use of the SMR for a particular vehicle, you must use it the first year you use the vehicle for business. You must also own the car or be leasing it in order to use the Standard Mileage Deduction.

	Vehicle 1	Vehicle 2
Make and model of vehicle		
Date placed in service		
Business miles for the year		
Total commuting miles (back and forth to a regular job)		
Total personal miles		
Total miles for the year		
Parking & tolls FOR BUSINESS		

Is another vehicle available for personal use? ☐ Yes ☐ No

## Actual Expense Method

The harder way to claim an auto usage deductible is by using the **Actual Expenses** method. It's a more complicated process but it can be worthwhile for some taxpayers. Using the business and total mileage from above, I will determine the percentage the car is used for business. Then we deduct that percentage of everything it costs you to operate the car. This method requires more record keeping and it can be worthwhile. If you have the records, fill in this table along with the above mileage information and I will figure out the best approach.

	Vehicle 1	Vehicle 2
Cost of the vehicle		
Date placed in service		
Interest on car loan		
Lease payments		
Gas		
Insurance		
Auto club membership		
License fees		
Maintenance (oil change, tires)		
Repairs		
Car washes		

**If you purchased a new vehicle this year, please provide me the bill of sale.**

**Lease Vehicles:** You may use either the standard mileage or the actual expenses method. To use the actual expenses method, I will need the fair market value of the vehicle, the total amount of your lease payments, and the mileage numbers from the top of this page.



Tax & Financial Services, LLC  
“Your Tax and Retirement Planning Specialists”

### Rental Property Income / Expense (including Airbnb)

	Date Acquired	Description of Property	Address	Number of Days Rented During the Year	Number of Days You/Your Family Resided at Location
A					
B					
C					
D					

Income				
	A	B	C	D
Rents Received				
Other				

Expenses (List Only Rental Expenses)				
	A	B	C	D
Real Estate Taxes				
Mortgage Interest				
Other Interest				
Insurance				
Cleaning/Maintenance				
Yard/Snow Removal				
Rubbish Hauling/Trash				
Supplies				
Fuel				
Electricity				
Water/Sewer				
Casual Labor				
Management Fees (Commissions)				
Homeowner Association Dues				
Travel Expenses (Detail)				
Auto Travel Mileage				
Telephone				
Advertising				
Legal & Professional				
Repairs/ Painting				
Repairs/Plumbing				
Repairs/Eletrical				
Repairs/Appliances				
Repairs/Security Deposit				
Other:				

FILL OUT WORKSHEET AS COMPLETELY AS POSSIBLE. SAVE IT AS YOUR NAME AND TAX YEAR (JANEDOE2023.TAXES.PDF)  
EMAIL COPY TO EADUCHIO@NCFG.COM. Don't forget to mail/email/fax a copy of all your tax documents.