Thank you for choosing our firm to prepare your income tax returns for tax year 2011. This letter confirms the services we will provide.

We will prepare your federal and state returns for tax year 2011 based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions for tax year 2011, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

Thank you again for choosing our firm to prepare your 2011 tax return. We appreciate your business.

Sincerely,

____

Accepted by setting appointment/ signing eFile forms or signing below:

____ Date __________________

____ Date __________________

TAX ORGANIZER

Basic Taxpayer Information

	First Name	Initial	Last Name	Suffix	Social Security No.
Taxpayer					
Spouse					

	Occupation	Date of Birth	Check if Disabled	Blind	Dependent of Another	Presidential Election Contrib.
Taxpayer						
Spouse						

Street Address	
City, State & Zip	
E-mail Address	

Phone Res:	
Phone Work:	
Cell Phone:	

School District ______________________________

Filing Status ☐ 1 - Single; 2 - Married filing joint; 3 - Married filing separate; 4 - Head of Household; 5 - Qualifying Widower

Dependent Information

	First Name	Last Name	Social Sec. No.	Relationship	Months in home	Date of Birth	Disabled or full time student
1							
2							
3							
4							
5							
6							

Wages and Salaries

	Employer Name	Wages	Federal Tax Withheld	FICA Withheld	Medicare Withheld	State Tax Withheld	Local Tax Withheld
1							
2							
3							
4							
5							
6							

Pensions and IRAs

	Payer's Name	Gross Distribution	Taxable Distribution	Federal Tax Withheld	IRA
1					
2					
3					
4					

Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign ______________________________ Date ______________

here ______________________________ Date ______________

General Questions

Please check if "Yes" and provide documentation, if possible.

- [ ] 1. Has your marital status changed?
- [ ] 2. Have you been notified by the IRS of changes to a prior year's return, or received any other tax correspondence?
- [ ] 3. Are you being claimed as a dependent by another person?
- [ ] 4. Are there any changes in the dependent information from the prior year?
- [ ] 5. Did you have any children under the age of 19 (or 24 if a full time student) who received more than $950 in investment income?
- [ ] 6. Do you have dependents who are neither U.S. citizens nor U.S. residents?
- [ ] 7. Did you provide over half of the support for another person (or persons) during the year?
- [ ] 8. Did you purchase or sell a principal residence?
- [ ] 9. Did you receive payments from a pension or profit sharing plan?
- [ ] 10. Did you receive any distributions from an IRA or other qualified plan?
- [ ] 11. Did you receive any disability income?
- [ ] 12. Did you receive any foreign income or pay any foreign taxes?
- [ ] 13. Did you receive interest from a bank account or other financial account based in a foreign country?
- [ ] 14. Were you the grantor of or transferor to a foreign trust?
- [ ] 15. Were either you or your spouse enlisted in the military or National Guard?
- [ ] 16. If you or your spouse are self-employed, are either of you covered under an employer's health plan at another job?
- [ ] 17. Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2011?
- [ ] 18. Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
- [ ] 19. Did you have a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit in 2008, 2009 or 2010?
- [ ] 20. Did you receive proceeds from an installment sale?
- [ ] 21. Did you make a loan at an interest rate below market rate?
- [ ] 22. Did you make gifts of over $13,000 to an individual?
- [ ] 23. Were there any changes to a prior year's income, deductions, or credits?
- [ ] 24. Did your employer pay premiums on life insurance in excess of $50,000?
- [ ] 25. Were any payments made on student loans?
- [ ] 26. Did you pay any educational tuition or fees for you or a dependent?
- [ ] 27. Did you purchase a 'clean fuel' or electric hybrid vehicle in Current Year?
- [ ] 28. Did you refinance a mortgage or take out a home equity loan?
- [ ] 29. Were any contributions made to a traditional or Roth IRA for Current Year?
- [ ] 30. Did you make any contributions to HSA (Health Savings Account) in Current Year?

Business and Investment Questions

- [ ] 1. Did you receive stock from a stock bonus plan with your employer?
- [ ] 2. Did you buy or sell any bonds?
- [ ] 3. Did you surrender any U.S. savings bonds?
- [ ] 4. Did you suffer a casualty, theft or condemnation?
- [ ] 5. Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S-corporations?
- [ ] 6. Did you own any investments for which you were not personally "at-risk?"
- [ ] 7. Did you own any interest in a Real Estate Mortgage Investment Conduit (REMIC)?
- [ ] 8. Did you sell any property or equipment on installments?
- [ ] 9. Did you incur any business-related educational expenses?
- [ ] 10. Did you incur any travel and entertainment expenses?
- [ ] 11. Did you purchase any special fuels for non-highway use?
- [ ] 12. Did you make any contributions to a Keogh or a self-employed SEP, SIMPLE or Qualified plan?

