

# INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

#### Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

| _ |
|---|

|                          |                         |                         | PERSO               | NAL DATA                            |            |        |                          |                      |                  |          |  |  |
|--------------------------|-------------------------|-------------------------|---------------------|-------------------------------------|------------|--------|--------------------------|----------------------|------------------|----------|--|--|
|                          | AXPAYER                 | AND SPOU                | ISE                 | D                                   | EPE        | iNi    | DENTS                    |                      |                  | 20000000 |  |  |
| TAXPAYER (OR             | SINGLE)                 | SPOUSE                  |                     | Last Name                           |            | Xif    | f of mos. live           | s. lived in your hom |                  |          |  |  |
| Last Name                |                         | Last Name               |                     | (First, Initial & Last)             | D.O.B      | ĮŢ     | Social Security no.      | Relation             | nship            | Ţ        |  |  |
| First Name & Initial     |                         | First Name & Initial    |                     |                                     |            |        |                          |                      |                  | +        |  |  |
| Occupation               |                         | Occupation              |                     |                                     |            |        |                          |                      |                  | -        |  |  |
| Phone (Home)             | (Work)                  | Phone (Home)            | (Work)              | Social Security numbers are requir  |            | ****** |                          | your depend          | <b>d</b> ent abo | ⊥<br>ve, |  |  |
| Soc. Sec. # (Last 4 digi | ts) Date of Birth       | Soc. Sec. # (Last 4 dig | gits) Date of Birth | enter child's name here             |            |        |                          |                      |                  |          |  |  |
|                          |                         |                         |                     | If filing Head of Household and qu  | alifying   | perso  | on is your child but not | your depen           | ndent abo        | ove,     |  |  |
| Mailing Address □        | Check if address is new | ,                       | County              | Did your name, address, or ma       | rital stat | us ch  | nange during the year?   | □Y                   | ∕es □N           | 10       |  |  |
|                          |                         |                         |                     | 2. Are you being claimed as a dep   | endent     | on a   | nother tax return?       | □Y                   | ∕es □N           | 10       |  |  |
| City, State, & Zip       |                         | Email Addr              | ess                 | 3. Are you (or your spouse) blind   |            |        |                          | □Y                   |                  |          |  |  |
|                          |                         |                         |                     | 4. Did you claim children above th  |            |        |                          |                      | ∕es □N           |          |  |  |
|                          |                         |                         |                     | 5. Did you carry forward or incur a | iny ado    | otion  | expenses during the ye   | ear? □Y              | les □N           | 10       |  |  |

|     |   |                |              | 1   |   |       |      |
|-----|---|----------------|--------------|-----|---|-------|------|
|     | GENE  | RAL            | . QU         | S   | TIONNAIRE   |       |      |
| 1.  | Were you notified by the IRS or STATE of a change to any prior year tax return?             | Yes □          | No □         | 18. | Did you receive any source of income that is not listed in this booklet?  | Yes 🗆 | No □ |
|     | Are any of your claimed dependents not residents or citizens of the U.S.?                   | Yes □          | No □         |     | Do you wish to designate \$3.00 of your taxes to the Presidential  You  | Yes   | No 🗆 |
| 3.  | Did you make any gifts of over \$15,000 to any individual?                                  | Yes 🗌          | No 🗆         |     | Campaign Fund? Spouse   | Yes 🗆 | No □ |
| 4.  | Do you have any foreign income or foreign bank accounts?                                    | Yes □          | No □         | 20. | Do you have a Medical or Health Savings Account (MSA or HSA)?   | Yes 🗌 | No 🗆 |
|     | Did you have living expenses in a foreign country as a result                               |                |              | 21. | . Did you buy, sell, or use any digital currency during the year?   | Yes 🗌 | No 🗆 |
|     | of income earned abroad?  | Yes 🗆          | No 🗆         | 22. | If you reached the age of 72, have you considered retirement saving   | V     | N: = |
|     | Do you have any worthless stocks, uncollectible bad debts, or were a victim                 |                |              | 00  | withdrawals? (required distributions are exempt for 2020)   | Yes   | No 🗆 |
|     | of a ponzi scheme?  | Yes            | No 🗆         | 23. | Did you receive employer provided educational assistance or transportation benefits?  | Yes □ | No □ |
|     | Did you become disabled during the year?  Are you a handicapped employee?                   | Yes            | No 🗆         | 24. | Did you pay long term healthcare insurance premiums or receive  |       |      |
|     | Did you receive any distribution from an IRA, profit sharing or pension plan?               | Yes            | No 🗆         |     | benefits during the year?   | Yes 🗌 | No □ |
|     | Have you used bartering to exchange any goods or services?                                  | Yes ☐<br>Yes ☐ | No □<br>No □ | 25. | . Are you a school teacher who paid for classroom materials without   |       |      |
|     | Have you or your dependents taken a distribution from a Qualified                           | res 🗀          | NO L         |     | reimbursement? Please provide a recap of expenses for potential deduction.  | Yes 🗌 | No 🗆 |
|     | Tuition Program (QTP) or 529 program during the year?                                       | Yes □          | No 🗆         | 26. | . If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts) | Yes 🗌 | No 🗆 |
| 12. | Did you receive any insurance or other reimbursement from a prior year                      |                | _            | 27  | Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)?  | Yes 🗆 | No □ |
|     | casualty, theft loss or medical deduction?  | Yes □          | No 🗆         |     | Did you or your spouse have qualified military combat pay?  | Yes □ | No □ |
|     | Did you start a new business during the year or do you expect to start one                  |                |              |     | Do you own bonds that qualify for the Gulf, Renewable Energy or   | res 🖂 | NO 🗀 |
|     | this coming year?   | Yes 🗌          | No 🗆         | 23. | Build America bond credits?   | Yes □ | No □ |
|     | Did you pay anyone (over 18) \$2,200 or more to work at your home during the calendar year? | Yes □          | No □         | 30. | . Did you purchase a new home this year?  | Yes 🗆 | No 🗆 |
|     | Did you donate a partial interest in any goods to charitable organizations?                 | Yes 🗆          | No □         | 31. | . If over age 70 ½, did you make a direct contribution to a charity from an IRA?  | Yes □ | No □ |
|     | Do you have children under age 19 with investment income                                    |                |              | 32. | . Did you make any major purchases during the year requiring payment of   |       |      |
|     | (age 24 if dependent student)?  | Yes 🗌          | No □         |     | sales tax (including any new vehicles)?   | Yes 🗌 | No 🗆 |
|     | Do you expect any significant changes in income, withholding taxes or your                  |                |              |     | . Did you revise a prior year divorce decree that includes alimony?   | Yes 🗌 | No 🗆 |
|     | tax liability for the coming year?  | Yes 🗆          | No 🗆         | 34. | . Did you receive any premium health insurance credits during the year?   | Yes 🗌 | No □ |

