

ITEMIZED DEDUCTIONS

You should itemize deductions if your allowable itemized deductions are greater than your standard deduction or if you must itemize deductions because you can't use the standard deduction.

MEDICAL AND DENTAL

Health Insurance Premiums \$ _____
Long-Term Care Premiums \$ _____
Number Medical miles driven _____
Expenses for Dr, Dentist, Eye \$ _____
Pharmacy Expenses \$ _____

Taxes you Paid in Tax Year

State Income Taxes \$ _____
(Balance due from prior year or from estimated taxes)
Real Estate Taxes \$ _____
Personal Property Tax \$ _____

Interest You Paid

Home Mortgage Interest Form 1098 \$ _____
Home Mortgage Interest not reported on Form 1098:
Name of Mortgage Holder _____
EIN or SSN of Mort. Holder _____
Address of Same _____
Amount of Interest Paid \$ _____
Points NOT reported on 1098 \$ _____
(Must double check with Bank)
Qualified Mortgage Insurance \$ _____
Investment Interest \$ _____

Gifts to Charity

Gifts by Check or Cash with Receipts _____
Volunteer Miles Driven _____
Non-Cash Donations \$ _____
(If over \$500 must show where, what and how much)

Non-Reimbursed Employee Business Expenses

You can deduct unreimbursed employee expenses that are required in your trade or business of being an employee, and that ordinary and necessary such as;

Uniforms \$ _____
Union Dues \$ _____
Personal Tool and supplies \$ _____
Travel expenses (hotels, airlines, miles etc) \$ _____
Subscriptions to professional journals \$ _____
Medical exams required by employee \$ _____
Meals and Entertainment \$ _____

The list goes on so ask the question if your not sure (there are no dumb questions where your money is concerned).

Other Misc. Expenses

Tax Prep Fees \$ _____
Safety Deposit Box \$ _____
Gambling Losses (up to reported winnings) \$ _____

SCHEDULE C - SELF EMPLOYMENT

Use this schedule to report income or loss from a business you operated or a profession you practiced as a sole proprietor. An activity qualifies as a business if your primary purpose for engaging in the activity is for income or profit, and you are involved in the activity with continuity and regularity.

Business Type: _____
Name of Business (if different from owner) _____
Employer Identification Number (EIN) _____
Address _____
Street City State Zip

Total INCOME from 1099s \$ _____ How Many 1099s _____
BUSINESS INCOME from ALL other \$ _____

INVENTORY: Beginning of the Year \$ _____ End of Year \$ _____
Goods Purchased \$ _____ Materials & Supplies \$ _____

EXPENSES:

Advertising \$ _____
Car & Truck Expenses (Use Checklist)
Commissions & Fees \$ _____
Contract Labor (1099's) \$ _____
Depletion \$ _____
Depreciation \$ _____
Employee Benefits \$ _____
Insurance \$ _____
Mortgage Interest \$ _____
Other Int. (Cr. Cards etc.) \$ _____
Legal & Professional Services \$ _____
Office Expenses \$ _____
Pensions/profit share \$ _____
Vehicle & Machinery Rental \$ _____
Other Rents \$ _____
Repairs/Maintenance \$ _____
Supplies \$ _____
Taxes and Licenses \$ _____
Travel (hotels, airfare, taxi) \$ _____
Meals and Entertainment \$ _____
Utilities \$ _____
Wages (W-2s) \$ _____ (Less Employment Credits)
Other Expenses Might Include:
Cell Phone \$ _____
Fuel for Semis \$ _____
Employment Taxes \$ _____
Office Supplies \$ _____

Did you have a Home Office? Refer to Business Use of Home Checklist.

ASSETS ACQUIRED (for depreciation) (Equipment, Appliances, Buildings and Improvements)

Type of Asset _____ Date Acquired _____ Amount \$ _____ Sold Date _____ Amount \$ _____
Type of Asset _____ Date Acquired _____ Amount \$ _____ Sold Date _____ Amount \$ _____
Type of Asset _____ Date Acquired _____ Amount \$ _____ Sold Date _____ Amount \$ _____
Type of Asset _____ Date Acquired _____ Amount \$ _____ Sold Date _____ Amount \$ _____

SCHEDULE E – RENTAL PROPERTY & OIL ROYALTIES

Use Schedule E to report income or loss from rental real estate, royalties, partnerships, S corporations, estates, trusts, and residual interests in a Real Estate Mortgage Investment Conduit (REMIC).

