INCOME TAX ORGANIZER and DEDUCTION FINDER

with BUSINESS SCHEDULES

ENLARGED PRINT FORMAT

Taxab	ole	Year	•	

Use this booklet to assemble and maintain of all allowable deductions. To save tax opossible. Begin assembling your tax data omissions. Information listed may be subjected will apply the current law when your return	dollars, fill in the pages that pe a early to avoid the last minute ect to some limitations because	rtain to you as completely as rush that may result in costly
For:		
My income tax appointment is:		
DATE	DAY OF WEEK	TIMF
Brite	DATE OF WEEK	Time
To the best of my knowledge, the enclose and other information necessary for the p adequate contemporaneous records.	ed information is correct and in reparation of this years Income	cludes all income, deductions Tax Returns, for which I have
Please sign		Date
1 loado digit		Dato

PROVIDED BY



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Personal Information		Check bo	x if no	change fr	om last ye	ear 1				
Your Name			Date	of Birth						
Occupation		Soc. Se	ec. No	·						
☐ Single ☐ Joint ☐ Head of Household	☐ Single ☐ Joint ☐ Head of Household ☐ Married, filing separately									
☐ Widow(er) with dependent child										
Spouse's Name Date of Birth										
Docupation Soc. Sec. No										
Phone: Home () Business: Yours () Spouse's ()										
Cell Phone # Yours ()										
Fax #										
Home Address										
City		T	ownsł	nip						
County		State_		Zip	Code					
Rental Information ☐ Rent? Date Rente	ed		_ Rer	nt paid this	s year \$_					
Dependents Check box include Soc below. Depe	. Sec. N	No. for dep	endent	s who are a	ige 1 or ov	er. Complete				
Names of Children at Home	Relat	tionship	Soc	cial Securi	ty No.					
1.	Totalionship Cocial occurry No.									
					-	Birth Date				
2.					-	Birth Date				
 3. 				 	- -	Birth Date				
				 	-	Birth Date				
3.				 	-	Birth Date				
3. 4.				 	-	Birth Date				
3.4.5.		Relation and A			- - - - - Months lived w/yo	% Support				
 3. 4. 5. 6. ▶ Other dependents: Furnish first and land 		1		Income	- - - - Months	% Support				
 3. 4. 5. 6. ► Other dependents: Furnish first and la name & address (Use back page if need to be address). 1. Soc. Sec. No. – – 		1			- - - - Months	% Support				
 3. 4. 5. 6. ► Other dependents: Furnish first and la name & address (Use back page if need) 1. Soc. Sec. No. – – 2. 		1			- - - - Months	% Support				
 3. 4. 5. 6. ► Other dependents: Furnish first and la name & address (Use back page if need to be address). 1. Soc. Sec. No. – – 		1			- - - - Months	% Support				

lf y	If you have a new address during the coming year, show here:										
_								Date of I	Move		
lf y	If you moved your residence because of a transfer or change of employer, see page 13.										
Ind	Indicate if any of the following occurred during the past year.										
	□ I was married (date) □ Divorced (date) □ Legally separated (date)										
	☐ Lived apart from spouse during the year? Number of months apart										
	☐ Death of spouse (date) ☐ Loss of dependent(s) ☐ Gained dependent(s)										
		(date	,	•			Spou	se			
		ed or Handica			•				_ •		
		☐ You ☐ Spo		•		r's tax	retu	ırn? 🗖 Y	ou 🖵 Spous	Se .	
		yed household			,	00 II-		0			
		ay any Domes	•	-						0	
Ŀ	lefu	nds, Ov	erpay	/mer	nts and	l Ta	xe	s Pa	id		
							Fe	deral	State	Local	
Ov	erpayn	nent from las	t year's t	ax retur	'ns						
Cas Pay	sh ments	Due 4/15 Dat	e paid 🕨	•	Chk. #						
	this	Due 6/15 Dat	e paid 🕨	•	Chk. #						
esti	mated ome	Due 9/15 Dat	e paid 🕨	•	Chk. #						
taxe		Due 1/15 Dat	e paid >	•	Chk. #						
Tot	al Over	payments and	d Paymen	its to app	oly this year						
		aid on last yea									
		nds received o	on last ye	ar's tax ı	returns						
	icon										
Sı	umn	nary of \	Wage	s Re	ceived	En-	close	all copie space nee	s of W-2 forn eded use bac	ns. k page	
T S	Nam	ne of Employer	Total Wages	Federal Income ta Withheld	147	S.S. FIC Withl	CA	Medi- Care Withheld	State Income Tax Withheld	Local Income Tax Withheld	