|          |   |  |   |                       |               |  | ING                |          | 711-2                     |   |               |                 |   |               |                        |                      |
|----------|---|--|---|-----------------------|---------------|--|--------------------|----------|---------------------------|---|---------------|-----------------|---|---------------|------------------------|----------------------|
|          | VAGES/SAL   | ARIES  | /W-2 F  | ORN                   | 1S            |  |                    |          | INTE                      | rest inc  | OME           | Use pa          | ayer name list  | ed on 109     | 9-INT & atta           | ch). C               |
|          |   | Taxable  | Withheld  | (                     | Other Tax     | es Withhe  | eld                | T/5      | S/J                       | Name of Paye  | r (Mi         |                 | and a contract of   | Interest      | Exempt                 | n                    |
|          | T/SName of Employer   | Wages  | Fed. Tax  | Soc. Sec.             | Medicare      | State  | Local              | $\vdash$ |                           |   |               |                 | (35) V (50) (50 / 50)                                       | Amount        |                        | . E                  |
|          |   |  |   |                       |               |  |                    | $\vdash$ |                           |   |               |                 |   |               |                        | <del></del>          |
|          |   | _  |   |                       |               |  |                    | Ħ        |                           |   |               |                 |   |               |                        |                      |
|          |   |  |   |                       |               |  |                    | H        |                           |   |               |                 |   |               |                        |                      |
|          |   |  |   |                       |               |  | GEOGRA             | H        |                           |   |               |                 |   |               |                        |                      |
|          | T/S/J Code: T — Taxpaye                                       | er S — Spou  | se J — Joint U  | sethesec              | odes if mai   |  | v Losses           |          | Penalty                   | y for early withdrawa   | al of saving  | <br>S           | . (   | . ,           | y                      |                      |
| N        | <b>IISCELLANE</b>   | EOUS   | INCOM   | Æ                     |               |  | ickets)            |          |                           | ome reported on all 1099-   |               | Use C           | odes below if from  | m indicated s |                        |                      |
| T/S/J    | Sı  | ource of Inco  | me  |                       |               | An   | nount              |          |                           | forms reporting Tax Withh   | eld.          | IN IN           | JNICIPAL BONDS<br>STALLMENT SALES<br>S. BONDS               |               | CC                     | DE -                 |
|          | Alimony (Pre-2019 Agreem                                      | ents, if you pay   | Alimony - list in   | misc, de <b>d</b> u   | ctions)       |  |                    | •        | Do not list IRA           | or Retirement Plan reporte  | d interest.   | TE TA           | X EXEMPT (explain<br>DRTGAGE FINANCI                        |               | HE<br>(list name, addr |                      |
|          | Jury Duty (Or Other Public                                    | Service)   |   |                       |               |  |                    |          | DIVIE                     | DEND INC  | OME           | -               | e attach all 1  |               |                        |                      |
|          | Tips/Gratuities (Not Repo                                     | orted on W-2)  |   |                       |               |  |                    | T/S      | T                         | Name of Payer   |               | Ordinary        |   | Capital C     | ain Non                |                      |
|          | Contest/Awards/Gamblir  | ng Winnings  | (Attach 1099-MI   | SC, W2G o             | r Explain)    |  |                    |          | 510                       |   | Div           | vidends         | Dividends   | Distribution  | ons* Taxab             | le 💌                 |
|          | Commissions/Bonuses (   | Not Reported   | on W-2)   |                       |               |  |                    | -        |                           |   |               |                 |   |               |                        |                      |
|          | Pensions/Annuities (Fun                                       | nish 1099-R Fo   | orms)   |                       |               |  |                    | $\vdash$ |                           |   |               |                 |   |               |                        | 74<br>1980           |
|          | IRA/Keogh or Profit Shar                                      | ring Distribut   | ions (Attach Fo   | m 1099-R              |               |  |                    | $\vdash$ |                           |   |               |                 |   |               |                        | 138                  |
|          | Economic Impact Payme   | ents (provide  | details)  |                       |               |  |                    | .110     | List Gross Divid          | dends above as reported o   | n 1099 DIV fo | rms received    | l. * Re   | lated to muti | ual funds.             |                      |
|          | Unemployment Compen   |  |   |                       |               |  |                    |          | Attach all 1099           |   |               |                 | s information not   | listed above  | please check h         | ere. I               |
|          | Partnerships/Estates/Tru                                      | er englist territori<br>Graft Millioner                                  | <u>ren frants i propeta bresta pota</u><br>Prima presenta i i i i i i i i i i i i i i i i i i |                       | *             |  |                    |          | CAPI'                     | TAL GAII  | VS AI         | VD L            | OSSE  | S             |                        |                      |
|          | Small Business Corpora  |  |   | ob l∕1 Eor            | *             |  |                    | - 1      |                           | and Mutual Funds (Attach I  |               | Sale of Prope   | erty and Real Esta  |               | orm 1099-S)            |                      |
|          |   | <u>ння винах проинствення поднах</u><br>реже время (1900 годинення водне | <u>in Negariya (1968) biranini</u><br>galariya (1968) biranin                                 |                       | *             |  |                    | Ş        | 101-                      | Description   |               | Date<br>cquired | Date<br>Sold  | Sale<br>Price |                        |                      |
|          | Business/Self-Employed  |  | edule or Details,   |                       | *             |  |                    | J        |                           | ares, name or stock symb  | 01) 1         | nm/dd/yy        | mm/dd/yy  |               |                        | . E                  |
|          | Farm (Furnish Schedule o                                      |  |   |                       | *             |  |                    | $\vdash$ | 1.                        |   |               |                 |   |               |                        | -                    |
