

**Basic Taxpayer Information**

Taxpayer  
Spouse

First Name	Initial	Last Name	Suffix	Social Security No.

Taxpayer  
Spouse

Occupation	Date of Birth	Check if			
		Disabled	Blind	Dependent of Another	Presidential Election Contrib.

Street Address  
City, State & Zip  
E-mail Address

Street Address	Phone Res:
City, State & Zip	Phone Work:
E-mail Address	Cell Phone:

School District

Filing Status

1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

**Dependent Information**

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

**Wages and Salaries**

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

**Pensions and IRAs**

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

**Attestation and Signature:**

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign  
here

→ \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

## General Questions

Please check if "Yes" and provide documentation, if possible.

1. Has your marital status changed?
2. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
3. Are you being claimed as a dependent by another person?
4. Are there any changes in the dependent information from the prior year?
5. Did you have any children under the age of 19 (or 24 if a full time student) who received more than \$950 in investment income?
6. Do you have dependents who are neither U.S. citizens nor U.S. residents?
7. Did you provide over half of the support for another person (or persons) during the year?
8. Did you purchase or sell a principal residence?
9. Did you receive payments from a pension or profit sharing plan?
10. Did you receive any distributions from an IRA or other qualified plan?
11. Did you receive any disability income?
12. Did you receive any foreign income or pay any foreign taxes?
13. Did you receive interest from a bank account or other financial account based in a foreign country?
14. Were you the grantor of or transferor to a foreign trust?
15. Were either you or your spouse enlisted in the military or National Guard?
16. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?
17. Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2011?
18. Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
19. Did you have a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit in 2008, 2009 or 2010?
20. Did you receive proceeds from an installment sale?
21. Did you make a loan at an interest rate below market rate?
22. Did you make gifts of over \$13,000 to an individual?
23. Were there any changes to a prior year's income, deductions, or credits?
24. Did your employer pay premiums on life insurance in excess of \$50,000?
25. Were any payments made on student loans?
26. Did you pay any educational tuition or fees for you or a dependent?
27. Did you purchase a 'clean fuel' or electric hybrid vehicle in Current Year?
28. Did you refinance a mortgage or take out a home equity loan?
29. Were any contributions made to a traditional or Roth IRA for Current Year?
30. Did you make any contributions to HSA (Health Savings Account) in Current Year?

## Business and Investment Questions

1. Did you receive stock from a stock bonus plan with your employer?
2. Did you buy or sell any bonds?
3. Did you surrender any U.S. savings bonds?
4. Did you suffer a casualty, theft or condemnation?
5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations?
6. Did you own any investments for which you were not personally "at-risk"?
7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)?
8. Did you sell any property or equipment on installments?
9. Did you incur any business-related educational expenses?
10. Did you incur any travel and entertainment expenses?
11. Did you purchase any special fuels for non-highway use?
12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan?

## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Payer

Player	Score
1	
2	
3	
4	
5	
6	
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9	
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11	
12	

## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J Payer

1	
2	
3	
4	
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12	

## Income or Loss from Partnerships, S Corporations, and Trusts

	Name	Income	Loss	Other Expenses	Passive (Yes / No)	*P/S/T
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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\*P/S/T - enter entity type  
(P)artnership, (S) Corporation, (T)rust

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

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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13					
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19					
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## Other Income

		Prior Year Amount	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	Rents and royalties - Schedule E pg 1			
6	Farm income or (loss) - Schedule F			
7	Unemployment compensation			
8	Total social security benefits			
9	Tips			
10	Child care taxable benefits			
11	Prizes and awards			
12	Scholarships and fellowships			
13	Other income not provided for in this organizer			
14				
15				
16				

## Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses of reservists, performing artists and fee-based gov officials			
3	Health savings account deduction			
4	Moving expenses			
5	Self-employed SEP, SIMPLE, and qualified plans			
6	Penalty on early withdrawal of savings			
7	Alimony paid			
8	Your IRA contribution			#cccccc
9	Spouse's IRA contribution		#cccccc	
10	Student loan interest			
11	Tuition and fees			

## Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums	Taxpayer	Spouse
2	Other state and local taxes paid not reported elsewhere in this Organizer		
3	State and local income taxes paid		
4	Real estate taxes		
5	Personal property taxes		
6	Other taxes		
7	Home mortgage interest and points reported on Form 1098		
8	Home mortgage interest not reported on Form 1098		
	Name: _____	Address: _____	SSN: _____
9	Home mortgage points not reported on Form 1098		
10	Qualified mortgage insurance premiums		
11	Investment interest paid		
12	Gifts to charity by cash or check		
13	Gifts to charity other than by cash or check		
14	Mileage driven to charitable activities		
15	Casualty and theft losses - Form 4684		
16	Unreimbursed employee expenses		
	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		
	Uniform and protective clothing		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
17	Tax preparation fees		
18	Other expenses		
	Investment expenses		
	Safe deposit box rental		
	Other		
19	Other miscellaneous deductions		

## Education Expenses

	Student's Name	Type of Expense	Year of School	Amount
1				
2				
3				
4				
5				
6				

## Child or Dependent Care Expenses

	Persons or Organizations Who Provided the Care		Social Security or ID Number	Amount Paid
	Name	Address		
1				
2				
3				
4				

## Federal, State and Local or Other 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 \_\_\_\_\_      State \_\_\_\_\_

Enter Payment Information	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								
8								

### Local or Other Estimates

Enter description      Desc 1 \_\_\_\_\_      Desc 2 \_\_\_\_\_      Desc 3 \_\_\_\_\_      Desc 4 \_\_\_\_\_

Enter Payment Information	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								
8								

## Vehicle Information and Expenses

	Vehicle One	Vehicle Two
1 Description of vehicle		
2 Is the vehicle used in a business or by an employee?		
3 Cost (including sales tax)		
4 Date placed in service		
5 Business miles:		
January 1 to June 30		
July 1 to December 31		
6 Commuting miles (daily commuting miles times the number of trips to work)		
7 Other personal use miles		
8 Total miles driven		
9 Gas and oil expenses		
10 Repairs and maintenance		
11 Auto insurance		
12 Registration, licenses, and fees		
13 Other auto expenses (identify)		
14 Auto rentals		

### Auto Mileage Documentation

	Yes	No
1 Is another car available for personal use?		
2 Do you have evidence to support your mileage information reported above?		
3 If "Yes," is the evidence written in a log or other place?		

### Business Use of Home

	Yes	No
Do you use any part of your home regularly and exclusively for business?		
Total area of home (in square feet)		
Total area used for business		
House Insurance		
Repairs and Maintenance		
Utilities		
Rent		
Property Taxes		
Mortgage Interest		
Home Equity Loan Interest		
Internet		
Phone		

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

**\*F/S/J Payer**

*F/S/J Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1						
2						
3						
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**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

**\*F/S/J Payer**

*F/S/J Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1						
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Name \_\_\_\_\_

SSN \_\_\_\_\_

**Self-Employed Business Income and Expenses (Schedule C)**Enter "X" in one box:  Filer  Spouse**General Information**

1 Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)  
 2 Principal business or profession \_\_\_\_\_  
 3 Business name \_\_\_\_\_  
 4 Business address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 5 City \_\_\_\_\_

**General Check Boxes** (Enter "X" where applicable)

6 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_  
 7 Did you "materially participate" in this business?  Yes  No  
 8 Check ('X') if you started or acquired this business in 2011.   
 9 Did you make any payments in 2011 that would require you to file Form(s) 1099?  Yes  No

**Business Income**

\* Report statutory income as W-2 income.

