

TAXABLE YEAR 20 **DEDUCTION RECORDER**

NEW CLIENTS: Please provide a copy of last year's tax return.

NEW CLIENTS: Please provide a copy of last year's tax return.	Insure Your Greatest Tax Savings
Filing Status: Single Joint Married Filing Separately He	ad of Household 🛛 Widow(er) w/Dependent Child (Year Spouse Died)
During the last taxable year: 🛛 I was married, Date Divorce	ed, or separated, Date Suffered the death of Spouse, Date
YOUR PERSONAL INFORMATION SPO	DUSE
Your Name Date of Birth	Spouse's Name Date of Birth
Home Address, City & State Zip Code	Home Address, City & State, Same] Zip Code
County School District	County School District
Social Security No. Occupation	Spouse's Social Security No. Occupation
Home Telephone No. Alt. Phone Cell Business	Spouse's Home Telephone No. Alt. Phone Cell Business
E-Mail Address	E-Mail Address
At the end of the year were you: Disabled? Blind? Blind?	At the end of the year were you: Disabled? Blind? Blind?

DEPENDENTS - List names of all dependents, regardless of age, who received more than half their support from you. Do not list spouse.

Name of Dependents	Date of Birth	Social Security No.	Citizen of the U.S.	Year End Age & Relationship	Full Time Student 5 Months or More	Did You Provide Over 1/2 Support?	Wages of Dependent	Investment Incom of Dependent
2011-1289-0-176-4-178-177-179-1-77-6-4-174-174-174-174-174-174-174-174-174-1					 		2.00.00 (. 0) (. 0.00 (. 0) (. 0.00	
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				an galantina mirana di ana ana di Santa Santa di Ango, a Pilantina Manana Ango ang 20 ang			**************************************	

ESTIMATED TAXES ALREADY PAID - If applicable	Fede	eral	Sta	te	Loc	al
	Amount Paid	Date Paid	Amount Paid	Date Paid	Amount Paid	Date Paid
(Not Withheld by W-2's) Credit from prior year						
Cash estimated payments: April						
June				19-00-04-07-019-09-04-04-04-04-04-04-04-04-04-04-04-04-04-	A REAL PROPERTY OF THE PARTY OF	
September						Weiter an
January						****

WAGE & SALARY INCOME - Enclose all W-2's List names of all employers for taxable year	Total Wages	Fed. Income Tax Withheld	State Income Tax Withheld	Local Income Tax Withheld	Social Security Withheld	Medicare Withheld

DIVIDEND INCOME - Include 1099 Forms Received

*H W J	Name of Payer	Gross Amount Received			
	94 18 A 1920 1974 1980 1974 1975 1976 1976 1976 1976 1976 1976 1976 1976		randesel its to the second second second		
			COMPANY A CONTRACTORY AND		

	(if foreign, give name of country)				
	Discuss exclusions from special dividend rate of 15% with tax preparer.				

INTEREST INCOME - Include 1099 Forms Received

H N .I	Name of Payer	Gross Amount Tax Received Withheld				
	ĸ₩₩ŢŢ₩ġ₽₩ġ₽ĸġ₩ŢŢĸĹŢŎŢĬĬŎġĿĬġŦġĿĬĊĸŢĬŎŎĸŢĨŎĸŢŎţĊŎĸġĊţĸĔĬŎſĊĬŢĬĊŎĊĿħĹŎĊĸĿĿŎŎŎġĸŎ					

	99 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -					
Interest from	Seller-Financed Mortgages					
(If buyer used	(If buyer used property as personal residence, furnish your SSN and ans					
Buyer's Na	me	A STATE OF A				
Buyer's Ad	iress	00000000000000000000000000000000000000				
Buyer's SS	N					
Interest from	EE or I U.S. Savings Bonds	B. D. Harden				
used for qual	ified higher education					
During Tax Ye	ear, did you have interest in a financial a	account in a foreign country?				
(If "YES", g	(If "YES", give name of country)					
Did you recei	ve a distribution from, or contribute to a	a foreign trust?				
Tax Exempt li	iterest					