|          | Rental (Furnish Schedule                                      | or Details)  |   |                       |               |  |                    | $\vdash$ | 2.                        |   |               |                 |   |               |                        |                      |
|          | Forgiven Debt (Attach Fo                                      | orm 1099-A or  | C)  |                       |               |  |                    |          | 3.                        |   |               |                 |   |               |                        |                      |
|          | Other (Explain):  |  |   |                       |               |  |                    |          | 4.                        |   |               |                 |   |               |                        |                      |
| 10.00    | * 🖋 if you did not actively o                                 | ,,   |   |                       |               |  | BARRE .            |          | NOTE: Recording mut       | rd <u>ALL</u> fund transactions<br>tual funds.  | <u>Use</u>    | A 109           | es below if from in<br>9-B Received; Bo<br>9-B Received; No | ox 3 basis (c | rces<br>ost)           | LIST<br>CODE<br>HERE |
|          | ALE OF PER  | RSON   | al Res  | SIDE                  | NCE           | 1  |                    |          | 1 Liet line 4             | lifiteme cold on inc  | allmont bo    | C No            | 1099-B Received   | ; basis is my | cost                   | HERE                 |
| Dat      | e Old Residence Acquired                                      |  | Cost or I   | Basis                 |               |  |                    |          | • Note                    | # if items sold on ins<br>interest above.   |               | SIS.            |   |               | #                      |                      |
| lmp      | rovements (Additions, Land                                    | scaping, Drive   | way, New Roof,  | etc.)                 |               |  |                    |          |                           | cipal Received: this<br>ng above was inherite   |               | . list line r   | _ prior ye<br>number(s).                                    | ear \$        | #                      |                      |
| Fixi     | ng-Up Expenses (Painting                                      | , Repairs, etc.,   | To Prepare for  | Sale)                 |               |  |                    |          | 3. If 1099-B              | stated basis (cost) i   | s wrong, m    | ark next t      | o the incorred  | ct value w    |                        | 3                    |
| Dat      | e Old Residence Sold  |  | Selling F   | Price                 |               |  |                    | [5]      |                           | nd provide the correct<br>allment sale, also report se<br>and include copy of settlem |               |                 |   | sed in busin  | ess, accumulate        | ed .                 |
| Exp      | enses of Sale (Commission                                     | ns, Legal Fees   | s, Points, Stamps   | s, etc.)              |               |  |                    | $\vdash$ |                           |   |               |                 |   |               | (Important to          | list                 |
| 10.0     | Vas any part of residence                                     | Andrew Tolker to   | And the second streets for  | .5.2504 (2015)        |               | Yes [  | ] No □             | $\vdash$ | 1                         | TAXABL  |               |                 |   |               | even if not to         | axable)              |
|          | old you own and use the hole ast 2 of the last five vear      |  | principal resid   | ence for              | You<br>Spouse | J: Yes ☐<br>S: Yes ☐                             | ] No □  <br>] No □ | $\vdash$ |                           | 19 Child Support/Pa   |               | sistance        | (Not Alimony  | )             |                        |                      |
| 3. F     | lave you rolled over a gain                                   | from the sal   |   |                       | to the hon    | ne   |                    | $\vdash$ | _                         | ns Benefits/Disability<br>en's Compensation/  | -             | no Paymo        | ante  |               |                        |                      |
| 2.11     | old? If so, please provide For<br>Vas sale required due to jo |  |   | 1.1111711111111111111 |               |  | ] No □  <br>¬ No □ | $\vdash$ |                           | Explain):   | £033 01 1111  | ie i ayınıc     | , iiio  |               |                        |                      |
| *****    | e New Residence Acquire                                       | <u>and distribution in the form</u>                                      |   | icoccii ci            | Cumstan       | 30 : T C3 L                                      | J 180              | $\vdash$ | <u> </u>                  | AL SECU   | BITY          |                 | <i>c</i> ,  |               |                        |                      |
| 15,77,11 | e Of Occupancy  | an Argentalian<br>Alamanan darih   | st of New Res   | idence                |               |  |                    | -        | 3VVI                      | al jevu   |               | Bene            | fits (from box  | 5)   - +      | ederal tax w           | rithheid             |
| 11.5     | arried, do you and your sp                                    | MARINE AND A BOOK A  |   | gate Menteja Ris      |               |  |                    |          | IMPORTA                   | ANT:  | Taxpayer      |                 |   |               |                        |                      |
|          | rest in the new residence                                     | as in the old  | ?   |                       |               |  | ] No 🗌             | 1        | provide S                 | SA-1099   | Spouse        |                 |   |               |                        |                      |
| 1        | Attach Copy of  | Heal Estate Cic  | sing Papers for b   | oth the sale          | ano purcna    | se.  |                    | _        | 7.75 .                    | ÷.  | <u> </u>      |                 |   |               |                        | _/                   |
| _        |   |  |   | OM                    | EI            | AXE  | ES PA              |          | D OR                      | REFUN   | DED           |                 |   |               |                        | _                    |
|          | omeone else prepared your ta<br>ase provide a copy.           | axes last year,  | Federal   |                       | State         |  | ocal               |          | ESTIMATE                  | D TAX PAID  | Fed           | eral            | Sta   | te            | Loc                    | al                   |
|          | lance paid on last year's re                                  | eturn  | . 530101  |                       | 2.0.0         | <u>.   1335                                 </u> |                    |          | not paid by<br>lue dates, | 1st Qtr. 4/15<br>2nd Qtr. 6/15  |               |                 |   |               |                        |                      |
| Re       | (or prior years)<br>funds received from last y                | ear's return   |   |                       |               |  |                    | li       | st actual<br>lates paid.  | 3rd Qtr. 9/15   |               |                 |   |               |                        |                      |
| <u></u>  | (or prior years)  |  |   |                       |               |  |                    | ١٠       | paid.                     | 4th Qtr. 1/15   |               |                 |   |               | 1                      |                      |