Nor	า-Taxa	able I	nc	0	m	e					3
TSJ Codes: (T) Taxpayer, (S) Spouse, (J) Joint										Α	MOUNT
	Child support payments (Do not include alimony received)										
Veterans benefits/Disability income											
Workers compensation awards (Explain on back page)											
Non-taxable Dividend distributions											
Non-taxable Municipal Bond											
	Social Security payments received Net Cash + Medicare Income Tax (May be partially taxable) Received Deducted Withheld						e Tax	\$ = Total			
Enclose	Forms SSA	Taxpayer									
1099 or	RRB-1099	Spouse									
From pa	ayers statemer, (S) owners	ents or othe ship by Spo	er red ouse,	cords (J)	s, lis Joint nds	t payers and ar	mounts received. TX) State tax exacome.	Design empt, (F	ate by (T) TX) Fede) if owner	
NAME (OF PAYER		S	STX	F T	INTEREST	Oudinan	DIVIDE		o. Gains Portio	INCOME TAX W/H
			J	Х	Х		Ordinary	Quali	ied cah). Gailis Fullio	III IAA VV/II
						141 1	<u> </u>				
			•			y withdraw					
Interes	st from se	ller finan	cec	m t	ortg	jages & cor	ntracts (name	e, addı	ess &	Soc. So	ec. #)

Check your sources of income and provide names of payers and amounts received. (T) if ownership by Taxpayer, (S) Spouse, (J) Joint ownership.

TSJ	Include Form 1099's where applicable.	AMOUNT
1.	Alimony received from	
2.	Annuity and pension income (includes Forms W-2P and 1099)	
3.	Barters & Exchanges (explain on back page)	
4.	Bonuses and commissions (not reported on W-2)	
5.	Disability income (if any) may qualify for exclusion	
6.	Hobby income and expense (enclose information)	
7.	Jury duty, election board fees or other public service	
8.	Lottery, contest & gambling winnings (explain on back page)	
9.	Mutual fund withdrawals (enclose information)	
10.	Partnerships, estates and trusts (use Schedule E, page 20)	
11.	Prizes and awards (explain on back page)	
12.	Royalty income and expense (enclose schedule)	
13.	Scholarships & fellowships (may be partially taxable) (explain - back page)	
14.	State Tax Refund – 1099G	
15.	Tips and gratuities (not reported on W-2)	
16.	Uncollectible non-business bad debts (loss) (explain back page)	
17.	Unemployment compensation received	
18.	Other income (explain on back page or enclose schedule)	
19.	Tax withheld on any of above (explain on back page)	
Inst	allment Sales Provide the information outlined below and the s Enclose all escrow papers.	ales contract.

Property descr	ription				
Property locati	on				
Date acquired		Date sold		Original cost	
Gross sales pr			Depreciation taken to date		
Improvements	added			Expense of sale	
Fixing-up expe	enses			Mortgage assumed by buyer	
Principal rec'd	prior year's sa	le		Interest earned prior year's sale	
If more than o	one sale, prov	ide inforr	nation or or	utline on back page.	