OTHER INCOME - Include 1099 and K-1 Forms Received

	Payer	Amount			
and Gratuities					
nissions and Fees					
s and Awards					
ny Received					
ty and Pension Distributions		N. A. LUBRCON, D. SAUGARIA			
dell ESA Distributions					
istributions (regular, ROTH, SEP and SIMPLE)*					
Were distributions used for K-12 or college educational expenses (at public or private school) of you, spouse, child, or grandchild? Yes No if Yes, enter amount.					
Were distributions used for first-time home buyer expenses of you, your spouse, child, or grandchild?					
ties					
ership, Joint Venture, L.L.C. or S corporation.					
Il Fund		distant and a second			
hold employee income (not reported on Form W-2)		In the second			
Income	n v wy yn de fan yn fan de				
or Estates		Parkang state and sold approximately approximately			
Income					

	Payer	Amount
Tax Refunds (State and Local)		
Unemployment Compensation		
Strike Benefits		
Disability (may qualify for exclusion)		
Social Security received		
Lump sum distribution from Retirement/PS plans		
Jury Duty Fees		
Gambling Winnings		Contraction and the second
Mortgage Debt Forgiveness		And the second
Scholarship and Fellowship Grants		
If Degree candidate: enter amount spent on tuition & course relate	d equipment	
Conversion of IRA, SEP or SIMPLE	1000	(Contractor
to Roth IRA		Γ
Other income (U.S. or Foreign?)	and the second second	CON HELLER SHOP SHE AND SH
Employer provided educational assistance > \$5,250		
Stimulus payment(s) received		and and a subsection of the subsection
	Land and the second sec	A REAL PROPERTY AND INCOME.

STOCK OR PROPERTY SALES - Enclose Broker's statements, Form 1099-B, and Real Estate transaction papers.

*H W		Dates	Dates	Sales Price	Cost Basis	Expenses	Basis	Adjustmer	ts Depreciation c
J	Description of Stock, Mutual Fund, or Property (# of Shares)	Acquired	Sold	Amount	Amount	of Sale	Code*	to Basis	Ammortization
									COMPANY REVENUES OF CONSTRUCTION
		-			Por suis Paul and and				
	# Darman a susan manufacture de la seconda de la constitución de a constitución de a susan de la constitución d	1		1		and a service and a service service of the service	1		
Were	any of these properties your principal residence for at least two of the five	/ears? []	l Yes E	No Discuss	other exemption	s for principal re	sidence w	vith tax prepare	Jr.
Was d	lepreciation claimed on this property for business or rental use?	es 🗆 N	0	*Use Basis (Codes below:				
Were	any of these sales on the Installment Method? 🗌 Yes 🔲 No	(If yes, pleas	e explain.)	A 1099-BI C No 1099	Received; Box 3 -B Received; ba	basis (cost) asis is my cost			-B Received; ox 3 basis (cost)
CRE	CREDITS - CHILD & DEPENDENT CARE/CHILD TAX CREDIT -								

Name of Qualifying Person	Date of Birth	Dependent?	Relationship	Months Lived in Home	Resident Alien	Incapable Self-care
			a second and the second second second	**************************************	T	T
	4.4 k. juli 1.			an a		A STORE OF THE OWNER OF THE OWNER
			The second se	alation and a south target and a south		ARCTRAPHIC CALCERTAINS
Persons or Organizations who cared for the children or dependents	2					CONCUMPTION OF A LOCATION
Name and Address				Social Security No. or E	IN An	nount Paid
						A CONTRACTOR OF THE OWNER
If you paid over \$1,700 to household employee, write your employer identification num	iber, and the amoun	t of wages paid.			DISTRICT OF CARDING AND	

