

INCOME

Provide all W-2s and 1099 Forms
If additional space is needed, attach a separate sheet

INCOME:	Self	Spouse
W-2 Income		
W-2 Income		
W-2 Income		
Business Income		
OTHER INCOME:		
State tax Refunds		
Social Security		
Pensions State Unemployment		
Disability Income		
Misc.		

Interest Income: (Provide all 1099s or year-end statements)

From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____

Stock Dividend: (provide all 1099s or year-end statements)

From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____
From: _____	\$ _____

AUTOMOBILE EXPENSES

Please keep each car's expenses and mileage records separate!

	Auto # 1	Auto # 2	Auto # 3
Year, make and Model of Automobile			
Purchase Price	\$ _____	\$ _____	\$ _____
Date of: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease			
Date Sold / Trade-in and Sales Price			
Mileage: total Driven this year			
Mileage: Total Professional			
Car Loan Interest paid this year	\$ _____	\$ _____	\$ _____
Parking, Tolls	\$ _____	\$ _____	\$ _____
Gas and Oil	\$ _____	\$ _____	\$ _____
Repairs, Car Wash	\$ _____	\$ _____	\$ _____
Insurance Premium (Annual)	\$ _____	\$ _____	\$ _____
Auto Club	\$ _____	\$ _____	\$ _____
DMV Auto License Fee	\$ _____	\$ _____	\$ _____
Car Lease / Rental	\$ _____	\$ _____	\$ _____

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | 1. What is the commute distance from your home to your office? _____ miles each way |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the vehicle available for personal use after hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is another vehicle available for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. I have adequate records or sufficient written evidence to justify these deductions. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Personal miles driven on employer-owned car _____. |

PROFESSIONAL/EMPLOYMENT EXPENSES

	Self	Spouse		Self	Spouse
Gifts associated with your profession *	\$ _____	\$ _____	All Formal Education Expenses	\$ _____	\$ _____
Money given to transients/indigents*	\$ _____	\$ _____	Name of School _____		
Income Tax Prep/Consultation	\$ _____	\$ _____	Purchase/Cleaning of Pro. Clothing	\$ _____	\$ _____
Postage & Stationery, Cards to Members, Prospects, etc	\$ _____	\$ _____	(Must be distinctive to the profession)		
Use of Camera, Film, Tapes	\$ _____	\$ _____	Hired Services	\$ _____	\$ _____
Other Ofc & Bus./Computer Supplies	\$ _____	\$ _____	Meeting Expenses	\$ _____	\$ _____
Travel Expenses:			Business Interest	\$ _____	\$ _____
Lodging, Transportation, Misc.	\$ _____	\$ _____	Other _____	\$ _____	\$ _____
Meals	\$ _____	\$ _____		\$ _____	\$ _____
Professional Entertainment Costs:	\$ _____	\$ _____			
Entertaining done at home, office restaurants, (tips), associated with the active conduct of your profession.					
Long Distance & Message Unit					
Phone Costs (not incl. personal long distance or base rate)	\$ _____	\$ _____			
Books, periodicals, papers	\$ _____	\$ _____			
Professional Dues / Required Tithe	\$ _____	\$ _____			
Cost of Conferences, Seminars, Professional Growth	\$ _____	\$ _____			

EQUIPMENT PLACED IN SERVICE THIS YEAR:

Date	Description	% Business Use	Spouse or Self ?	Purchase Price

NEW CLIENTS ONLY: (For depreciation purposes)

Current Value of Prof. Library	\$ _____	\$ _____
Current Value of all Office and Professional Equipment	\$ _____	\$ _____

* LIMIT \$25.00 PER RECIPIENT