Sal	Sales of Stock or Property (Schedule D)											5
Furnish the information outlined below, enclose statements and Forms 1099 from brokers on purchases and sales of stock or commodities, real estate transaction papers, and selling expense												
	ases and sales of stock nation. Indicate owners										•	
11110111												
UNITS	NAME OF STOCK, BOND OR OTHER PROPERTY	T S J	DATE (Mo Acquired		ay-Yr.) Sold		ALES RICE		ST or ASIS	OF SAL		NET AIN (LOSS)
											+	
											+	
											_	
											+	
CAI	E OF BUCINES	<u> </u>	DENT	Α.		۸DI	M EO	Ш	NAEN	IT DD		EDTV
SAI	LE OF BUSINES	- 0	- KENI	AI	L — F	AKI	VI EQ	UIP	IVIEI	II PK	UPI	CHIT
											_	
SAL	E OF PERSONAL	RE	SIDENC	Œ	AND	PUI	RCHA	SE	OF N	EW RE	SIC	ENCE
Include	PROPERTY DESCRIPTION of tax returns showing prior			ΓS J	Acqui	DAT red	ES Sold		Sales	AMOUN Price	NTS Purch	nase Price
OLD												
NEW												
4 \\/.	o on a now of residen	00 ==	ntod av :	100	ط فحد ا-		2007			VEC		NO D
	as any part of residen								. 0	YES		NO 🗆
	as it your principal pla									YES		NO 🗖
3. If N	Married, do you have sa	me p	proportion	ate	interes	t in N	lew as i	n Old	?	YES		NO 🗖

Itemized Deductions

New limitations dictate that you find as many deductible items as possible. Check the deduction lists carefully, and from your cancelled checks, paid invoices, or other records, determine your deductible expenditures during the past year. Enter the amount for each deductible item and items you think deductible not on the deductions lists, to determine whether they are allowable. Keep all paid receipts, contracts, and cancelled checks for these deductions at least three years after the due date for filing.

· · · · · · · · · · · · · · · · · · ·	
Medical Insurance	Amount Paid by You
Hospital, medical & dental premiums	
Long term health care premiums	
Group health plan payroll deductions	
Self-Employed health plan (limited)	
List insurance company name(s) & amounts – use back page	
Prescription Drugs	Amount Paid by You
Prescriptions (prescribed by doctor only)	
Insulin (over-the-counter drugs not deductible)	
Total mileage – Trips for these purchases	
Doctors, Dentists, Nurses, Hospitals	Amount Paid by You
Total mileage for these trips	
Medicare deductions or payments	

Medical Fix-up Costs (For handicapped or other medical reason. May not increase fair market value of your home).	Amount Paid by You 7
Alterations for better access	
Lowering kitchen cabinets	
Elevator installation	
Relocating or altering electrical	
Modifying alarm system	
Other:	
Other Medical	Amount Paid by You
Acupuncture services	
Ambulance, taxi & bus for med. care	
Artificial limbs and teeth	
Chiropractor	
Christian Science Practitioners	
Drug or Alcohol Treatment	
Glasses and eye examinations	
Hearing aids and batteries	
Special schooling and transportation for physically or mentally handicapped	
Lab tests	
Lodging	
Medical care in home for aged	
Medical or Convalescent equipment	
Support or corrective devices	
Therapy and X-ray	
Psychoanalysis, therapy, counseling	
Other	
Amount of above reimbursed by insurance if amounts entered above are gross figures	\$
Total parking & mileage for all trips for other medical expense listed above	mi.
► EXPLANATIONS	

Taxes	Amount 8
Residential real estate property taxes	
Property taxes – 2nd home – explain below	
Property taxes on investment property	
State and local income taxes	
Foreign income taxes	
Other	
Personal property taxes – Auto	
(Licenses) – Auto	
– Truck	
– Boat	
Motorcycles	
Trailer/Motorhome	
► EXPLANATIONS	
Interest Paid	
At the close of the year, by phone or letter, request mailing of a statement of the total interfrom each lending institution. Provide names where needed. Enclose contracts on pure	erest paid during the year chases the past year.
Lender	Interest Paid
Mortgage – Primary Residence – First	
- Second	
If either paid to an individual, provide name, address & Social Security	number.
Did you refinance your existing mortgage this year? Yes No	
Bring settlement statement to tax appointment.	
Mortgage – Second Home Property description:	
т торену чезоприон.	

Interest Pa	id – c	ontinu	ıed						9
Home Equity Loan	– Loan Ar	nount:							
Purpose:									
Home Equity Loan	– Loan Ar	nount:							
Purpose:									
Home Equity Loan	– Loan Ar	nount:							
Purpose:									
Prepayment charge				- "					
Points paid to acqu	ııre loan:	☐ New Lo	an 🔲 I	Retinance	!				
Purpose:									
Educational Loan	ntoract Da	id For Stud	Nont						
				D		Land		l and	and Date
INVESTMENT OF				Purpos	e —	Lend	er	Int	erest Paid
Date proceeds re		Date sper							
Date proceeds re		Date sper							
Date proceeds re		Date sper							
Date proceeds re		Date sper							
		•	IL						
Casualty L									
LOSS	Date of Loss	Date Acquired	Claim Filed?	'X' If not Covered	Bet	air Marke fore loss	et Val After	ue · loss	Insurance Amount Paid
Auto Accidents									
Fire									
Theft									
Storm									
Vandalism									
Other									
► EXPLANATION	NS								

(Written verification or a receipt from Charity is nece CODE COLUMNS: Indicate by — "R" - Receipted cash or check, - Contributions of Property (attach description), "M" - Merchandis contributions you must have detailed records of amounts paid to who	"NR" - Noi se (attach	descriptio	d Cash, "P"
	CODE	AM	IOUNT
Cancer Society			
CARE			
Christmas & Easter Seals			
Heart Fund			
March of Dimes			
Red Cross			
Salvation Army			
Schools			
Scouts			
St. Vincent DePaul			
United Way			
Veteran's Organizations			
YMCA & YWCA			
Other			
		CODE	AMOUNT
Out of pocket expenses for work in connection with any chari organization (i.e., special clothing, out-of-town expenses). Ex			
Cost of transportation or mileage for charitable work (mi)		
Fair market value of merchandise or property to recognized on Need charity names, property description and original cost - ba			
Churches and religious organizations (name) - back page			
Non-profit organizations specializing in research for physical mental disorders	or		
► EXPLANATIONS			

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Employee Business For outside salespeople and other employ Enter those business expenses as outliness	rees who have business expenses as a	condition of employment.					
Enter these business expenses as outlined below. Need contemporaneous records for amounts shown. AUTOMOBILE EXPENSES (Use Automobile Expenses section on Page 17)							
☐ Check if you have receipts		otion on rago 17)					
If employer provided vehicle, is pers		l? □ Yes □ No					
► TRAVEL EXPENSES (away f	rom home on business) 🖵 Check	if you have receipts or log.					
	Taxpayer	Spouse					
Auto Rental		·					
Lodging & Hotel							
Meals & Tips							
Plane & Railroad Fares							
Taxi, Bus, Subway							
► BUSINESS ENTERTAINMENT & SE	LLING EXPENSES – Local Check	if you have receipts or log.					
Cards & Gifts							
Commissions Paid							
Meals & Tips							
Event & Sports Tickets							
Other							
► MISCELLANEOUS BUSINES	S EXPENSES Check if you be	nave receipts or log.					
Business Cards							
Business Phone at Home							
Outside Phone & FAX							
Postage							
Professional Dues							
Professional Services							
Required Education							
Office Supplies							
Trade Journals & Subscriptions							
Utilities							
Other							
► REIMBURSEMENT REC'D -	included in W-2? ☐ Yes ☐ No						

Employee Business Expense ☐ Taxpayer ☐ Spouse — Continued 12							
► BUSINE	SS USE OF HOME	ı Employee □ Rental □ Se	If-employed Farming				
You may qualify if your job necessitates working at home. Computer at home? Yes No							
		Taxpayer	Spouse				
Date Acqui	ired Home						
Cost of Lot	t						
Cost of Ho	me						
Cost of Imp	provements						
Sq. footage	e of living area						
Sq. footage	e of office area						
Sq. footage	e business storage						
Utilities							
Interest							
Taxes							
Insurance							
Rubbish & Maintenance							
Other							
If Renting,	Rent Paid						
► BUSINE	SS EQUIPMENT & F	URNITURE (give information	n outlined below)				
Date		Item	Amount				
► EXPLA	NATIONS						