Address Rental A _____

Street _____ City _____ State _____ Zip _____

Type of property* _____ Rent Income \$ _____

Is this property a Qualified Joint Venture (owned by husband and wife)? Yes/No

Address Rental B _____

Street _____ City _____ State _____ Zip _____

Type of property* _____ Rent Income \$ _____

Is this property a Qualified Joint Venture (owned by husband and wife)? Yes/No

Address Rental C _____

Street _____ City _____ State _____ Zip _____

Type of property* _____ Rent Income \$ _____

Is this property a Qualified Joint Venture (owned by husband and wife)? Yes/No

*Single Family, Multi Family, Vacation/Short-Term Rental, Commercial, Land, Royalties, Self-Rental, Other

Royalties from Oil, Gas, Mineral, Copyright or Patent \$ _____

EXPENSES	Rental A	Rental B	Rental C
Advertising			
Auto & Travel			
Cleaning & Maintenance			
Commissions			
Insurance			
Legal & Professional Fees			
Management Fees			
Mortgage Interest Paid			
Other Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Others (list)			

ASSETS ACQUIRED (for depreciation) (Equipment, Appliances, Buildings and Improvements)

Type of Asset _____ Date Acquired _____ Amount \$ _____ Sold Date _____ Amount \$ _____

Type of Asset _____ Date Acquired _____ Amount \$ _____ Sold Date _____ Amount \$ _____

Type of Asset _____ Date Acquired _____ Amount \$ _____ Sold Date _____ Amount \$ _____

Type of Asset _____ Date Acquired _____ Amount \$ _____ Sold Date _____ Amount \$ _____

SCHEDULE F - FARM

Use this schedule to report farm income and expenses.

Principal Product: _____

Sales of Livestock & other items bought for resale \$ _____ Cost or basis of sold items \$ _____

Sales of livestock, produce, grains, etc. you raised \$ _____ Cooperative distributions \$ _____

Income \$ _____ Other Income (describe) \$ _____

Agricultural Payments \$ _____ Crop Insurance Received \$ _____

EXPENSES:

Chemicals _____	Pension & Profit Sharing _____
Conservation Expenses _____	Rent/Lease: Vehicles, Machinery, Equip. _____
Custom Hire (machine work) _____	Other (Land, Animals, Etc.) _____
Feed and Hay _____	Repairs & Maintenance _____
Fertilizers and Lime _____	Seeds & Plants _____
Freight & Trucking _____	Storage & Warehousing _____
Gas, Fuel, Oil (Used in Equip) _____	Supplies _____
Insurance (other than health) _____	Taxes _____
Interest: Mortgage _____	Utilities (On Buildings & Separate Meters) _____
Other _____	Vet, Breeding & Medicine _____
Labor Hired _____	Other Expenses (specify) _____

VEHICLE EXPENSES:

Vehicle type _____ *Mileage Log or Written Proof Required By IRS to claim.

Total Yearly Mileage _____ Business Mileage _____ Date Placed in Service _____

Used for Personal Y N Parking/Tolls \$ _____ Rental Cars/Taxis \$ _____

Actual Expenses: Gas, Oil, Insurance, Etc. \$ _____ Repairs \$ _____ % of Business Use _____

ASSETS ACQUIRED (for depreciation) (Equipment, Livestock, Buildings and Improvements)

Type of Asset _____	Date Acquired _____	Amount \$ _____	Sold Date _____	Amount \$ _____
Type of Asset _____	Date Acquired _____	Amount \$ _____	Sold Date _____	Amount \$ _____
Type of Asset _____	Date Acquired _____	Amount \$ _____	Sold Date _____	Amount \$ _____
Type of Asset _____	Date Acquired _____	Amount \$ _____	Sold Date _____	Amount \$ _____

BUSINESS USE OF HOME

What is the total square foot of your home _____ and the square footage of the space used as the office _____?

Using the Safe Harbor is the simplest method where the IRS allows \$5 per sq.ft up to 300 sq ft (\$1,500). You do not have to keep home expense records to use the Safe Harbor method. However, you may benefit more if you keep track of the following home expenses;

Casualty Losses	\$ _____	Repairs & Maintenance	\$ _____
Mortgage Interest (1098)	\$ _____	Utilities	\$ _____
Real Estate Taxes	\$ _____	Other Expenses	\$ _____
Excess Mortgage Interest	\$ _____	Carryover Operating Expenses	\$ _____
Insurance	\$ _____	Excess casualty losses	\$ _____
Rent	\$ _____	Carryover Casualty & Depreciation	\$ _____

CAR & TRUCK EXPENSES

For how many vehicles are you claiming expenses? _____ Please provide the following information for each vehicle claimed.

