

Checklist

Name: _____

SSN: _____

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2018 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2017 tax year.

Health Care Coverage (for each member of the household)

- Health Insurance Statements (Forms 1095-A, 1095-B, 1095-C)
- Any exemption certificates received from HHS giving you an exemption from having health insurance

Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property
- Cancellation of debt
- Other income _____

Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses
- Employee business expenses
- Contributions to a Health Savings Account
- Expenses related to work relocation
- Alimony
- Student loan interest
- Tuition and fees for higher education
- Expenses related to child or dependent care
- Contributions to a Retirement Savings Account
- Medical and dental expenses
- Real estate taxes
- Other state and local taxes
- Mortgage interest
- Investment interest
- Cash Contributions
- Noncash Contributions
- Unreimbursed employee expenses
- Investment expenses
- Gambling losses
- Other payments _____

Questionnaire

Name: _____

SSN: _____

Questionnaire

Sharing Economy

Yes No

- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If yes, attach Form 1099-MISC and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If yes, attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If yes, provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If yes, attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If yes, provide documentation.

Additional Questions

Yes No

- Did you receive income or incur expenses associated with a fantasy sport league?
If yes, provide documentation.
- Did you incur gains or losses due to damaged or stolen property?
- Did you incur gains or losses from virtual currencies (e.g., Bitcoin or Ripple)?
- Do you anticipate your income or withholdings to be different for 2018?

Miscellaneous Information

Name: _____

SSN _____

Personal Information

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?
If "Yes," explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you or your spouse be claimed as a dependent by someone else? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?
Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID) |

Dependent Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any changes in dependents during the year?
If "Yes," explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Can another person qualify to claim any of your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any childcare expenses during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any adoption expenses during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or a full-time student under age 24 with more than \$2100 of unearned income?
Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.) |

Health Care Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did any member of your household NOT have healthcare coverage for the entire year?
Provide copies of all Forms 1095-A, 1095-B, 1095-C for ALL members of your household.
If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? |

Income, Purchases, Sales, and Debt Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any tips not reported to your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any U.S. savings bonds during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any other income not provided with this organizer?
If "Yes," explain _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a new business or purchase any rental property during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell an existing business, rental property, or other property during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase any gasoline, diesel, or special fuels for non-highway business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds, or other investments during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a principal residence or a piece of real property foreclosed on during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you abandon a principal residence or a piece of real property during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any principal or interest during this year from property sold in prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you rent out your home or use it for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell, exchange, or purchase any real estate during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you acquire a new or additional interest in a partnership or S corporation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts canceled or forgiven this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money that has become uncollectible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service. |

Itemized Deduction Information

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any state or local income tax refunds from prior years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any major purchases (vehicle, boat, etc.) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any real estate property taxes or personal taxes during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay mortgage interest during the year? |

Miscellaneous Information

Name: _____

SSN: _____

Itemized Deduction Information (continued)

Yes **No**

- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Retirement Information

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any withdrawals from or contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), myRA, or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

- Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?
If "Yes," are you splitting the gift with your spouse? _____
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you apply an overpayment of your 2017 taxes to your 2018 estimated taxes?
- If you have an overpayment of 2018 taxes, do you want the refund applied to your 2019 estimated taxes?
- Did you make any estimated payments toward your 2018 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return emailed to you instead of receiving a printed copy?

Foreign Account Information

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?

Preparer Notes

Miscellaneous Notes _____

2018 Tax Organizer Personal and Dependent Information

Personal Information

Name		SSN	Date of birth	Healthcare coverage ALL year
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status at end of 2018

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2018 enter the date of death _____

- Are you blind? Yes No
 Are you disabled? Yes No
 Are you a full-time student? Yes No
 Do you want \$3 to go to the Presidential Election Campaign Fund? Yes No

Taxpayer

Spouse

- Yes No Yes No
 Yes No Yes No
 Yes No Yes No
 Yes No Yes No

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Healthcare coverage ALL year

List dependents required to file a return _____

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2017	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2018 appointment is scheduled for _____

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

	2018 Taxpayer	2018 Spouse
Scholarships or grants not reported on Form W-2	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
Alimony received	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2018	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2018 Taxpayer	2018 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)	_____	_____
Contributions made to a Health Savings Account (HSA)	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid		
Name: _____ SSN: _____	_____	_____
Name: _____ SSN: _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA	_____	_____
Contributions made to a myRA	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Job-related Moving Expenses

Select this box and complete the fields below if you are member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2018

Number of miles from old home to old workplace	_____
Number of miles from old home to new workplace	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home. (Do not include cost of meals)	_____

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

- This business started or was acquired during 2018 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2018 Yes No You filed Form(s) 1099 for the individual(s)

Income

	2018	2018
Gross receipts or sales	_____	Other income _____
Income from Form 1099-MISC	_____	_____
Returns & allowances	_____	_____

Expenses

	2018	2018
Advertising	_____	Travel _____
Car & truck expenses	_____	Total meals _____
Commissions & fees	_____	Utilities _____
Contract labor	_____	Wages _____
Depletion	_____	Other expenses (list) _____
Employee benefit programs	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Legal & professional services	_____	_____
Office expenses	_____	_____
Pension & profit sharing plans	_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____
Rent (other business property)	_____	_____
Repairs & maintenance	_____	_____
Supplies	_____	_____
Taxes & licenses	_____	_____

Cost of Goods Sold

	2018	2018
Inventory at beginning of year	_____	Materials & supplies _____
Purchases	_____	Other costs _____
Cost of personal use items	_____	Inventory at end of year _____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- Single family residence Vacation / short-term rental Land Self-rental
- Multi-family residence Commercial Royalties Other _____