Moving Expenses If you moved your residence because of transfer to new place of employment, or because you changed employers, the cost of the move may be deductible. The information below is necessary to determine the amount allowable. Keep all receipts necessary to substantiate these expenditures.									
Date of move/ Arrival at new location/									
Distance of former residence to new business location miles									
Distance of former residence	Distance of former residence to former business location miles								
Date new employment began// Still employed at this location?									
Transportation of family:							AM	OUNT	
Fares – Train, Bus, Air Trave	I								
Auto expense or mileage (ac	tual)								
Cost of moving furniture and	pers	onal effe	cts						
Cost of lodging en route									
Amount reimbursed by employ	er (ir	ncluded o	n W-2	2? 🗖	Yes 🗆 I	No)			
Child and Dependent Care Credit If you had expenses for care of one or more qualifying individuals (under age 13) to enable you to be gainfully employed or self-employed, you may be entitled to a tax credit. If payment was made to an individual who performed services in your home, have approximate tax returns on wages for services in the home been filed? If "Yes," enter employer's identification number here.									
Name of qualifying individua	ls	Birthda	ate	Rel	lationship	Perio Mon		ır household Days	
Individual(s) or organization(s) to							oaid. Er	nter below:	
Name and Address	or Em	al Security oployer ID#	Relati	ionship	From Month-Day	To Month-D	ay	Amount	
Rec'd tax-free reimbursement u	ınder	employer-	-provi	ded ch	ild care pro	ogram?	☐ Ye	s 🗆 No	

Miscellaneous Deductions	☐ Taxpayer ☐ Spouse (if both, inc	clude breakdown) 14
		AMOUNT
Adoption expenses paid		
Alimony Pd. to Name SSN		
Employment agency fees		
Gambling losses (to extent of winnings)		
Investment Expenses	- Supplies	
	- Publications	
	– Dues	
	- Safe Deposit Box	
Job-seeking expenses		
Safety shoes & protective clothing		
Student Loan Interest paid		
Educational – deductions/credits – Explain	– fees paid	
	- tuition paid	
Tax preparation costs		
Tools & safety equipment		
Separate Maintenance		
Transportation to second job		
Uniforms – cost		
– maintenance		
Union dues		
Other		
Overnight traval evnences	of National Cu	
Overnight travel expenses and Reserve members	of National Gu	laru
Reservists who stay overnight more than 100) miles away from home	while in service
(e.g., a drill or meeting) may deduct unreimburs	sed travel expenses (trans	sportation, meals
and lodging) as an above-the-line deduction. The expenses auth-orized for federal employees, in		
TransportationMeals	Lodging	
Earned Income Credit Contact our earned income below a certain level, and have a qualifying child credit you must file a tax return, even if you do not owe any the credit you must file a tax return.	r office. You may be entitled to this d who lived in your home in the U.	S. this year. To get the

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Schedules for Business Situations

Rental Income and Expense (Schedule E) Skip this section if you do not own a rental property.

Enter below, for each rental property you own and actively participate in management decisions, the total amount

received, expenses paid, and the cosold this year, enclose information.	st of equipment and improveme Use corresponding numbers for	nts in the past year. If peach rental property.	property was acquired or
KIND AND LOCATION OF P	% Ownership	% Personal Use	
Rental No. 1 –			
Rental No. 2 –			
Rental No. 3 –			
Rental Number	1	2	3
Rents received			
Expenses (if you reside on	property, do not include e	xpenses that apply	to your residence)
Advertising			
Association Dues			
Auto & Travel (Use Sched. Pg. 1	7)		
Bank Service Charges			
Cleaning & Maintenance			
Commissions			
Gardening & Lawn			
Gas, Electric			
Insurance			
Interest to institutions			
Legal & Other Prof. Fees			
Office Supplies			
Other interest paid			
Management fees			
Repairs/Plumbing/Painting			
Electrical			
Supplies & Replacements			
Taxes – property			
Taxes – other (explain back page	9)		
Telephone			
Wages & Salaries			
Water/Sewer/Trash			
► PURCHASES OF FURNITU	RE, EQUIPMENT & PROPE	RTY IMPROVEMEN	ITS (enclose contracts)
Date Rental No.	Description of Purc	chase	Amount
IF YOU USE SPACE IN YOUR HOM	IE THAT QUALIFIES FOR BUS	INESS USE – use sch	edule on Page 12