Vehicle Description _____ Date Placed in Service (mm/dd/year) _____

Taxpayer/spouse has another vehicle for personal use? Yes or No

Taxpayer has vehicle available for use during off-duty hours? Yes or No

Current-Year Mileage: Business miles _____ Commuting miles _____ Other miles _____

Using mileage alone is the simplest method where the IRS allows a certain amount per business mile.

A more comprehensive, and possibly more beneficial method is to keep track of the following expenses;

Garage Rent	\$ _____	Interest	\$ _____
Gas	\$ _____	Property Tax	\$ _____
Insurance	\$ _____	Repairs	\$ _____
Licenses	\$ _____	Tires	\$ _____
Oil	\$ _____	Tolls	\$ _____
Parking fees	\$ _____	Other Exp.	\$ _____

EDUCATION EXPENSES

Student Loan Interest Paid \$ _____

*School loans used for Education Expenses are an Out of Pocket Expense.

	Tuition Paid Out of Pocket	College Grade Level
Taxpayer _____	\$ _____	_____
Spouse _____	\$ _____	_____
Child's Name _____	\$ _____	_____
Child's Name _____	\$ _____	_____

Provide the following information regarding each student; Have you claimed the Hope Scholarship Credit or American Opportunity Credit a total of four times? Yes or No.

Total qualified educational expense, including books, supplies, and equipment, that were REQUIRED to be paid directly to the educational institution \$ _____.

Additional qualified expenses that were NOT required to be paid directly to the education institution \$ _____.

Tax-Free educational assistance received in the tax year allocable to the academic period \$ _____

Tax-Free educational assistance received in current year allocable to the academic period \$ _____

Refunds of Qualified educational expenses paid in tax-year refunded before filing that tax-year

Educational Institution EIN _____

Educational Institution Name _____

Address _____

Street

City

State

Zip

CHILD AND DEPENDENT CARE EXPENSES

Amount Paid for 1st child \$ _____

Care Provider Name _____ FEIN or SSN _____

Address: _____(City, State and Zip Code)

Amount Paid for 2nd child \$ _____

Care Provider Name _____ FEIN or SSN _____

Address: _____(City, State and Zip Code)

Amount Paid for 3rd child \$ _____

Care Provider Name _____ FEIN or SSN _____

Address: _____(City, State and Zip Code)

Long Haul Truckers and Overnight Drivers

Out-of-Town Travel Expenses

Baggage and Shipping \$ _____
Bath and Shower Costs \$ _____
Car Rental and Gas \$ _____
Laundry/Laundry Supplies \$ _____
Locker Fees \$ _____
Lodging \$ _____
Meals (actual Costs) \$ _____
Parking and Tolls \$ _____
Telephone \$ _____
Tips \$ _____
Toiletries \$ _____
Transportation- i.e. Airfare/Bus \$ _____
Truck Stop Electrification \$ _____
Other: _____

Owner/Operator Truck Expenses

Description of Truck _____
Date Placed in Service _____
Odometer—Beginning of Year _____
Odometer—End of Year _____
Vehicle Weight _____
Interest Paid \$ _____
Gas, Lube and Oil \$ _____
Repairs and Maintenance \$ _____
Tires \$ _____
Insurance \$ _____
License and Registration \$ _____
Other: _____

Dues and Fees

License \$ _____
Permits and Fees \$ _____
Security Bond \$ _____
Trade Association Dues \$ _____
Travel Card Fees \$ _____
Union Dues \$ _____
Other: _____

Miscellaneous Expenses

Business Cards/Stationary \$ _____
Delivery Expenses-Postage \$ _____
Insurance—Business \$ _____
Legal and Professional Services \$ _____
Office Supplies \$ _____
Safety Classes \$ _____
Secretarial Services \$ _____
Testing-Job Related \$ _____
Other: _____

Supplies

Back Support \$ _____
Batteries \$ _____
Cell Phone \$ _____
Citizens Band Radio \$ _____
Compass/GPS \$ _____
Fire Extinguisher \$ _____
First Aide Kit \$ _____
Flares \$ _____
Flashlight \$ _____
Glasses-Safety and Sun \$ _____
Gloves \$ _____
Ice Chest/Thermos \$ _____
Map/Map Book \$ _____
Radio \$ _____
Safety Boots/shoes \$ _____
Seat Cushion \$ _____
Tools \$ _____
Trade Publications \$ _____
Uniforms and Maintenance \$ _____
Weather Receiver \$ _____
Other: _____