EDUCATION CREDITS Name of Student	Enrolled in Post-Secondary Educational Institution?	Enrolled in Degree or Certificate Program?	Years of Post-Secondary Education Completed as of 12-31	Took at Least Half Normal Full-Time Workload During One Academic Period of Tax Year?	Ever Convicted of a Felony for Controlled Substances?	Amount of Tultion and Fees Paic During Tax Year (other than amour paid for educational deduction)
	- + 4			angunus anan'i kuandan sa sa kananguna da kanang sa kata sa kanan da ka	generalistik ander Zahlender von Schwarz under Anderson	
						an a fair an thair an
	1					1

DEDUCTIONS - Medical and Dental Expenses	Un-reimbursed Amount
Prescription medicines, drugs and insulin	
Doctors and Dentists	
Nurses and Hospitals	
Insurance Premiums	AF PERSONAL STATES AND AN
Eve Laser Surgery	

Lodging while away from h	ome for M	edical Care a	nd Ambulance Service	Un-reimbursed Amount
Other (List below - smoking cessation	programs, heari	ng aids, dentures, e	yeglasses, braces, wheelchairs, etc.)	17.087153-00-20021537534-03-453-453-453-453-453-453-453-453-453-45
EM ISSUEDE BY MOTELANDE DAWN GAME MANNE DAWN A WEEK MAN	ðsleiter lærer græði á er jurijangi			
Are you self employed	Yes	□ No		

*H-HUSBAND W-WIFE J-JOINT

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CONTRIBUTIONS - Retirement Plans and IRAs Type of Account (regular IRA, Roth IRA, Coverdell ESA, employer-sponsored retirement plan, SEP, etc.)	Individual or Spousal	Amount Contrib Before Year-End		Year End Balance	SPEED PROCESSING Enclose front pages of
					government tax forms that have
					your name and address labels. Be
			40 0 45 bear 55 s (s (b) (b) (b) (b) (b) (b) (b		sure to include the mailing
Are you or your spouse an active participant in a qualified retirement plan (includi	envelopes as well.				
Discuss deductibility or credit availability for contributions with tax preparer.					

DEDUCTIONS - Interest	Amount
Home mortgage interest paid to financial institutions (Form 1098)	
Home mortgage interest paid to individuals (show name and address)	
Name:	
Address:	
Date of Mortgage(s)	
Cost of residence & improvements	1998 - Talina Manteria (Construction of the Constru
	and the factor of the state of
Is mortgage on:	
Percentage points paid on mortgage for new home	
Mortgage prepayment penalties	
Mortgage insurance premiums for policy initiated after 2006	
Interest to purchase or carry investment property	
Amount of interest paid on student loans (Form 1098-E)	Al-MANUSCON SILVER AN
Were loan proceeds used exclusively for educational expenses (tuition, for and related expenses such as books and supplies)?	ees, room and board
Was loan taken out for yourself, your spouse, or a dependent (at the time was taken out)?	the loan
Other	0-14 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

DEDUCTIONS - Miscellaneous	Amount
Alimony Paid (list recipient's name and SSN)	
Recipient	
Social Security Number	
Penalty on early withdrawal of savings	
Un-reimbursed Employee Expenses: Tools	
Protective Clothing	
Union Professional Dues	
Uniforms	
Subscriptions to professional journals	
Other (specify)	
Employer Provided Benefits (specify)	
Tax Return Preparation Fees	
Investment Expenses	
Safe Deposit Box	
Casualty or theft loss not reimbursed by insurance in excess of \$500	
Worthless Stock, Ponzî Scheme Losses	and an and the share that the country when
Contribution to Health Savings Account	
Expenses paid for higher education (not paid by Coverdell ESA or reported for educational credits) for you, spouse or dependent	
Teachers - books, supplies and equipment (Grade(s) taught)	
Gambling Losses (up to winnings)	
Gulf, Renewable Energy or Build America Bonds	
Other (specify)	and the second surface of the second

Income Taxes (state and local)	
Real Estate Tax (Include even if not planning to itemize)	
Personal Property Tax (Auto)	
Other Taxes (specify)	
State General Sales Tax	