Self-Employ Skip this section if you ar	e not self-e	come a	nd Ex	cpens	Se (Schedule C)		16
Use this schedule if you own and have income and expense from a business or sideline. Ownership $\Box T \Box S \Box J$ If you had income the past year from a hobby, such an activity is presumed not to be a hobby if it is profitable in 3 of 5 consecutive years. You must maintain adequate records and be able to substantiate information outlined below.							
► Business Name							
Business activity							
Principal activity				Pro	duct		
When purchased?)	Still own?	En	nployee I	D No.		
► INCOME – Cash r	OME – Cash receipts ► COST OF SALES – Merchandise Purchases						
Returns and refun	ds		Cos	t of items	for personal use		
Uncollectible bad	debts		Mer	chandise	inventory start of	year	
Method of invento	ry		Mer	chandise	inventory end of	/ear	
► Indicate method o	f accounti	ng: (1) 🖵 C	ash (2)	□ Accrua	al (3) 🗖 Other		
EXPENSES	Amount	EXPENSES		Amount	EXPENSES	A	mount
Accounting & Legal		Insurance			Supplies		
Advertising		Insurance/He			Taxes – payroll		
Bad debts		Interest – Mo			– sales		
Bank Charges		 Other inter 	est		 bus. property 		
Business credit card svc. charges		Janitorial			- other		
Commissions		Laundry			Telephone – bus.		
Delivery & Freight		Licenses			Temporary Help		
Dues & Subscr.		Office Expen			Meals & Ent. Detail on page 11		
Educational		Outside Serv			Travel Detail on page	11	
Equipment Leasing		Rent – Prope			Utilities		
Auto Leasing		Repairs & Ma	aint.		Wages – gross		
Fax Service		Other			Other		
► BUSINESS USE O						e? ⊔ Y	es 🖵 No
► BUSINESS EQUIPME							
	NI WI OIIN	,		riteriis purc	mased the past year)		
Date		Description of	Purchase			An	nount
REMARKS							
-							

Self-Employed Expen	Ses – Continued		17					
Check the box that describes your investment in this self-employed activity. □ All is at risk. □ Some is not at risk. Any change determining quantities or valuations in opening and closing inventory? □ Yes □ No Did you "materially participate" in the operation of this business during the past year? □ Yes □ No Do you have losses, credits, deductions, income, or other tax benefits relating to a tax shelter? □ Yes □ No								
► AUTOMOBILE EXPENSES (AIRPLANE/MOTORHOME) Use also for employee, rental and farm auto expense.								
Answer as completely as possible	VEHICLE #3							
Make & Type of Vehicle								
Model Year								
Date Purchased (leased)	/	/						
Date sold if sold this year		/	/					
Purchase price	\$	\$	\$					
Sales price	\$	\$	\$					
Auto Expenses (detail all expenses for full y	vear per vehicle for total	miles driven) 🖵 Check	if you use mileage log.					
(a) Fuel/oil/lubrication/etc.	\$	\$	\$					
(b) Repairs/tune-ups	\$	\$	\$					
(c) Insurance	\$	\$	\$					
(d) Tires/batteries/accessories	\$	\$	\$					
(e) Licenses/registration	\$	\$	\$					
(f) Lease payments	\$	\$	\$					
(g) Sales tax on purchase price if purchased this year	\$	\$	\$					
(h) Interest payments on auto this year	\$	\$	\$					
Lender name								
(i) Tolls/parking fees (business use only)	\$	\$	\$					
(j) Washing/waxing	\$	\$	\$					
Mileage at end of the year								
Less Mileage at beginning of year	()	()	()					
Total Miles driven during the year								
Miles driven for self-employed business purposes								
For Farm business purposes (Sch. F, Pg. 18)								
For Rental business purposes (Sch. E, Pg. 15)								
For Employee Bus. Expense purposes (Pg. 11-12)								
How many miles driven for commuting purposes?								
Number of years you intend to keep vehicle								