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property is your main home Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental
- This property was disposed of during 2018 Yes No You filed Form(s) 1099 for the individual(s)
- This property was owned as a qualified joint venture

Income

	2018	2018
Rent income		Royalties from oil, gas, mineral, copyright or patent
Rental income from Form(s) 1099-MISC		Royalties from Form 1099-MISC

Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses
Advertising		
Auto & travel		
Cleaning & maintenance		
Commissions		
Depletion		
Insurance		
Legal & professional fees		
Management fees		
Mortgage interest		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Other expenses		

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID number _____

This farm was disposed of during 2018

Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes No You filed Form(s) 1099 for the individual(s)

Income

	2018	2018
Sale of livestock / other items	_____	Custom hire income _____
Cost of items bought for resale	_____	Beginning inventory for accrual _____
Sale of products you raised	_____	Ending inventory for accrual _____
Total cooperative distributions	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method
Total agricultural payments	_____	Other income _____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported	_____	_____
CCC loans forfeited	_____	_____
Crop insurance proceeds:		
Amount received in 2018	_____	_____
<input type="checkbox"/> You elect to defer to 2019		
Amount deferred from 2017	_____	_____

Expenses

	2018	2018
Car & truck expenses	_____	Repairs & maintenance _____
Chemicals	_____	Seeds & plants purchased _____
Conservation expenses	_____	Storage & warehousing _____
Custom hire (machine work)	_____	Supplies purchased _____
Employee benefit programs	_____	Taxes _____
Feed purchased	_____	Utilities _____
Fertilizers & lime	_____	Veterinary, breeding, & medicine _____
Freight & trucking	_____	Other expenses _____
Gasoline, fuel, & oil	_____	
Insurance (other than health)	_____	
Interest - mortgage (paid to banks, etc.)	_____	
Interest - other	_____	
Labor hired (less jobs credit)	_____	
Pension & profit-sharing plans	_____	
Rent - vehicles, machinery, & equipment	_____	
Rent - other (land, animals, etc.)	_____	

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2018

Income

	2018	2018
Income from production of livestock, grains, and other crops	_____	Crop insurance proceeds:
Total cooperative distributions	_____	Amount received in 2018
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2019
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2017
CCC loans reported	_____	Other income
CCC loans forfeited	_____	_____

Expenses

	2018	2018
Car & truck expenses	_____	Seeds & plants purchased
Chemicals	_____	Storage & warehousing
Conservation expenses	_____	Supplies purchased
Custom hire (machine work)	_____	Taxes
Employee benefit programs	_____	Utilities
Feed purchased	_____	Veterinary, breeding, & medicine
Fertilizers & lime	_____	Other expenses
Freight & trucking	_____	_____
Gasoline, fuel, & oil	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other	_____	_____
Labor hired (less jobs credit)	_____	_____
Pension & profit-sharing plans	_____	_____
Rent - vehicles, machinery & equip	_____	_____
Rent - other (land, animals, etc.)	_____	_____
Repairs & maintenance	_____	_____

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- Another vehicle is available for personal use
- This vehicle is available for use during off-duty hours
- There is evidence to support your deduction
- The evidence is written

Number of miles the vehicle was driven during 2018
Business _____ Commuting _____ Total _____

Garage rent	_____	Property tax	_____
Gas	_____	Repairs	_____
Insurance	_____	Tires	_____
Licenses	_____	Tolls	_____
Oil	_____	Other expenses	_____
Parking fees	_____		_____
Lease payments	_____		_____
Interest	_____		_____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions

- How many days during the year was the area used? _____
- How many hours per day was the area used? _____
- The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Schedule A - Itemized Deductions

Name: _____

SSN: _____

Medical and Dental Expenses

- Health insurance premiums (paid by you) _____
- Long-term care premiums (you) _____
- Long-term care premiums (your spouse) _____
- Long-term care premiums (dependents) _____
- Mileage driven for medical purposes _____
- Medical and dental expenses
 - Doctor, dental, etc _____
 - Prescription medicines _____
 - Insulin _____
 - Glasses and contacts _____
 - Hearing aids _____
 - Braces _____
 - Medical equipment & supplies _____
 - Hospital services _____
 - Laboratory services _____
 - Nursing services _____
 - Other _____

Taxes Paid

- State and local income taxes _____
- Sales tax _____
- Real estate taxes _____
- Personal property taxes _____
- Other taxes (list) _____
- _____
- _____

Interest Paid

- Mortgage interest paid (attach Form 1098) _____
- Some of your home mortgage loan was not used to buy, build, or improve your home
- Mortgage interest paid to an individual _____
- Paid to:
 - Name _____
 - Address _____
 - City, State, ZIP _____
 - SSN or EIN _____
- Qualified mortgage insurance premiums _____
- Investment interest _____

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes _____

Other Miscellaneous Deductions

- Amortizable bond premiums _____
- Federal estate tax _____
- Gambling losses _____
- Impairment-related work expenses _____
- Claim repayments _____
- Unrecovered pension investments _____
- Loss from other activities from Schedule K-1 _____
- Ordinary loss debt instrument _____

Job Expenses & Certain Miscellaneous Deductions

- Necessary job expenses you paid that were not reimbursed by your employer
 - Safety equipment, tools, & supplies _____
 - Uniforms _____
 - Protective clothing (shoes, hardhats, glasses, etc.) _____
 - Dues to professional organizations _____
 - Books & subscriptions _____
 - Other _____
- Tax preparation fees _____
- Other nonpersonal expenses related to taxable income
 - Safe deposit box fees _____
 - Investment expenses not entered elsewhere _____
 - Other _____

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Business Expenses

- You are a qualified performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy
- You used your personal vehicle for your job during 2018

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Rural mail carrier expenses	_____	_____
Parking fees, tolls, local transportation	_____	_____
Meals	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount