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## Individual Income Tax Organizer 2017

This Tax Organizer is designed to help you identify the information needed to prepare your 2017 tax returns. The Organizer will help you put together your information and remind you of items you may be able to deduct. Please feel free to add any notes, questions or suggestions.

Please enter your 2017 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or add an additional page. When possible, prior year's information is included for your information.

The questions at the beginning will help complete your tax returns. Please provide detailed information if you answer 'Yes' to any of these questions.

**Please provide the following information:**

- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Form(s) 1099 or statements reporting dividend, interest, retirement income
- Form(s) 1098 mortgage interest and copies of real estate tax bills, etc.
- Legal documents pertaining to the close of sale or purchase of real property
- 529 College Savings account statements for possible state tax deductions

Why is this information important? Because you save \$34 in taxes for every \$100 in deductible items (if you are in the 28% Federal and 5.75% State income tax brackets). You will also save money by lowering your tax preparation fee when you have your tax information in an organized format. It also helps ensure accuracy and completeness.

If you have any questions, please feel free to contact us. We look forward to seeing you soon.

# General Information

## Taxpayer

## Spouse

First Name . . . . .  
 Middle Initial . . . . .  
 Last Name . . . . .  
 Suffix . . . . .  
 Social Security Number . . . . .  
 Date of Birth . . . . .  
 Date of Death . . . . .

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check ("X") which phone number to list on return.

Home Phone . . . . .  
 Work Phone . . . . .  
 Cell Phone . . . . .  
 Fax Number . . . . .

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Legally Blind . . . . .  
 Totally Disabled . . . . .  
 Claimed as a Dependent . . . . .  
 Presidential Election Fund (\$3)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Occupation . . . . .  
 E-mail address . . . . .  
 State of Residence as of 12/31 . . . . .  
 County of Residence as of 12/31 . . . . .  
 School District as of 12/31 . . . . .

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sales tax rate of locality in 2017 . . . . . %  
 If Part Year, Period of Residency . . . . . to

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type . . . . .  Driver's license OR  State Issued ID  Driver's license OR  State Issued ID  
 ID number . . . . . \_\_\_\_\_  
 ID issuing state . . . . . \_\_\_\_\_  
 ID issue date . . . . . \_\_\_\_\_  
 ID expiration date . . . . . \_\_\_\_\_

## Filing Status

Status on 2016 return :   
 Status as of 12/31/2017 :  
 Enter ("X") in the box  
 1 Single  
 2 Married filing joint  
 3 Married filing separately  
 (Enter spouse's name and SSN above)  
 4 Head of Household Non-dependent name: \_\_\_\_\_  
 Non-dependent SSN: \_\_\_\_\_  
 5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 If address is in a foreign country, enter that country . . . . .  
 Foreign province/county . . . . . Foreign postal code \_\_\_\_\_  
 If a bona fide resident of a U.S. territory, enter territory . . . . .

## Preparer's Information

Preparer's name MICHAEL ANLIKER  
 Firm's name MICHAEL R. ANLIKER CPA, P.C.  
 Street 5348 TWIN HICKORY RD  
 City GLEN ALLEN State VA Zip Code 23059

**Questions****Yes No****Personal Information**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you purchase or sell your principal residence or did your address change?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2017?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Were either you or your spouse in the military or National Guard in 2017?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? |

**Yes No****Dependents**

- |                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Are there any changes in your dependents from last year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you have any children under 19 (or 24 if a full time student) who received more than \$1,050 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you pay education expenses for your dependent children?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you pay any dependent care expenses for a child or a parent?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Are all of your dependents either US residents or citizens?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Were any of your dependents required to file a tax return?   |

**Yes No****Health Care Coverage**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you or a member of your family have minimum essential coverage in 2017? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you have a Health Insurance Marketplace granted coverage exemption or are you claiming a coverage exemption?  |