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

	*F/S/J	Payer	Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
			Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

	*F/S/J	Payer	Ordinary Dividends		Qualified Dividends		Capital Gains	
			Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Income or Loss from Partnerships, S Corporations, and Trusts

	Name	Income	Loss	Other Expenses	Passive (Yes / No)	*P/S/T
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

*P/S/T - enter entity type (P)artnership, (S) Corporation, (T)rust

Gains or Losses from Sales of Stocks, Securities or Other Assets

	Kind of Property and Description	Date acquired	Date sold	Sales Price	Cost or other basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Other Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Taxable refunds of state and local income taxes			
2	Alimony received			
3	Business income or (loss) - Schedule C			
4	Other gains or (losses) - Form 4797			
5	Rents and royalties - Schedule E pg 1			
6	Farm income or (loss) - Schedule F			
7	Unemployment compensation			
8	Total social security benefits			
9	Tips			
10	Child care taxable benefits			
11	Prizes and awards			
12	Scholarships and fellowships			
13	Other income not provided for in this organizer			
14				
15				
16				

Adjustments to Income

		Prior Year Amount	Current Year Taxpayer	Current Year Spouse
1	Educator expenses			
2	Business expenses of reservists, performing artists and fee-based gov officials			
3	Health savings account deduction			
4	Moving expenses			
5	Self-employed SEP, SIMPLE, and qualified plans			
6	Penalty on early withdrawal of savings			
7	Alimony paid			
8	Your IRA contribution			
9	Spouse's IRA contribution			
10	Student loan interest			
11	Tuition and fees			

Itemized Deductions

		Prior Year Amount	Current Year Amount
1a	Medical and dental expenses (other than long-term care premiums)		
1b	Long-term care premiums Taxpayer Spouse		
2	Other state and local taxes paid not reported elsewhere in this Organizer		
3	State and local income taxes paid		
4	Real estate taxes		
5	Personal property taxes		
6	Other taxes		
7	Home mortgage interest and points reported on Form 1098		
8	Home mortgage interest not reported on Form 1098 Name: Address: SSN:		
9	Home mortgage points not reported on Form 1098		
10	Qualified mortgage insurance premiums		
11	Investment interest paid		
12	Gifts to charity by cash or check		
13	Gifts to charity other than by cash or check		
14	Mileage driven to charitable activities		
15	Casualty and theft losses - Form 4684		
16	Unreimbursed employee expenses		
	Travel expenses (exclude meals)		
	Meals and entertainment		
	Parking and tolls (enter other vehicle information on Page 7)		
	Telephone used for employer's business (allocate cost)		
	Professional organization or union dues		
	Educational expenses required to maintain your job		
	Office in home required by employer		
	Tools and equipment		
	Uniform and protective clothing		
	Professional journals subscriptions		
	Job seeking costs		
	Other		
17	Tax preparation fees		
18	Other expenses		
	Investment expenses		
	Safe deposit box rental		
	Other		
19	Other miscellaneous deductions		

Education Expenses

	Student's Name	Type of Expense	Year of School	Amount
1				
2				
3				
4				
5				
6				

Child or Dependent Care Expenses

	Persons or Organizations Who Provided the Care		Social Security or ID Number	Amount Paid
	Name	Address		
1				
2				
3				
4				

Federal, State and Local or Other Estimated Taxes Paid

Federal Estimates

	Enter Payment Information	Filer and/or Joint Payments		Spouse Only Payments	
		Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year				
2	First quarter payment				
3	Second quarter payment				
4	Third quarter payment				
5	Fourth quarter payment				
6					
7					

State Estimates

Enter two-letter state abbreviation **State** ________ **State** ________ **State** ________ **State** ________

	Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6									
7									
8									

Local or Other Estimates

Enter description **Desc 1** __________ **Desc 2** __________ **Desc 3** __________ **Desc 4** __________

	Enter Payment Information	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year								
2	First quarter payment								
3	Second quarter payment								
4	Third quarter payment								
5	Fourth quarter payment								
6									
7									
8									

Vehicle Information and Expenses

		Vehicle One	Vehicle Two
1	Description of vehicle		
2	Is the vehicle used in a business or by an employee?		
3	Cost (including sales tax)		
4	Date placed in service		
5	Business miles:		
	January 1 to June 30		
	July 1 to December 31		
6	Commuting miles (daily commuting miles times the number of trips to work)		
7	Other personal use miles		
8	Total miles driven		
9	Gas and oil expenses		
10	Repairs and maintenance		
11	Auto insurance		
12	Registration, licenses, and fees		
13	Other auto expenses (identify)		
14	Auto rentals		

Auto Mileage Documentation

		Yes	No
1	Is another car available for personal use?		
2	Do you have evidence to support your mileage information reported above?		
3	If "Yes," is the evidence written in a log or other place?		