ADOPTION CREDIT

ADOPTION CREDIT	Amount
Amount of expenses paid to adopt a child	
Child's Name?	
Date of Birth?	
Social Security Number?	
Special needs child? 🔲 Yes 🔲 No	

DEDUCTIONS - Charitable Contributions

NOTE: Receipts or bank records are required for all cash contributions; written	n acknowledge-
ment is needed for contributions in excess of \$250	Amount

nent is needed for communions in excess of \$250.	Amount
Cash Contributions (Receipts/canceled checks required)	
Payments over benefits received for charitable events.	
Non-Cash contributions: Attach list showing charity name and address, property description, condition (good or better), dates acquired and contributed, how acquired by you (e.g. purchase or gift), cost or adjusted basis, fair market value, and how you deter- mined value. Note: For charitable donation of property value in excess of \$5,000, additional information maybe required. Please note any direct contribution made from retirement plans.	
Out of pocket expenses for denated work in conjunction with above or similar organizations & charities.	
Transportation or mileage for charitable work (provide dates).	
Expenses (incurred as duly elected delegate to convention or recognized organization).	
Other Expenses (specify)	THE CONTRACTOR AND AND AND AND A

PRESIDENTIAL ELECTION CAMPAIGN FUND

Congress has set up a fund to help pay for Presidential election costs. Do you want \$3 of your tax to go to this fund?_____ If you are filing a joint return, does your spouse want \$3 dollars of their tax to go to this fund? ____ Note: A "Yes" response will not change your tax or reduce your refund.

...from IRS: Recordkeeping

"You are required by law to keep records that will enable you to prepare a con plete and accurate income tax return. Although law generally does not requi. any special form or records, you must retain all receipts, cancelled checks ar other evidence to prove amounts claimed as deductions. You must keep you records for as long as their contents may be material to administering ar Internal Revenue Service."

The enclosed information is correct and includes all income for this retur

Taxpayer's Signature

Date

RENTAL AND ROYALTY INCO			Days Rented at	Total Days of	Total Rent or Royalty	MOVING	EXPENSES
Type of Property an Property A	IO Address	Fair	Market Value	Personal Usage	Received	Under certain con	
Property B						your residence du	
Property C						employment your	moving costs may
Property D						deductible	
Property E						Distance Old Hom	e to NEW Workplan
Did you actively participate in the real e	state activities	Yes 🗌 No				<u>Miles</u>	
Are any of these properties vacation ho		Baser of	es, which ones _)	City mo	oved from
RENTAL AND ROYALTY DEDU	CTIONS Property A	Property B	Property C	Property D	Property E	Distance Old Hom <u>Miles</u>	e to OLD Workpiaco
Advertising	Troporty A		Т		1		10460 (0
Auto and Travel						Cost of moving and s	toring household good
Cleaning and Maintenance						Amount	
Commissions							or yourself and
Insurance							to new residence lude meals)
Legal and Other							Amount
Professional Fees						Airfare	Antoun
Mortgage Interest Paid			NY MILLING IN COLUMN			Auto Expenses	
to Financial Institutions						Lodging	
Other Interest						Expect to work 39 we	l
Repairs			-			workplace in 12 mon	
Supplies						Yes No	
Taxes	-					Expenses reimbursed t	ov employer
Utilities		······································	NAME AND ADDRESS OF TAXABLE PARTY OF			Amount	.,,,,,
Depreciation (discuss with Tax Consultant)							
Other (specify)							
						SPEED PR	OCESSING
		alla da de la la compañía de la comp	1			Enclose fro	
			1	T		government tax	
				-		your name and	
		**********************************				Be sure to inclu	
							s as well.