**Yes No****Income (In 2017, did you or your spouse have any of the following?)**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Wages? (include form(s) W-2)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Non-employee compensation? (include form(s) 1099-MISC)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Interest income? (include form(s) 1099-INT)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Dividend income? (include form(s) 1099-DIV)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Disability income? (include form(s) W-2 or 1099)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Unemployment compensation? (include form(s) 1099-G)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Alimony?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive tip income NOT reported to your employer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you receive payments from a Long-Term Care insurance contract?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you receive employer-provided adoption benefits for a previous year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you cash in any U.S. savings bonds?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you make a loan to someone at an interest rate below market rate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you receive a housing allowance for ministerial services you provided?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you receive any income not reported in this Organizer?  |

**Yes No****Foreign Reporting**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you have an interest in or signature authority over a financial account in a foreign country?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Were you the grantor of or transferor to a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive income from a foreign source or pay taxes to a foreign government (not including through mutual funds)? |

**Yes No****Retirement & Other Plans**

- |                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you rollover a retirement plan distribution into another plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you convert a traditional IRA to a Roth IRA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?        |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you make any contributions to an HSA (Health Savings Account) in 2017?                                 |

**Yes No****Purchases, Sales, Gains and Losses**

- |                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles?                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive Form 2439 (Notice to Shareholders of Undistributed Long-Term Capital Gains)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you receive stock from a stock bonus plan with your employer?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you sell any other personal assets at a gain?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any real estate (other than your home) during the year?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you sell any assets using the installment method?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you receive proceeds from a prior year installment sale?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you purchase a rental property?  |

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you exchange any property for other property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you incur a loss because of damaged or stolen property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | If you lived in a state without state income tax, did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did any security become worthless during 2017?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any debts become uncollectible during 2017?   |

**Yes**    **No**    **Business and Rental Property Income & Deductions**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | If you own rental property, do you qualify as a Real Estate Professional?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you start or acquire a new business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you cease operating any business or rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you remove any of your business assets for personal use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2017?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties?  |

**Yes**    **No**    **Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you incur any unreimbursed travel and entertainment expenses for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you pay expenses for the care of your child or other dependent so you could work?    |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you purchase an electric plug-in vehicle in 2017?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you make solar or geothermal energy efficient improvements to your home during 2017? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you refinance a mortgage or take out a home equity loan during 2017?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you incur moving expenses during the year due to a change of employment?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you or your spouse pay any educational expenses for yourselves?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you make any federal or state estimated payments?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you pay alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you donate non-cash donations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you donate a vehicle?  |

**Yes**    **No**    **Miscellaneous**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$14,000 to any one person?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2017?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

**Yes**    **No**    **Return preparation and filing**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you receive a Federal or State Identity Theft PIN for 2017? If so, please include copy of the letter. |
|--------------------------|--------------------------|---|---|

**Yes**    **No**    **State / Other**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make any contributions to your state sponsored 529 college savings plan? If yes, provide year-end statement.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you pay premiums for a long term care contract in 2017? If so, provide amount paid for each covered person.       |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | If you received any neighborhood tax credits, please provide certificate.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you purchase more than \$ 100 in goods during 2017 from out-of-state companies that did not charge you sales tax? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | . If yes, please provide total cost of goods. \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | I would like information on:  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | ____ Managing IRAs / 401Ks      ____ Mutual Funds      ____ College Savings      ____ Long-Term Care                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | ____ Portfolio Management Services      ____ Retirement Income      ____ Life Insurance                               |

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

If you are due a refund, how do you want to receive it?

- Check sent to you in the mail
- Direct deposit (provide voided check)  
Type of account:     Checking     Savings
- Apply to next year's estimates
- VA Refunds Only: Deposit into VA529 Savings Acct

If you owe taxes, how do you want to pay them?

- Paper check sent with my return
- Direct debit from bank account (provide a voided check)  
Type of account:     Checking     Savings
- Date of direct debit requested: \_\_\_\_\_  
Please specify either "due date of return" or an earlier date

Please tape your voided check here for direct deposit of refunds or direct debits for payments.