#### **DEDUCTIONS**

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar.

Please circle any deduction that is a disproportionate amount for only you or only your spouse (it may be to your advantage to file separately).

Only the amount of un-reimbursed medical expenses that exceeds 10%

Receipts/canceled checks are now required for

|   | of Adjusted Gross Incom               |                       | ioui cxp                                | Jonata that exocet                      | 35 1070                                 | CONT                                    | RIBUT              | rions                              |                              | donations.           | 5 are now i   | cquire                  | 1101                                    |
|---|---------------------------------------|-----------------------|---|---|---|---|--------------------|------------------------------------|------------------------------|----------------------|---------------|-------------------------|---|
| Description of                                    | of Medical Expenses                   | 3                     |   | Amoui                                   | nt                                      | Cash Contribut                          | ions (must ha      | ve receipts of bac                 | k records for                | all donations)       |               | An                      | nount                                   |
| Doctors, Dentists, Clinics, Hospita               |                                       |                       |   | *************************************** |   | Church/Temple (                         | name)              | and extending a                    |                              |                      |               |                         |   |
| Prescriptions & Drugs (doctor presc               | ribed only)                           |                       |   |   |   | Cancer / Heart /                        | Easter / Chr       | istmas Seals, e                    | C. (attach lis               | t if more than one)  |               |                         |   |
| Insulin (general drugs not allowed)               |                                       |                       |   |   | *************************************** | Red Cross / Unit                        |                    |                                    |                              |                      |               |                         |   |
| Eye Glasses / Contact Lenses                      |                                       |                       |   |   |   | Public TV / Radio                       | )                  |                                    |                              |                      |               |                         |   |
| Hearing Aids, Supplies, & Other                   | Medical Aids                          |                       |   |   |   | Veteran's Org. (n                       | ame)               |                                    |                              |                      |               |                         |   |
| X-Ray / Lab Fees                                  |                                       |                       | 171                                     |   |   | Schools (name a                         |                    | )                                  |                              |                      |               |                         |   |
| Ambulance, Paramedic                              |                                       |                       |   |   |   | Other:                                  |                    | •                                  |                              |                      |               |                         |   |
| Nurses (board & room)                             | ·                                     | ananana.<br>Anananana | . j. 3.3.                               |   |   | Summary Total                           | Optional -         | A summary total for c              | ash/check cor                | ntributions may be u | sed.          |                         |   |
| Equipment (prescribed & rented)                   | ···········                           | , essentia            |   |   |   | Political contributions                 | are not deductible | e. Deduct value of gi              | ft received for              | any contributions.   | 4.3           |                         |   |
| Nursing Home Medical Care                         | <u> </u>                              |                       | a solitor                               |   |   | Non-Cash Con                            | tributions -       | <ul> <li>Property, Clot</li> </ul> | hing, Furnit                 | ure, Food, etc.      |               |                         |   |
| Medicare Part B Service Paymer                    | nts                                   |                       |   |   |   | Attach explanation of donation, and fai | listing name & a   | address of donee o                 | organization,<br>single dona | items donated, d     | ate           |                         |   |
| Smoking Cessation Program                         |                                       |                       | 1 44                                    |   |   | explain method use                      | ed to arrive at v  | value (Items over                  | \$5,000 requi                | ire a∩ appraisal).   | ~             |                         |   |
| Other:  |                                       |                       |   |   |   | If you do⊓ated a ve                     | •                  |                                    |                              |                      | 1 %           |                         |   |
| Other:  |                                       |                       |   |   |   | Volunteer Wor<br>& address of doneed    |                    |                                    |                              |                      |               |                         |   |
| Other:  |                                       |                       |   |   |   |   |                    |                                    |                              | cial Security nur    | mbers mus     | t match                 | Form 1098                               |
| Medical Insurance Code: Pr                        | e-Tax = P After Tax                   | = A Unsure            | = U                                     |   |   | INTER                                   | <b>E51</b>         | issued by fina                     |                              |                      |               |                         |   |
| Important: Provide proof of                       | f health insurance (For               | m 1095 or equiv.      | )                                       |   |   | Mortgage                                | Paid to Fir        | nancial Institutio                 | n (Form 109                  | 8)                   | Style         |                         |   |
