**Benjamin H. Moore, CPA, PA**

**Phone (407) 644-3119 Fax (407) 628-3616 email bhm@bhmcpapa.com**

**GENERAL INFORMATION**

**Taxpayer: Spouse:**

**Name Name ­­­­­­­­­­­­­­\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

**Street Address Street Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­ \_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security #** Social Security # \_\_\_\_\_\_\_\_

Date of Birth Date of Birth\_\_\_\_\_\_\_

Home Phone Home Phone\_\_\_\_\_\_\_\_

Cell Phone Cell Phone

Work Phone Work Phone \_\_\_\_\_\_\_\_

Occupation Occupation

Email Address Email Address

Filing As:

**Single**\_\_\_**Married File Jointly\_\_\_Married File Separately**\_\_\_Head of H**ousehold\_\_\_Widow(er)\_\_\_**

**Prior Year Refund Applied To Current Year:**

**Federal $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Year Estimated Tax Payments:**

Date Paid Federal State

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**ELECTRONIC FILING**

**Do you wish to file electronically? Yes\_\_\_\_\_ No\_\_\_\_\_\_\_ (Complete Election To Not File Electronically)**

**Direct Deposit Information**: Attach copy of voided check

Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Checking\_\_\_\_\_Savings\_\_\_\_\_\_\_

Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Route # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPENDENT CHILDREN/OTHER DEPENDENTS

Months Lived

First/Middle/Last Name Birth Date SS # Relationship With You Student?

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**CHILD CARE EXPENSES**

Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider: Provider: Provider:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: Address: Address:**

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**City: City: City:**

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State/Zip: State/Zip: State/Zip:

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**Provider Soc Security#/EIN: Provider Soc Security #/EIN: Provider Soc Security #/EIN:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Paid: $ Amount Paid: $ Amount Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPENSATION – WAGE & SALARY INCOME**

**Attach Wage Statements Copies B & C (Form W-2)**

**Employer: Taxpayer: Spouse:**

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**INTEREST INCOME**

**Attach Form 1099-INT(s)**

**Payer Taxpayer Spouse Amount Tax Exempt**

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**DIVIDEND INCOME**

Attach Form 1099-DIV

Capital

**\*Payer: Ordinary Qualified Gains Tax Exempt Taxpayer Spouse**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ --- ---- ----**

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**\*Include Social Security # and address if individual**

**PARTNERSHIP, S CORPORATION, TRUST, ESTATE INCOME**

**Attach Form K-1(s)**

**Reporting Entity EIN Taxpayer Spouse**

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**SALES OF REAL PROPERTY**

**Attach Form 1099-S, Closing Statements-HUD1, Form 1099-A, Form 1099-C**

**Date Cost & Date Foreclosure/ Sale**

**Property Description Location Bought Additions Sold Short Sale? Price**

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**RETIREMENT ACCOUNTS**

**Contributions To Retirement Accounts: Attach Form 5498**

**Type (Roth, IRA, SEP, SIMPLE) Date Amount Taxpayer Spouse Paid To**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

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**Withdrawals From Retirement Accounts:**

**Attach Form 1099R(s)**

**Type Reason- Withdrawal Date Amount Reinvested? Taxpayer Spouse Payee**

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**OTHER INCOME**

**Attach 1099-SSA, 1099-RRB, Taxes**

**other Form 1099s as applicable Taxpayer Spouse Withheld**

**Social Security Benefits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Railroad Retirement $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Gambling Winnings $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Alimony $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Unemployment Benefits State\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Workers Compensation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Prizes, Bonuses, Awards $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Jury Duty $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Royalties $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**SALE OF INVESTMENTS (STOCKS, BONDS, MUTUAL FUNDS, COMMODITIES)**

**Attach 1099-B(s)**

**Brokerage Date Date Sale**

**Type of Investment House No of shares Bought Sold Cost Price**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

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**MEDICAL/DENTAL/HEALTH INSURANCE Amount Taxpayer Spouse Dependents**

**Medical Insurance Premiums Paid By You $ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**Long-term Care Insurance Paid By You $ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**RX Drugs $ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**Glasses, contacts $ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**Hearing aids $ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**Medical equipment $ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**Doctors/Dentists $ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**Hospital $ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**Nursing Care $ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**Health Savings Account $\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**Medical Miles Driven During Year \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_\_**

**TAXES PAID**

**Real Estate**

**Attach property tax assessment/Form 1098**

**Property Description Date Paid Amount Taxpayer Spouse Use of Property**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**State or Foreign Income Taxes**

**Attach state Form W-2**

**State/Country Paid To Date Paid Amount Taxpayer Spouse**

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**Sales Tax on Vehicles or Boats**