**Dependent Information**

Name (First, Initial and Last name)	Date of Birth	Social Security Number	Relationship	No. of months in home	Amount Paid for Dependent Care

**Wages and Salaries**

Employer Name	Wages (Box 1)	Federal Tax Withheld	State Tax Withheld
TOTAL			

**Interest Income**

Source	Amount (Box 1)
TOTAL	

**Dividend Income**

Source	Ordinary (Box 1a)	Qualified (Box 1b)
TOTAL		

## Gains or Losses from Sales of Stocks, Securities or Other Assets

(or attach spreadsheet with these details)

	Kind of Property and Description (include number of shares)	Date acquired	Date sold	Total Sales Price	Total Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
			TOTAL		

### Other Income

		Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes		
2	Alimony received		
3	Business income or (loss) - Schedule C		
4	Other gains or (losses) - Form 4797		
5	Total IRA distributions		
6	Total pensions and annuities		
7	Rents and royalties, trusts, S corporations, partnerships - Schedule E		
8	Farm income or (loss) - Schedule F		
9	Unemployment compensation		
10	Total social security benefits		
11	Tips		
12	Child care taxable benefits		
13	Prizes and awards		
14	Scholarships and fellowships		
15	All other income not provided for in this organizer		

### Adjustments to Income

		'x' for Roth IRA	Current Year Taxpayer	Current Year Spouse
1	Your IRA deduction			
2	Spouse's IRA deduction			
3	Educator expenses (teachers)			
4	Student loan interest			
5	Tuition and fees deduction			
6	Health savings account deduction			
7	Moving expenses			
8	Self-employed SEP, SIMPLE, and qualified plans			
9	Penalty on early withdrawal of savings			
10	Alimony paid			

## Itemized Deductions

		Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)	
1b	Long-term care premiums      Taxpayer <input type="text"/> Spouse <input type="text"/>	
2	Real estate taxes	
3	Personal property taxes (Car tax - decals not considered tax)	
4	Other taxes	
5	Home mortgage interest and points reported on Form 1098	
6	Home mortgage interest not reported on Form 1098 Name: <input type="text"/> Address: <input type="text"/> SSN: <input type="text"/>	
7	Home mortgage points not reported on Form 1098	
8	Investment interest paid	
9	Gifts to charity by cash or check <b>List on following page</b>	
10	Gifts to charity other than by cash or check*  * If noncash contributions are more than \$500, please complete the noncash contribution page.	
11	Mileage driven to charitable activities	miles
12	Casualty and theft losses - Form 4684	
13	Unreimbursed employee expenses (Self-employed use Page 8)	
	Travel expenses (exclude meals)	
	Meals and entertainment	
	Parking and tolls (enter other vehicle information on Page 7)	
	Telephone used for employer's business (allocate cost)	
	Professional organization or union dues	
	Educational expenses required to maintain your job	
	Office in home required by employer	
	Tools and equipment	
	Safety and protective clothing	
	Uniform costs	
	Professional journals subscriptions	
	Job seeking costs	
	Other	
14	Other expenses	
	Investment expenses	
	Tax preparation fees	
	Safe deposit box rental	
	Other	
15	Other miscellaneous deductions	

## Child or Dependent Care Expenses

	Name	Paid To Address	Social Security or ID Number	Amount Paid
1				
2				
3				
4				

Child Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Child Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Child Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Child Name \_\_\_\_\_ Amount \$ \_\_\_\_\_



## Federal and State Estimated Taxes Paid

### Federal Estimates

	Enter Payment Information	Filer and/or Joint Payments		Spouse Only Payments	
		Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year				
2	First quarter payment				
3	Second quarter payment				
4	Third quarter payment				
5	Fourth quarter payment				
6					
7					

### State Estimates

Enter two-letter state abbreviation      **State** \_\_\_\_\_      **State** \_\_\_\_\_      **State** \_\_\_\_\_

	Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Applied From Last Year's Refund						
2	First quarter payment						
3	Second quarter payment						
4	Third quarter payment						
5	Fourth quarter payment						
6	Prior years 4th qtr paid in current yr						
7							
8							

### Job-Related Moving Expenses

(50 miles distance test)

Number of miles from your old home to your new workplace

	miles
--	-------

Number of miles from your old home to your old workplace

	miles
--	-------

Expenses:

Transportation and storage expenses for moving household goods and personal belongings

Travel expenses incurred while moving from the old home to the new home

Total

Employer reimbursement of moving expenses


NOTE: The following items are no longer deductible as moving expenses after 12/31/93:

- 1) Meals.
- 2) Costs of making an exploratory househunting trip or the costs of temporary lodging.
- 3) Expenses incurred in selling an old residence, or in buying a new one.