10 Income reported on 1099 MISC . . . . . 10  
 11 Gross merchant card and third party network receipts and sales . . . . . 11  
 Gross receipts or sales not reported on Form 1099 or Form W-2  
 12 \_\_\_\_\_ 12  
 13 \_\_\_\_\_ 13  
 14 \_\_\_\_\_ 14  
 15 \_\_\_\_\_ 15  
 16 Returns and allowances . . . . . 16  
 17 Other income . . . . . 17

Current Year Amount	Prior Year Amount

**Inventory** (Enter "X" where applicable)

18 Method(s) used to value closing inventory . . . . .  Cost  Lower of cost or market  Other  
 19 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

20 Inventory at the beginning of year . . . . . 20  
 21 Purchases less cost of items withdrawn for personal use . . . . . 21  
 22 Cost of labor . . . . . 22  
 23 Materials and supplies . . . . . 23  
 24 Other Costs . . . . . 24  
 25 Inventory at end of year . . . . . 25

Current Year Amount	Prior Year Amount

**Assets Placed in Service This Year**

Description:

A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_  
 F \_\_\_\_\_  
 G \_\_\_\_\_

Date Placed In Service	Purchase Amount

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Self-Employed Business Expenses Cont. (Schedule C)****Expenses**

41	Advertising . . . . .	41
42	Contract labor . . . . .	42
43	Commissions and fees . . . . .	43
44	Depletion . . . . .	44
45	Employee benefit programs (other than on line 51) . . . . .	45
46	Insurance (other than health) . . . . .	46

Current Year Amount	Prior Year Amount

**Interest:**

47	Mortgage (paid to banks, etc.) . . . . .	47
48	Other . . . . .	48


49	Legal and professional services . . . . .	49
50	Office expense . . . . .	50
51	Pension and profit-sharing plans . . . . .	51


**Rent or Lease:**

52	Machinery rental or lease . . . . .	52
53	Equipment rental or lease . . . . .	53
54	-----	54
55	-----	55
56	-----	56
	Other business property rental or lease	
57	-----	57
58	-----	58
59	-----	59


60	Repairs and maintenance . . . . .	60
61	Supplies (not included in inventory cost of goods sold) . . . . .	61
62	Taxes and licenses . . . . .	62


**Travel, Meals, and Entertainment:**

## Travel

63	-----	63
64	-----	64
65	-----	65
66	-----	66


## Meals and entertainment

67	Enter "X" in the box if subject to DOT hours of service limits . . . . .	67	<input type="checkbox"/>	<input type="checkbox"/>
68	-----	68		
69	-----	69		
70	-----	70		
71	-----	71		


72	Utilities . . . . .	72
73	Wages . . . . .	73


**Other Expenses**

74	-----	74
75	-----	75
76	-----	76
77	-----	77
78	-----	78
79	-----	79
80	-----	80
81	-----	81
82	-----	82


Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

### Vehicle Information (Schedule C)

		Vehicle 1 -	Vehicle 2 -
		Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1	
2	Cost of vehicle . . . . .	2	
3	Total miles driven for the year . . . .	3	
4	Business miles driven during the year . .	4	
	January 1 to June 30 . . . . .		
	July 1 to December 31 . . . . .		
5	Commuting miles included on line 3 . .	5	
6	Parking fees and tolls . . . . .	6	
7	Vehicle Interest . . . . .	7	
8	Vehicle Personal Property tax . . . . .	8	

#### Actual Expenses

9	Gasoline, oil and repairs . . . . .	9	
10	Vehicle Insurance . . . . .	10	
11	Vehicle registration fees . . . . .	11	
12	Vehicle lease or rental . . . . .	12	
13	.....	13	

### Vehicle 3 -

### Vehicle 4 -

		Vehicle 3 -	Vehicle 4 -
		Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .	1	
2	Cost of vehicle . . . . .	2	
3	Total miles driven for the year . . . .	3	
4	Business miles driven during the year . .	4	
	January 1 to June 30 . . . . .		
	July 1 to December 31 . . . . .		
5	Commuting miles included on line 3 . .	5	
6	Parking fees and tolls . . . . .	6	
7	Vehicle Interest . . . . .	7	
8	Vehicle Personal Property tax . . . . .	8	

#### Actual Expenses

9	Gasoline, oil and repairs . . . . .	9	
10	Vehicle Insurance . . . . .	10	
11	Vehicle registration fees . . . . .	11	
12	Vehicle lease or rental . . . . .	12	
13	.....	13	

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

Copy \_\_\_\_\_

**Self-Employed Office in Home Expenses****Area of Home**

1 Area used regularly and exclusively for business, regularly for daycare. . . . .  
 2 Total area of home . . . . .

**Daycare only**

3 Multiply days used for daycare during year by hours used per day

**Expenses related to entire home including business portion**

4 Casualty losses . . . . .  
 5 Excess mortgage interest . . . . .  
 6 Insurance . . . . .  
 7 Rent . . . . .  
 8 Repairs and maintenance . . . . .  
 9 Utilities . . . . .  
 10 Other expenses . . . . .