**Attach Purchase Contract**

**Description of Vehicle or Boat Date Paid Amount Taxpayer Spouse**

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**INTEREST EXPENSE**

**Attach Interest Statements – Form 1098**

**Loan Balance**

**Property Description Payer Start of Year End of Year Interest Paid Taxpayer Spouse Lender Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\*Include Social Security # and Address if individual**

**CHARITABLE CONTRIBUTIONS**

**Include receipts**

**Value At Miles**

**Recipient Address Date Given Your Cost Time of Contribution Driven**

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**MOVING EXPENSES – ON LOCAL – JOB RELATED**

**Amount Paid For**

**Date of Move From To Miles Driven Household Goods Lodging Storage Travel**

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_**

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**UNREIMBURSED EMPLOYEE BUSINESS EXPENSES**

**Amount**

**Type Paid To Amount Taxpayer Spouse Reimbursed**

**Dues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Books, Subscriptions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Tools \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Uniforms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Gifts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Cards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Meals/Entertainment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Travel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Lodging \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Mileage:**

**Date In All Just Business**

**Year/Make of Auto Service Miles Driven Miles Driven Taxpayer Spouse**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_**

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**OTHER DEDUCTIONS**

**Tax Preparation Fees $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alimony Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investment Fees/Advice $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security # of Recipient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Safe Deposit Box $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT LOAN INTEREST**

**Attach Interest Statement**

**Paid To Amount Taxpayer Spouse Dependent**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_**

**EDUCATION EXPENSES**

**Attach Form 1098-T(s), 1098-Q(s)**

**College Amounts Paid Scholarships**

**Student Year in College Attended Tuition Books Supplies Equip Received**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_ \_\_$\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_**

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**SELF-EMPLOYMENT**

**Self-Employed Income - Attach 1099-Misc(s)**

**Description of Business Payer EIN Amount**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Self-Employed Deductions**

**Accounting & Legal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advertising $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank Charges $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Credit Card Interest $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meals & Entertainment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Commissions $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Freight $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dues $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Repairs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Self–Eemployed Deductions, continued**

**Supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxes $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone/Internet $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tolls/Parking $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Travel $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inventory: Start of Year $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchases During Year $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_End of Year $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Vehicle Expense**

**Attach Sales Agreement if purchased during tax year**

**Mileage Log must be kept showing date, destination, purpose of trip and business miles driven**

**Vehicle 1 Vehicle 2 Vehicle 3**

**Year/Make/Model \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Date Purchased \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Total Miles Driven-Year \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Business Miles Driven-Year \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Expenses:**

**Gas, Oil $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Tires $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Repairs $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Tags $ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance $ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Wash,Wax $ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Lease Payments $ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_**

**Interest $ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_**

**Other\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_**

**Cost, if purchased this year $ \_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $­\_\_\_\_\_\_\_\_\_\_\_**

**Office In Home**

**Square Footage Home \_\_\_\_\_\_\_\_\_\_\_\_ Square Footage Office\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Utilities $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Repairs$\_\_\_\_\_\_\_\_\_\_\_ Rent $\_\_\_\_\_\_\_\_\_\_\_**

**RENTAL PROPERTIES**

**Attach Form 1099-Misc**

**Rental Income**

**Property Type – Address Property 1 Property 2 Property 3**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Rental Property Expenses**

**Advertising $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Cleaning $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Insurance $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Mortgage Interest $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Professional Fees $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Office Supplies $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Management Fees $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Repairs $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Major Improvements - Replacements $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Taxes $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Telephone $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Utilities $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Miles Driven-Rental Properties \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Days Rented \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Days of Personal Use \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Property Purchased During Tax Year: Attach HUD1**

**Date Bought \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Land $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Building $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Furnishings $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Property Sold During Tax Year: Attach HUD1**

**Date Sold \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Land $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Building $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**Furnishings $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_**

**RENTAL PROPERTIES, CONTINUED**

**Did the taxpayer or spouse separately spend more than one half of their time and more than 750 hours**

**of service during the tax year in real property trades or businesses?**

**Taxpayer Yes/No\_\_\_\_\_\_\_ Spouse Yes//No\_\_\_\_\_\_\_\_**

**Hours spent with real estate Taxpayer \_\_\_\_\_\_\_\_ Spouse \_\_\_\_\_\_\_\_\_\_\_**

**FOREIGN BANK ACCOUNTS**

**Did the taxpayer or spouse together or separately maintain control over a bank or securities account**

**held in a foreign county?**

**Taxpayer Yes/No\_\_\_\_\_\_\_ Spouse Yes//No\_\_\_\_\_\_\_\_**

**Bank Name/Address Country Account # Lowest Balance Highest Balance**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­HOUSEHOLD EMPLOYEES**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc Sec #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER – DESCRIBE AS NEEDED**

**To the best of my knowledge and belief, the information contained herein is complete and accurate, based on my records and receipts, for the preparation of my income tax return.**

**Signed: Signed:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Taxpayer Date Spouse Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Print Name**