EMPLOYEE BUSINESS EXPENSES

EMPLOTEE BUSINESS EXPENSES	Un-reimbursed Amount
Fares for Airplane, Taxi, Train, etc.	
Meals (total amount before 50% limit)	
Lodging	
Auto Rental	
Auto Business Expenses	and the second
Dues to Professional Association or Union	
Education	
Entertainment	
Office	10 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -
Supplies	The second s
Other	

STANDARD MILEAGE	1/1 - 6/30	7/1 - 12/31
Total miles driven this year		
Business miles driven		
Personal miles driven		
Was another vehicle available for personal use?	Yes I	Vo

ACTUAL AUTO EXPENSES

Un-reimbursed Amount Car #1 Car #2 Description of Auto Cost or Other basis Date placed in Service License and fees State and Local Taxes Insurance Depreciation (discuss with tax return preparer) Interest on Auto Loan Gas, oil, lubrications, etc. Business parking and tolls Tires, repairs, etc. Motor Club dues Other (attach list) Used for Farm, Business or Rental? Percentage of Farm or Business use Did you trade an auto used in your business this year? Do you have adequate records to justify these deductions?

FARM INCOME & EXPENSE - Farm names and addresses

Employer I.D. No.

Principal Product(s)
Accounting Method used (check one): Cash Accrual
Do you elect to average farm income over three years? 🗌 Yes 🔲 No
Did you materially participate in the operation of business? 🗌 Yes 📄 No

SALE OF LIVESTOCK & OTHER ITEMS BOUGHT FOR RESALE

Description/ # Sold	Date Acquired	Cost/ Basis	Selling Price	Date Sold
			I	
				ATCOURSES FOR MUTCH
a may take and the part of a second secon				
				Contraction and the second sec

FARM INCOME

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Description	Selling Amount
Dairy products	
Eggs	
Wool	
Cotton	
Tobacco	
Vegetables	
Soybeans	
Corn	
Milo	
Wheat	
Other Grains	
Hay and Straw	
Fruit and Nuts	
Raised calves and hogs	
Other Farm Income	
Machine Work	
Total taxable distributions from cooperatives	
Taxable Agricultural program payments: cash	
Taxable Agricultural program payments: materials & services	
Commodity credit loans under election	
Commodity credit loans forfeited or repaid with certificates	
Did you make an election in a prior year to include	
commodity credit loan proceeds as income in that year?	
Federal Gasoline Tax credit	
State Gasoline credits	
Crop Insurance Proceeds & Disaster Payments	
Did you elect to include as income in a following year damage?	
Sales of Livestock due to Drought, Flood or other weather-related condit	ions:
Amount	
Did you elect to defer recognition of income? To next year?	For two years?

Farm Expenses - Miscellaneous	Amount
Car, Truck & Tractor (actual or standard mileage)	
Chemicals	
Conservation expenses	STRUCTURE CONTRACTOR CONTRACTOR
Custom Hire	
Depreciation (Discuss with Tax Consultant)	
Employee benefits programs (Other than Pension and Profit Sharing Plans)	0. 0. 0700 m / 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Feed purchased	
Fertilizer and Lime	
Freight, trucking	
Gasoline, fuel, oil	
Insurance	
Interest	
Mortgage (paid to financial institutions) (Form 1098)	
Other	
Labor hired	
Pension and Profit Sharing Plan contributions	
Rent or lease	
Machinery & Equipment	
Other (Land, animals, etc.)	
Repairs, maintenance	
Seed, plants purchase	
Storage, warehousing	
Supplies purchased	
Taxes	
Utilities	
Veterinary fees, Medicine	
Other expenses (specify)	

IMPROVEMENTS, DEPRECIABLE LIVESTOCK, BUILDINGS & EQUIPMENT List below the business property bought or the improvements made to existing property.