**Additional expenses related to business portion only**

11 Casualty losses . . . . .  
 12 Excess mortgage interest . . . . .  
 13 Insurance . . . . .  
 14 Rent . . . . .  
 15 Repairs and maintenance . . . . .  
 16 Utilities . . . . .  
 17 Other expenses . . . . .

	Current Year Amount	Prior Year Amount
1		
2		
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15		
16		
17		

Name \_\_\_\_\_ SSN \_\_\_\_\_

## Real Estate Rentals and Royalties

Kind of Property \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

		Current Year Info	Prior Year Info
1	Owner of property (Enter Filer, Spouse, or Joint)	1	
2	Enter "X" If you actively participated?	2	<input type="checkbox"/>
3	Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	3	<input type="checkbox"/>
3a	If entered ("X"), enter the number of days of personal use?	3a	<input type="text"/>
3b	If entered ("X"), enter the number of days rented?	3b	<input type="text"/>

### Income

4	Royalty received	4
5	Rent received	5
5a	If rental real estate, enter the percent of ownership if less than 100%	5a
5b	Rental use percentage for property used partially for personal use only	5b

Current Year Amounts	Prior Year Amounts

### Property Expense

6	Advertising	6
7	Cleaning and maintenance	7
8	Commissions	8
9	Insurance	9
10	Legal and other professional fees	10
11	Management fees	11
12a	a Qualified mortgage interest paid to banks, etc.	12a
12b	b Other mortgage interest paid to banks, etc.	12b
13	Other interest	13
14	Repairs	14
15	Supplies	15
16a	a Real estate taxes	16a
16b	b Other Taxes	16b
17	Utilities	17

Current Year Amounts	Prior Year Amounts

### Assets Placed in Service This Year

Description:

A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_  
 F \_\_\_\_\_  
 G \_\_\_\_\_

Date Placed In Service	Purchase Amount
A	
B	
C	
D	
E	
F	
G	

Name \_\_\_\_\_ SSN \_\_\_\_\_

Property \_\_\_\_\_

## Other Expenses (Schedule E)

### Other Expense

18 \_\_\_\_\_  
19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_

	Current Year	Prior Year
18		
19		
20		
21		
22		
23		
24		
25		

### Travel Expenses

26 \_\_\_\_\_  
27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_  
32 \_\_\_\_\_  
33 \_\_\_\_\_

	Current Year	Prior Year
26		
27		
28		
29		
30		
31		
32		
33		

### Meals and Entertainment Expense

34 \_\_\_\_\_  
35 \_\_\_\_\_  
36 \_\_\_\_\_  
37 \_\_\_\_\_  
38 \_\_\_\_\_  
39 \_\_\_\_\_  
40 \_\_\_\_\_  
41 \_\_\_\_\_

	Current Year	Prior Year
34		
35		
36		
37		
38		
39		
40		
41		

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Medical and Dental - Itemized Deductions**