| Insurance – paid by you                           | Ten greet in the                      |                       | V                                       | •                                       |   | Interest                                | Paid to Inc        | dividual (List nam                 | ie, address,                 | Soc. Sec. no. belo   | w)            |                         |   |
| Group Health Plans (deduct for                    | rom salary)                           |                       |   |   |   | Principal                               | Name`              |                                    | Add                          | ress                 |               |                         | Soc. Sec. No.                           |
| Medicare Premiums                                 |                                       | 44444444              |   |   |   | Residence                               |                    |                                    |                              |                      |               |                         |   |
| Other Insurance (long term he                     | althcare, MSA, other)                 | 0.157                 |   |   |   | Mortgage<br>Interest                    |                    | nancial Institutio                 |                              | -                    |               |                         |   |
| Summary Total (Optional)                          |                                       | + 1- VV               |   |   |   | Principal                               |                    | dividual (List nam                 |                              |                      | w)            |                         | 0 0 N-                                  |
| Lodging (while away from home)                    | *,                                    |                       |   |   |   | Residence                               | Name`              |                                    | Add                          | ress                 |               |                         | Soc. Sec. No.                           |
| Transportation (total miles driven for            | medical reasons or actual             | cost)                 |   |   |   | Did you acquire                         | a new morta        | age or borrow o                    | n an existi                  | na mortaaae d        | urina the     | vear?                   |   |
| TAXES   |                                       | •                     |   | •                                       |   |   | _                  | is your combin                     |                              |                      | \$            |                         |   |
| I FARES   |                                       |                       |   |   |   | Points paid to ac                       | •                  |                                    |                              | •                    |               |                         |   |
| Description (                                     |                                       |                       | State                                   | Amoui                                   | nt                                      | Home Equity Loa                         | •                  | 33 (                               | ,                            |                      |               |                         |   |
| Real Estate Taxes, Home (include                  | -                                     |                       |   |   |   | (used to buy, build, o                  |                    | mprove a qualified r               | esident)                     |                      |               |                         |   |
| Real Estate Taxes, Other (not inclu               | ded on Rental Schedule)               |                       |   |   |   | Student Loan Int                        | erest (attach F    | orm 1096-E + deta                  | ils: who for, lo             | an date, loan purp   | ose)          |                         |   |
| Property Tax Rebates (if any)                     |                                       |                       |   |   |   | Other:                                  |                    |                                    |                              |                      |               |                         |   |
| Personal Property Taxes (if any)                  |                                       |                       |   |   |   | Other:                                  |                    |                                    |                              |                      |               |                         |   |
| Property Taxes (if any)                           |                                       |                       |   |   |   | Deductible Inves                        |                    |                                    |                              |                      |               |                         |   |
| Auto Licenses (not a deduction in all s           | · · · · · · · · · · · · · · · · · · · |                       |   |   |   |   |                    | rom credit cards, de               |                              |                      |               | PRINTED TOWNS INC. TO.  | **************************************  |
| State of Local Income Taxes (if no                | t listed elsewhere)                   |                       |   |   |   | CHILD                                   | AND                | DEPEN                              | D = 1                        | T CAR                | □ Uide        | ≢ri you na<br>ed denend | ave employer pro-<br>ent care benefits. |
| Sales Tax / Other                                 | tanta tan atau atau atau              | tion downsta          |   |   |   | If required to be                       | gainfully emr      | oloyed (or a full-t                | ime studen                   | ıt) ∠if service n    |               |                         |   |
| If you paid any special assessments or substantia |                                       |                       |   | ☐ ✔ loss must be in                     | a Fadarally                             |   | Address of         |                                    |                              | Sec. or ID Nur       | 170 00        | -                       | Paid                                    |
| CASUALTY/TI                                       | HEFT LOS                              | SES                   |   | declared disaster are                   |   |   |                    |                                    |                              | •                    |               |                         |   |