Farm I	nco	me an	d	Exp)e	nse	•	(Sc	chedule F	Skip this sect not engaged	ion i	f you are 18 rming.
Use this schedule if you have income and expense from farming. Enclose 1099 forms.												
Farm Name a	nd Addı	ress										
Ownership			Em	ployer	ID No	0.						
FARM INCOME	- CAS	H RECEIPTS	;	► Sal	es of	purcha	ased	d live	estock and o	other items purch	nase	d for resale
	DES	DESCRIPTION DATE ACQ. AMT. REC'D COST Did you "materially participate"										
Livestock:										in this busine		is year? es □ No
										Elect to dedu	ct pre	
										period expens		i □ No
Other:												in this activity
										☐ All at risk	□ S	ome not at risk
➤ Sales of r	narket l	ivestock and	d pro	oduce i	raise	d and	hel	ld pr	imarily for	sale		
KIND		AMOUNT	П	KIND				Α	MOUNT	KIND	1	AMOUNT
Calves			F	Fruits						Soybeans		
Cattle			H	Hay						Straw		
Corn			1	Vuts						Swine		
Cotton			(Other g	rains	S				Tobacco		
Dairy products	3		F	Poultry						Vegetables		
Eggs				Sheep						Wool		
OTHER FARM	/ INCO	ME		Ar	nour	nt	01	ГНЕ	R FARM I	NCOME		Amount
Agricultural pr	ogram į	payments							ine Tax ref			
- In cash						Custom hire (machine work)						
- In materials & services				Merchandise received for produ				ıce				
CCC loans rep						Crop insurance proceeds						
CCC loans for								ther				
FARM EXPENS	SES – Ca	ash disbursen	_			ide pers	sona	ıl exp	ense not attri	butable to product	ion of	
ITEMS				AMOUN	١T	ITEMS					AMOUNT	
Attorney & acco						Machine hire						
Auto & truck (us	se Sched	lule, Pg. 17)		Meals fo								
Breeding fees			-			Office supplies – postage			е	-		
Conservation ex			+			Poultry purchased Rent of farm, pasture						
Employee bene												
Farm organizati Feed purchase	on & par	pers	+			_	_		ntenance s purchased	1	+	
Fertilizer, lime, o	chomical	c	+			_			ehousing	.	+	
Freight, trucking		3				_						
Gasoline, fuel, o						Supplies purchased Taxes						
Insurance – farr		 1				_		- farı	m portion			
Interest and bar									es, medicin	9		
Labor hired						Othe	r					
BUSINES made the pa	S, EQUI	PMENT, ANII	MAL	.S & IMI	PRO\	VEMEN ems and	NTS infor	– D	etail below bus	siness property purch usiness property the	nased past y	or improvements
Date	-											
Item												
Amount												
(IF YOU USE S	PACE IN	YOUR HOM	IE T	HAT QL	JALIF	FIES F	OR	BUS	INESS USI	E) – use schedu	le on	Page 12.

If you made contributions to a qualified retirement plan in the past year, you may be entitled to the deduction as a self-employed person or as an individual in a qualified retirement savings program. Obtain trustee reports showing IRA values on 12/31 and identification of plan, past year's activity, status of account at end of year, and other pertinent information, so that proper schedules may be filed. Include information on employees covered, if any. If you have more than one plan, include separate information on each. This deduction is subject to some restrictions.

Total amount contributed for the past year on your behalf as a self-employed person					
Total amount contributed for the past year on behalf of your employees					
Total amount you contributed for the past year to your individual retirement savings program					
Total amount your spouse contributed for the past year to individual retirement savings program					
Total amount of distribution, if any, received during the past year (explain below)					
Are you or your spouse an active participant in any of the foll Retirement Plans?	owing				
□ Pension □ Profit Sharing □ Stock Bonus □ Keogh □	☐ Simple ☐ 401K				
Did you or your spouse receive any lump sum distribution from a Profit Sharing or Pension Plan? Yes No (explain below)					
Did you convert any existing IRAs to a Roth IRA? ☐ Yes	□ No				
Were any Roth IRA contributions made or planned for this ye	ear? 🗆 Yes 🕒 No				
Is an IRA planned for nonworking spouse? ☐ Yes ☐ No					
► EXPLANATIONS					