- 1 Prescription medications . . . . .
- 2 Fees for doctors, dentists, etc. . . . .
- 3 Fees for hospitals, clinics, etc. . . . .
- 4 Lab and X-ray fees . . . . .
- 5 Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . .
- 6 Medical equipment and supplies . . . . .
- 7 Medical mileage (number of miles driven)
  - January 1 to June 30 . . . . .
  - July 1 to December 31 . . . . .
- 8 Medical parking, tolls and local transportation . . . . .
- 9 Lodging for medical purposes (up to \$50 per night per person) . . . . .
- 10 Health/Dental/Other ins. premiums (do not include self-employed plans) . . . . .
- 11 Long Term Care insurance premiums (taxpayer) . . . . .
- 12 Long Term Care insurance premiums (spouse) . . . . .
- 13 Expenses to stop smoking . . . . .
- 14 Health insurance premiums - coverage established under your business (1) . . . . .
- 15 Health insurance premiums - coverage established under your business (2) . . . . .
- 16 Long Term Care insurance premiums - coverage est. under your business (1) . . . . .
- 17 Long Term Care insurance premiums - coverage est. under your business (2) . . . . .
- 18 . . . . .
- 19 . . . . .
- 20 . . . . .
- 21 . . . . .
- 22 Insurance reimbursement for any medical and dental expense listed above

	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
1		
2		
3		
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20		
21		
22		

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Taxes - Itemized Deductions

### Real Estate Taxes

23 Principal residence . . . . . 23

Current Year Amount	Prior Year Amount

### Real Estate Not Held For Investment

24 \_\_\_\_\_ 24

25 \_\_\_\_\_ 25

26 \_\_\_\_\_ 26

27 \_\_\_\_\_ 27

28 \_\_\_\_\_ 28


### Real Estate Held For Investment

29 \_\_\_\_\_ 29

30 \_\_\_\_\_ 30

31 \_\_\_\_\_ 31

32 \_\_\_\_\_ 32

33 \_\_\_\_\_ 33


34 Personal property taxes . . . . . 34

--	--

### Other Taxes

35 \_\_\_\_\_ 35

36 \_\_\_\_\_ 36

37 \_\_\_\_\_ 37


Name \_\_\_\_\_

SSN \_\_\_\_\_

## Charity - Itemized Deductions

\* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

- 1 Gifts To Charity Other Than By Cash or Check\* . . . . .
- 2 Total Miles driven for charitable activities . . . . .
- 3 Parking fees, tolls and local transportation for charitable activities . . . . .

### Gifts To Charity By Cash or Check

- 1 . . . . .
- 2 . . . . .
- 3 . . . . .
- 4 . . . . .
- 5 . . . . .
- 6 . . . . .
- 7 . . . . .
- 8 . . . . .
- 9 . . . . .
- 10 . . . . .
- 11 . . . . .
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	Current Year Amount	Prior Year Amount
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46		
47		

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Noncash Charitable Contributions (Total of Contributions more than \$500)****Information on Donated Property**

	(a) Name and Address of the Donee Organization			(b) Description of Donated Property	
<b>1</b>	Name Address City _____ State _____ Zip Code _____				
<b>2</b>	Name Address City _____ State _____ Zip Code _____				
<b>3</b>	Name Address City _____ State _____ Zip Code _____				
<b>4</b>	Name Address City _____ State _____ Zip Code _____				
<b>5</b>	Name Address City _____ State _____ Zip Code _____				

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

	(c) Date of the Contribution mm/dd/yyyy	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Employee Business Expenses**

Enter "X" in one box: Occupation in which you incurred the expenses .....

 Filer Spouse**Meals and Entertainment**

	1	2	Current Year Amount	Prior Year Amount
Meals and entertainment expenses				

1 Meals and entertainment expenses .....

2 Enter "X" in the box if subject to DOT hours of service limits .....

**Travel Expenses**

3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	3		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment.	4		

**Other Employment Related Expenses**

5	Business gifts	5		
6	Employment related education expenses	6		
7	Trade publications	7		
8		8		
9		9		
10		10		
11		11		
12		12		

**Vehicle Information**

13	Date vehicle was placed in service	13
14	Cost of vehicle	14
15	Total miles driven for the year	15
16	Business miles driven during the year	16
	January 1 to June 30	
	July 1 to December 31	
17	Commuting miles (included in total miles driven for the year)	17
18	Average daily roundtrip commuting miles	18
19	Vehicle Interest	19
20	Vehicle Personal Property tax	20

**If claiming actual expenses continue:**

Vehicle 1 -	Vehicle 2 -			
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
21				
22				
23				