| Only the TOTAL NET RESULT that                    | exceeds 10% of Adjust                 | ed Gross Incom        | ne is allo                              | owed.                                   |   |   |                    |                                    |                              |                      |               |                         |   |
| Fire, Storm, Theft, and Auto Dam                  |                                       |                       |   | ail for each.                           |   |   |                    |                                    |                              |                      |               |                         |   |
| Date Acquired                                     | Date Acquired                         | Cost or Bas           | is                                      |   |   |   |                    |                                    |                              |                      |               |                         |   |
|   |                                       | Insurance P           | aid                                     |   |   | Federal ID No. if require               | ed                 | Tota                               | al Paid Du                   | ring the Year        | \$            |                         |   |
| Describe How or What Happened                     | Date of Loss                          | Mkt. Value E          | Before                                  |   |   | to file IRS wages repor                 | ts                 | No.                                | Children I                   | Under Age 13         | #             |                         |   |
|   |                                       | Mkt. Value A          | After                                   |   |   | Use Form W-                             | 10 for provider    | details. Allocate exp              |                              |                      | tails if more | space is                | needed.                                 |
|   |                                       | ×                     |   |   |   |   |                    |                                    |                              |                      | <del></del>   |                         |   |
|   |                                       |                       |   |   | VIET 7                                  | ANE SI                                  | STATE              | ana                                |                              |                      |               |                         |   |
|   |                                       | BIE                   | ШЦ                                      | MANUA                                   | VIII (C                                 | ONTRI                                   | 30111              |                                    |                              |                      |               |                         |   |
| if covered by a retirement pl                     | an at work Date                       | e Tradition           | al IRA                                  | SEP/SIMPLE                              | Roth IR                                 | A If you want the                       | mavimum all        | lowable deduc-                     | List to                      | tal value of ALI     | IRAs on       | 12/31                   |   |
| Single or Taxpayer                                | AND VALUE /                           | /                     | iai ii ii i                             | OLI /ONIII CL                           | 11041111                                | tion, write MAX                         |                    |                                    |                              | or Taxpayer          |               | 12/01                   | day of the Adam                         |
| Spouse  |                                       | 1                     |   |   |   | You will be infor                       |                    |                                    | Spous                        |                      |               |                         |   |
| Operation   |                                       | ,                     | *************************************** |   |   |   |                    |                                    | Topour                       |                      | <u> </u>      |                         |   |
|   |                                       |                       |   |   |   |   |                    |                                    |                              |                      |               |                         |   |
|   |                                       |                       |   | 日代日り                                    | U (=71\                                 | TION E                                  | <u>Jehn</u>        | BES                                |                              |                      |               |                         |   |
| Note: Many of your higher education expe          | enses qualify for special ta          | x credits and ded     | uctions.                                | Others may qualify a                    | as exclu-                               | Other Expenses (Enl                     | er amounts as t    | hese expenses ma                   | y qualif <b>y</b> for t      | ax/penalty-free IR/  | withdrawal    | ls, studer              | nt loan interest                        |
| sions from income for tax-free and/or pen         | alty-free withdrawals from            | your tax deferred     |   |   |   | deduction, or U.S. Sa                   |                    |                                    |                              | 1st Student          | 2nd St        |                         | 3rd Student                             |
| information individually for each student a       | and include all Form 1099-            | <b>Q.</b>             |   |   |   | Room and Board                          | i                  |                                    |                              | .or orducin          | 12.10.00      |                         | 1 s.d oddone                            |
| Note: "✔" If student is attending less            | than 1/2 time                         | 1st Studen            |   | 2nd Student                             | 3rd Student                             | Amount of any G                         |                    | arshins                            | <u> </u>                     |                      |               | +                       |   |
| Code (T=Taxpaver S=Spouse D1= Dene                |                                       |                       |   | Z.a Giddoll                             | J. J. GIGGGIII                          | Amount of any G                         |                    | D DEI AS                           | rene                         | :DIPAT               |               |                         |   |