## Self Employed Business Income and Expenses

1	Name of business (A)				
	Address of business (A)				
2	Name of business (B)				
	Address of business (B)				
		Business A		Business B	
		Prior Year	Current Year	Prior Year	Current Year
3	Gross receipts or sales	0		0	
4	Returns and allowances	0		0	
5	Inventory at beginning of year	0		0	
6	Cost of merchandise purchased	0		0	
7	Cost of labor	0		0	
8	Materials and supplies	0		0	
9	Other costs	0		0	
10	Inventory at end of year	0		0	
11	Advertising	0		0	
12	Car and truck expenses	0		0	
13	Commissions and fees	0		0	
14	Depletion	0		0	
15	Depreciation	0		0	
16	Employee benefit programs	0		0	
17	Insurance (not health)	0		0	
18	Mortgage interest	0		0	
19	Other interest	0		0	
20	Legal and professional services	0		0	
21	Office expense	0		0	
22	Pension and profit-sharing plans	0		0	
23	Rent or lease: machinery/equipment	0		0	
24	Rent or lease: other business property	0		0	
25	Repairs and maintenance	0		0	
26	Supplies	0		0	
27	Taxes and licenses	0		0	
28	Travel	0		0	
29	Meals and entertainment	0		0	
30	Utilities	0		0	
31	Wages	0		0	
32	Other:	0		0	
33		0		0	
34		0		0	
35		0		0	
36		0		0	
37		0		0	
38		0		0	
39	<b>New equipment purchases</b>	Date	Cost	Did you trade-in any	Was this financed?
	Description	Purchased		equipment? Y / N	If yes, enter amount
40	<b>Did you dispose of any equipment?</b>				

# Charity - Contributions by cash or check

Charitable Organization		Current Year Amount
1		1
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17		17
18		18
19		19
20		20
21		21
22		22
23		23
24		24
25		25
TOTAL		

## Charity - Noncash contributions

(Appraisal required if greater than \$5,000)

If the total noncash contributions are greater than \$500, complete the following or attach spreadsheet with same details:

	<b>Name and Address of the Organization</b>	<b>Description of Property</b>
<b>A</b>	<b>Name</b> <b>Address</b>	
<b>B</b>	<b>Name</b> <b>Address</b>	
<b>C</b>	<b>Name</b> <b>Address</b>	
<b>D</b>	<b>Name</b> <b>Address</b>	
<b>E</b>	<b>Name</b> <b>Address</b>	

**Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (2), (3), and (4)**

	<b>1. Date of the Contribution</b>	<b>2. Date Acquired month / year</b>	<b>3. How Acquired</b>	<b>4. Original Cost</b>	<b>5. Fair Market Value F. M. V.</b>
<b>A</b>					
<b>B</b>					
<b>C</b>					
<b>D</b>					
<b>E</b>					

### Income or Loss from Rentals and Royalties Properties 1 - 3

1	Address of Property 1
2	Address of Property 2
3	Address of Property 3

		Property 1	Property 2	Property 3			
		Current Year	Current Year	Current Year			
1	Was property used for personal purposes for more than the greater of 14 days or 10% of the total days rented at fair rental value?						
		Yes or No	Yes or No	Yes or No			
2	Total rents received						
3	Total royalties received						
4	Advertising expenses						
5	Auto and travel						
6	Cleaning & maintenance						
7	Commissions						
8	Insurance						
9	Legal & professional fees						
10	Management fees						
11	Mortgage interest paid						
12	Other interest						
13	Repairs						
14	Supplies						
15	Taxes						
16	Utilities						
17	Other:						
18							
19							
20							
21							
22	Expenses disallowed for vacation home						
23	Amortization						
24	<b>New equipment purchases:</b>	Date		Did you trade-in	Amount	Finance Term	Interest
Description		Purchased	Cost	any equipment?	Financed	(Months)	Rate