

EDUCATION EXPENSES

Student Name _____
 School Name _____
 Tuition & Fees Paid _____
 *Include 1098-T

CASUALTY/THEFT LOSS

Damage from:
 Fire _____
 Wind _____
 Lightning _____
 Flood _____
 Drought _____
 Accident _____
Loss From:
 Theft _____
 Embezzlement _____

Do not include: Loss from lost or misplaced property.

MOVING EXPENSES

Pack & Move _____
 Storage (30 Days) _____
 Insurance _____
 # of Miles to Move _____
 Gas/Oil During Move _____
 Lodging During Move _____

Do not include: Prepaid premove expenses, rent, security deposit, loss on sale of home, meals or premove expenses.

ALIMONY PAID

Paid to: _____ **Amount** _____
 _____ \$ _____
 (Name)

 (SSN)

EMPLOYEE BUSINESS EXPENSES

Job & Investment:
 Union Dues _____
 Professional Dues _____
 Trade Journal Subscriptions _____
 Safety Equipment _____
 Work-Related Tools _____
 Uniform Cost _____
 Uniform Cleaning _____
 Work Shoes/Gloves _____
 Physical Exams for work _____
 Work Supplies _____
 Client Entertainment _____
 Lodging _____
 Meals (not at home) _____

MISCELLANEOUS

Income Tax Preparation _____
 Safe Deposit Box _____
Mileage:
 Between 1st & 2nd job _____
 Job Search _____
 Work-Related Education _____
 Business _____

Do not include: Personal legal fees, fines, penalties, mileage to and from work, meals during regular work hours or travel as a form of education.

*For any mileage deduction we must be provided with the beginning and ending mileage for the year.

CHILD CARE EXPENSE

1. Provider Name & Address _____ Amount _____
 _____ \$ _____
 *TIN# _____
 2. Provider Name & Address _____ Amount _____
 _____ \$ _____
 *TIN# _____

*Tax Identification Number

SALE OF HOME

Costs and Improvements:
 Lawn/Garden Installation _____
 Driveway/Sidewalk _____
 Septic/Well _____
 Sewer Assessment _____
 Fences/Gates _____
 Patio/Deck _____
 Roof _____
 Finish Basement/Attic _____
 Ceilings/Flooring _____
 Cabinets/Cupboard _____
 Windows _____
 Garbage Disposal _____
 Range Hood _____
 Extra Plumbing _____
 Central A/C _____
 Electronic Air Filter _____
 Rewiring _____
 Swimming Pool _____
 Appliances _____
 Antenna/Satellite Dish _____
 Lawn Sprinkler System _____
 Locks _____
 Insulation _____
 Intercom System _____
 Fire/Burglar Alarm _____
 Ceiling Fans No. _____
 Fireplace Heater _____

Do not include: Paint, routine repairs or interest on assessments.

Include:
 HUD Statement (Purchase)
 HUD Statement (Sale)

INCOME TAX ORGANIZER

NAME _____ TAX YEAR _____

INCOME

W2 Wage Statement _____
 1099-INT Interest _____
 1099-DIV Dividends _____
 1099-MISC Rent, Prizes, etc. _____
 1099-R Pension, IRA _____
 W2-G Gambling, Lottery _____
 1099-G Unempt/State Refund _____
 1099-Q Qual. Edu. Program _____
 1099-B Investment Sale _____
 1099-S Property Sale _____
K-1 From:
 Partnership _____
 Limited Partnership _____
 S-Corporation _____
 Trust _____
 Estate _____
 SSA-1099 Social Security _____
 RRB-1099 Railroad Retiree _____
 Alimony _____
 Tips _____
 Scholarships _____
 Jury Duty _____
 Investment Transaction _____
 Other Information _____

(i.e. broker statements, broker confirmation slips)

ESTIMATED TAX PAID

Federal	Amount	Date Paid
Due 4-15	\$ _____	_____
Due 6-15	\$ _____	_____
Due 9-15	\$ _____	_____
Due 1-15	\$ _____	_____
State		
Due 4-15	\$ _____	_____
Due 6-15	\$ _____	_____
Due 9-15	\$ _____	_____
Due 1-15	\$ _____	_____

IRA CONTRIBUTIONS

	ROTH	Amount	Date Paid
You	<input type="checkbox"/>	_____	_____
Spouse	<input type="checkbox"/>	_____	_____

Note: Your IRA deposit can be made until April 15 and still apply to this tax year.

HEALTH CARE

Health/Dental Insurance _____
 Supplemental Medicare (B) _____
 Prescriptions _____
 X-Ray _____
 Lab Fees _____
 Nursing Care _____
 Hospital _____
 Drug/Alcohol Treatment _____
 Hearing Aids (batteries) _____
 Eyeglasses, Contacts _____
 Orthodontist (Braces) _____
 Crutches, Wheelchairs _____
 Vet Costs for Guide Dogs _____
 Ambulance _____
 Medical Mileage (# miles) _____
 Lodging for Treatment _____
 Medical Doctor _____
 Dentist _____
 Orthopedist _____
 Eye Doctor _____
 Chiropractor _____
 Physical Therapy _____
 Psychiatrist, Psychologist _____
 Long Term Care Ins. Prem. _____

Do not include: cosmetic surgery, life or income insurance, Medicare (A), illegal operations or drugs, non-prescription drugs, funeral, burial, cremation, contact lens supplies.

TAXES PAID

Real Estate _____
 Personal Property _____
 Sales tax on large purchases _____
 Auto Excise _____
 State Taxes _____
Do not include: Federal or inheritance taxes.

INTEREST PAID

Mortgage (includes forms 1098) _____
 Investment _____
 Installment Sale _____
 Student Loan _____
Do not include: credit cards or auto loans

CHARITABLE GIFTS

*A receipt (or a letter/other written communication) from the qualified organization (containing the donation date, organization name and estimated dollar value) is required for all donations.

1098-C Vehicle Donation _____
 Church, Religious Group _____
 Red Cross _____
 United Way _____
 Salvation Army/Goodwill _____
 Scouts _____
 Humane Society _____
 Schools, Hospitals _____
 Public Radio, TV _____
 Environmental _____
 Wildlife _____
 Health Research Org. _____
 Vietnam Veterans _____
 Big Brother Big Sister _____
 Non-Cash*
 Toys for Tots _____
 Salvation Army/Goodwill _____
 Supplies for Charity _____
 Food Drives _____
 Mileage (# miles) _____

Do not include: tuition, political contribution, value of time or services, value of blood donated, gifts to lobbying groups, donations to individuals, cost of raffle, bingo, lottery tickets.

*Please see enclosed for new rules on Non-Cash charitable