Amount

Tuition

Other:

Other:

Fees, Books Supplies

Amount

Amount

Miles Driven

Room and Board

Seminar Fees

Books and Supplies

Spouse

(May only be available at the state level.)

Taxpayer

## **IMPORTANT**

### Tax Questionnaire Enclosed

|   |  |  |                        | BUS                        | INI                                     | ESS [                       | EXPEN  | SES                                    |                       |                  |             |                            |                |  |  |  |
|---|--|--|------------------------|----------------------------|---|-----------------------------|--|--|-----------------------|------------------|-------------|----------------------------|----------------|--|--|--|
| How to use: Use thi   | is area to summari   | ze your Schedule   | e C sole propi         | rietor bus                 | siness e                                | expenses. Pr                | ovide financials                                 | if available.                          | Busin                 | ess Owner: Ta    | xpayer 🗆    | l Spo                      | ouse           | ☐ Both ☐   |  |  |
| Type of Business  |  |  |                        |                            |   | Į į                         | Total Revenue                                    |  |                       |                  | ****        | THE PROPERTY OF            |                | elemental de la companie de la comp   |  |  |
| Business Expense  | (if more lines ne  | eded, continue   | on separate            | page)                      |   |                             |  |  |                       |                  |             |                            |                |  |  |  |
| Advertising   |  | 1  | Repair & Ma            | int.                       |   | Other:                      |  |  |                       |                  |             |                            |                |  |  |  |
| Car/Truck Expenses  | ck Expenses Insurance  |  |                        |                            |   |                             |  |  | Other:                |                  |             |                            |                |  |  |  |
| Commission Fees   |  | Legal/Prof. Se   | rvices                 |                            |   | Taxes/Licens                | e l  |  | Other                 |                  |             |                            |                |  |  |  |
| Contract Labor  | abor Office  |  |                        |                            |   | Meals                       |  |  |                       | u purchase any b |             |                            | ıt duri        | ing the year?  |  |  |
| Depletion   |  | Pension/Profit   | Shar.                  |                            | . []                                    | Utilities                   |  |  | Yes 🗌                 | No ☐ (If yes,    | attach deta | ils)                       |                |  |  |  |
| Depreciation  |  | Rent or Lease  | )                      |                            | 1                                       | Wages                       |  |  | Total E               | Business Expens  | S <b>e</b>  | \$                         |                |  |  |  |
| Vehicle Expense (I  | lf both taxpayer a   | ınd spouse hav   | e deduction            | s, use ve                  |   |                             | er, 2 for spous                                  | se)                                    |                       |                  |             | W.                         | 44E            |  |  |  |
|   | Vehicle 1  | Vehicle 2  |                        |                            | Ve                                      | hicle 1                     | Vehicle 2  |  |                       |                  | Vel         | nicle 1                    |                | Vehicle 2  |  |  |
| Gas & Oil   |  |  | Licenses               |                            |   |                             |  | Washing/                               | /Lube                 |                  | 100         |                            | $ \bot $       |  |  |  |
| Insurance   |  |  | Repair/Ma              | and the out of the late of |   |                             |  | Other                                  |                       |                  | (B)         |                            | _              |  |  |  |
| Lease Payments  |  | Material contribution of the contribution of t | Tires/Acc              | essories                   | <b>;</b>                                | . Introduction to           | Teach  | Other                                  |                       |                  |             |                            |                |  |  |  |
|   |  |  | Date Placed in Service | Ma                         | ıke                                     | Year                        | Model  |  | C                     | ost of Basis     | Hennelle    | <b>▼</b> .                 | 10.0           | New This Year  |  |  |
| Vehicle 1   |  |  | 1 1                    |                            |   | <u>-</u>                    |  | <del> </del>                           |                       |                  |             |                            | Furni          | ish details on newly<br>lired vehicles and<br>e-in or disposition<br>d vehicle   |  |  |
| Vehicle 2   |  |  | / /                    |                            |   |                             |  |  |                       |                  |             |                            | of old         | 1 vehicle  |  |  |
| Travel Expenses -   | <ul> <li>Away from hor</li> </ul>  | ne (days gone d  | overnight              |                            | ) Tax                                   | payer 🗆                     | Spouse   |  |                       |                  |             | News 1                     |                |  |  |  |