Retirement	Plan	Dis	tribu	tions				20
Name	Type		otal tribution	Non- Taxable		Taxable	Fed Tax W/H	State Tax W/H
	.) -			100100010				
IT IS IMPORTANT THAT		OSE AL	L YOUR 1	099-Rs FOF	ROU	R REVIE\	N	
► EXPLANATION	15							
Partnerships, Estates and Trusts (Schedule E) Enter Name, Address, Federal employer identification number, your share of earnings, losses, 1st year depreciation, investment credit, and self-employed retirement deduction from any Partnership, Joint Venture, S Corporation, Estate or Trust. Enclose your copies of returns or other data.								
NAME AND ADDRESS			TYPE OF	ACTIVITY	ΕN	/PLOYER	ID#	AMOUNT
IT IS IMPORTANT THAT	YOU ENCL	OSF AL	I YOUR K	-1s FOR OU	IR R	FVIFW		

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Questionnaire If you answered Yes to any of the questions below, explain on back page.						
 Were you notified by the IRS or STATE of any change to any prior year tax return? Were you audited during the past year? (Enclose results.) Did you or your spouse make any gifts of over \$14,000 to any 			□ Yes □ Yes	□ No		
3. Did you or your spouse make any gifts of over \$14,000 to any individual?4. Did you perform volunteer service away from your home on behalf of			☐ Yes	□ No		
charities? 5. Did you own a mobile home or boat that may qualify for second home? 6. Did you or your spouse have any foreign income?				☐ Yes☐ Yes☐ Yes☐	□ No □ No □ No	
7. Did you or your spouse have living expenses in a foreign country as a result of income earned abroad?8. Did you or your spouse control a foreign bank account, trust or					□ No	
financial asset? 9. Did you or your spouse receive interest or dividend income from				☐ Yes	□ No	
a foreign account? 10. Do you have any worthless stocks or uncollectible Bad Debts? 11. Did you pay higher education costs (tuition and fees) the past year for					□ No □ No	
you or for a dependent? (Education Tax Credits) Indicate, on back page when these were paid and on whose behalf.				☐ Yes	□ No	
12. Did all family members have health insurance? 13. Do you have a Medical or Health Savings Account? (MSA or HSA) Indicate the amount you personally paid to your MSA or HSA (not including amounts paid through payroll.)					□ No	
Health Coverage Form						
If you received Form 1095-A, Form 1095-B or Form 1095-C, please enclose and DO NOT complete the section below.						
If you did not receive Form 1095-A, Form 1095-B or Form 1095-C, please complete the following for each member of your household. Indicate for each member whether health insurance coverage was full year, if not, which months were covered.						
(Indicate "X" in box below for full year or indicate months co				hs covered)		
Name	SSN	Full Yr	Months Covered (examp	le: July - De	cember)	

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Final Check List	22
 Your completed Tax Organizer (including signature on Front Page). Include the front name & address label page of the tax forms & envelopes receive from the IRS, state or city. 	ed
3. ☐ Include all W-2 forms.	
4. Include Estimated (ES) Tax forms and mailing envelopes.	
 5. □ Include copies of returns for partnerships, joint ventures, S corporations, Estates or Tru 6. □ Include all 1099 forms indicating Dividend, Interest, Pension & IRA income. 	ists.
 7. ☐ Include buy and sell statements to cover stock sales, real estate transactions and installment sales. 	
8. <a> Include copies of sales contracts to determine finance charges.	
9. ☐ Include trustee reports showing IRA values on 12/31.	
10. ☐ If you are a new client, provide copies of last year's tax returns.	
11. Check if you wish to designate \$3 on this year's taxes to the Presidential Campaign Fund.	
12. If joint return, check if your spouse wishes to designate \$3. This will not increase your tax rate or reduce your refund.	
13. ☐ Note State check-offs and deductions allowed by your state not listed in this book. Use back page.	
Application of This Year's Overpayment	
If you have an overpayment of this year's taxes, do you want the excess refunded? Or applied to next year's Estimate? Other (please explain)	
Next Year's Estimated Tax Information	
Expect next year's taxable income to be generally the same as this year's?	No
If "No," explain any differences in income, deductions, dependents, etc.:	_
► EXPLANATIONS	

Expla	nations and Questions
page no.	