Item	Date	Amount

· · · · · · · · · · · · · · · · · · ·		

SALES OF DEPRECIABLE LIVESTOCK, PROPERTY & EQUIPMENT List below the business property sold during the last year. (Business Property includes build ings & improvements, equipment & depreciable livestock)

ltem	Date Acquired Date Sold	Selling Price	Cost/Basis

5)

PROFIT OR LOSS FROM SOLE PROPRIETORSHIP BUSINESS

Name of Proprietor			Emple	oyer I.D	Business Name	
Main Business Activity and/or	Product		Rusi	ness Address Numb	er, Street, City, State, Zip	
Did you materially participate		usiness?	Yes No	nood Addresso - Admo		200-0000 <mark>9,1-00-10-7-</mark> ,170-00-2010,000,000,000,000,000,000,000,000,000
bid journationally put toputo	in the operation of a	% Domest				
INCOME	\$	Productio		//ACCOUNTING M	ETHOD/HOME OFFICE	
Gross Receipts or sales			Beginning Inv Other Costs	entory	Purchases Closing Inventory	
Less: returns from sales			Method(s) use	ed to value closing inve	ntory: (1) cash (2) accrual (3) (2) accrual (3) other applanation	
Less: cost of goods sold			Was there any ch	ange in determining quantitie	es, costs or valuations between opening and closing inv	
Plus: other income			Did you have an office in your home or otherwise use any of your home for business purposes? Yes No (if Yes, discuss with tax consultant) Was this business acquired or begun this year? Yes No			
* Please note what % of sales and rela	ited costs are from domes	lically produced ma	inufactured product.			
BUSINESS EXPENSES			Amount	BUSINESS E)	(PENSES	Amount
Advertising				Rent or lease:		
Bad debts from sales or services				Machinery & E	quipment	
Car and truck expenses (actual o	r standard mileage)			Other Business	s Property	
Commissions and Fees				Repairs and Main	tenance	
Depletion Supplies						
Depreciation (discuss with tax consultant) Taxes and Licenses						
Employee Benefit Program Travel						
Insurance (other than health insu	rance of proprietor)			Entertainment & r	neals (enter full amount before 50% limit)	
Interest:				Utilities and Telep	hone	
Mortgage (paid to financial ins	titutions) (form 1098)			Wages		
Other				Other Deductions	(Specify)	
Legal and Professional services						
Office expenses		and a second statements and a		Health insurance		
Pension and Profit Sharing Plan (Contributions			and a sub- of the second second second second second	e plan nondiscriminatory?	Billio I dall'anno di ballio dalla
				Amount paid for s	elf-employed health insurance	

ASSET PURCHASES AND SALES	avd	Date Acquired	Cost/Basis	Date Sold	Sale Price
					######################################
REMINDERPlease check to see you are submitting the following items		est payment advisory		by creditors	
☐ The tax forms and mailing envelopes sent to you ☐ Estimated Tax forms if applicable ☐ Last year's returns (unless prepared by our firm) ☐ Purchase & selling agreements & closing statements for real estate, stocks, etc. ☐ All W-2's, all 1099 Forms and all 1098 Forms	All fo liabili Divor Desc	ty companies and sm ce or separation docu ribe the extent of you	ncome/loss from part hall business corporat iments and agreement r material or active p	nts articipation if you clai	med a loss from
Any sales contracts that include financial charges	any b	iusiness, partnership,	limited liability comp	pany, small business o	corporation or jo

Any sales contracts that include financial charges

Cancelled checks, receipts & records for listed and unlisted deductions

MISCELLANEOUS INFORMATION

Did you purchase a hybrid vehicle or energy efficient equipment (AC, furnace, water heater, doors/windows, etc)? If so, discuss.					
Do you authorize the IRS to discuss your tax return with the paid preparer? 🔲 Yes 🔲 No					
Did you make gifts of cash or property totalling more than \$13,000 per person (or \$26,000 per person if you and spouse join in gi	ift.)? 🗌 Yes 🗌 No				
Do you wish to pay any tax due by credit card? 🔲 Yes 🛄 No					
Type of Credit Card Exp. Date					
Credit Card Number					
If needed, use separate sheet for item clarification, additional facts and figures, or a memo for your appointment questions.					

Do you wish to have any refund credited to your bank account (up to three accounts)? Yes

Account # _____ Routing #____

No Name of Bank

venture. State if you had any amounts for which you were not at risk for debt.