| Transportation  |  |  |                        |                            |   |                             | Auto Renta                                       | ************************************** |                       |                  |             |                            | $\bot$         |  |  |  |
| Lodging   |  |  | 1                      |                            |   |                             | Cabs, Bus,                                       | etc.                                   |                       |                  |             |                            |                |  |  |  |
| Vehicle Mileage De  | And the second s |  |                        |                            |   |                             |  |  |                       | Vehicle *        |             |                            | V              | ehicle 2   |  |  |
| X if another vehicle is   | Terretaria de la companya del companya del companya de la companya | 9.   |                        |                            | 1                                       | nd of Year                  |  | +                                      |                       |                  |             |                            |                |  |  |  |
| Subtract B from A for (1<br>List Business Mile (2), f   |  |  |                        |                            |   | Beginning o                 |  | <u> </u>                               |                       |                  |             |                            |                |  |  |  |
| Subtract 2 from 1 to get<br>Divide line 2 by line 1 fo  | personal miles (3).  | Hen  |                        |                            | -                                       | otal Miles (<br>Business Mi | ***************************************          |  |                       |                  |             | THE PERSON NAMED IN COLUMN | BONDENE MENON  | MANAGEM AND OCCUPANT AND   |  |  |
| to the transfer of the control of the state of the control of the | a Paramana, phagaina na mga is i   | use.   |                        |                            | 8                                       | ersonal Mi                  | 1. To T   1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |  |                       |                  |             |                            |                |  |  |  |
| No. round-trip miles from ho<br>Number of days worked las   |  |  |                        |                            | -                                       |                             | Use (Line 2 ÷                                    | Line 1) -                              |                       |                  |             |                            |                |  |  |  |
| I have adequate rec   |  | nt written evider  | nce to suppo           | rt use of                  | *************************************** |                             |  |  |                       | ,                |             |                            | TOWNCOM/DOUGHA | ncturer terrotector to the service and the ser |  |  |
| (Please Sign)   |  |  |                        |                            |   |                             |  |  |                       |                  |             |                            |                | <i>)</i>   |  |  |
|   |  |  |                        |                            | H(0)                                    | ME 0                        | FFICE  |  |                       |                  |             |                            |                | 2500   |  |  |
| Type of Business  |  |  |                        |                            |   | ,                           |  |  |                       |                  |             |                            |                |  |  |  |
| Justified busi  | ness use for: Ta   | axpayer 🗆  | Spouse [               |                            | Both                                    |                             |  |  |                       |                  |             |                            |                |  |  |  |
| Date Acquired Hor   | ne   |  |                        | Cost of                    | Land                                    |                             |  |  | Taxes                 |                  |             |                            |                |  |  |  |
| Sq. Footage of Living   | A Committee of the Comm |  |                        | Cost of                    | f Home                                  | )                           | Silver   |  | Insurance             |                  |             |                            |                |  |  |  |
| Sq. Footage of Office   | Area (2) (incl. inventory  | 8<br>(e)   |                        | Cost of                    | f Impro                                 | vements                     |  | <del></del>                            | Rubbish & Maintenance |                  |             |                            |                |  |  |  |
| % Office Area ( (2)   | · ÷ (1) )  |  |                        | Utilities                  | 3                                       |                             |  | Daycare Provider # of Hours            |                       |                  |             |                            |                |  |  |  |
|   |  |  |                        | Interes                    | t (morta                                | age, home eq                | uity Ioan)                                       |  |                       | Other            |             |                            |                |  |  |  |