Business Use of Home

	Yes	No
Do you use any part of your home regularly and exclusively for business?		

Total area of home (in square feet)	
Total area used for business	
House Insurance	
Repairs and Maintenance	
Utilities	
Rent	
Property Taxes	
Mortgage Interest	
Home Equity Loan Interest	
Internet	
Phone	

Name ______________________________ SSN ____________________

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Taxable Interest Income Current Year Amount	Taxable Interest Income Prior Year Amount	Tax Exempt Interest Current Year Amount	Tax Exempt Interest Prior Year Amount	Specified Priv Act Interest Current Year Amount	Specified Priv Act Interest Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer		Ordinary Dividends Current Year Amount	Ordinary Dividends Prior Year Amount	Qualified Dividends Current Year Amount	Qualified Dividends Prior Year Amount	Capital Gains Current Year Amount	Capital Gains Prior Year Amount
	1	1						
	2	2						
	3	3						
	4	4						
	5	5						
	6	6						
	7	7						
	8	8						
	9	9						
	10	10						
	11	11						
	12	12						
	13	13						
	14	14						
	15	15						
	16	16						
	17	17						
	18	18						
	19	19						
	20	20						

Name ______________________________ SSN ______________

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: ☐ Filer ☐ Spouse

General Information

1 Employer Identification Number ____________ (do not enter Social Security Number)
2 Principal business or profession ____________
3 Business name . . . . ____________
4 Business address . . . . . . ____________
5 City . . . . ____________ State ______ Zip ______

General Check Boxes (Enter "X" where applicable)

6 Accounting Method . . . . . ☐ Cash ☐ Accrual ☐ Other - (Specify) ____________
7 Did you "materially participate" in this business? ☐ Yes ☐ No
8 Check ('X') if you started or acquired this business in 2011. ☐
9 Did you make any payments in 2011 that would require you to file Form(s) 1099? ☐ Yes ☐ No

Business Income

* Report statutory income as W-2 income.

			Current Year Amount	Prior Year Amount
10	Income reported on 1099 MISC	10		
11	Gross merchant card and third party network receipts and sales	11		
	Gross receipts or sales not reported on Form 1099 or Form W-2			
12	____________	12		
13	____________	13		
14	____________	14		
15	____________	15		
16	Returns and allowances	16		
17	Other income	17		

Inventory (Enter "X" where applicable)

18 Method(s) used to value closing inventory . . ☐ Cost ☐ Lower of cost or market ☐ Other
19 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

			Current Year Amount	Prior Year Amount
20	Inventory at the beginning of year	20		
21	Purchases less cost of items withdrawn for personal use	21		
22	Cost of labor	22		
23	Materials and supplies	23		
24	Other Costs	24		
25	Inventory at end of year	25		

Assets Placed in Service This Year

	Description:		Date Placed In Service	Purchase Amount
A	____________	A		
B	____________	B		
C	____________	C		
D	____________	D		
E	____________	E		
F	____________	F		
G	____________	G		

Name ______________________________ SSN ____________________

Business ______________________________

Self-Employed Business Expenses Cont. (Schedule C)

Line	Expenses	Line	Current Year Amount	Prior Year Amount
41	Advertising	41		
42	Contract labor	42		
43	Commissions and fees	43		
44	Depletion	44		
45	Employee benefit programs (other than on line 51)	45		
46	Insurance (other than health)	46		
	Interest:			
47	Mortgage (paid to banks, etc.)	47		
48	Other	48		
49	Legal and professional services	49		
50	Office expense	50		
51	Pension and profit-sharing plans	51		
	Rent or Lease:			
52	Machinery rental or lease	52		
53	Equipment rental or lease	53		
54		54		
55		55		
56		56		
	Other business property rental or lease			
57		57		
58		58		
59		59		
60	Repairs and maintenance	60		
61	Supplies (not included in inventory cost of goods sold)	61		
62	Taxes and licenses	62		
	Travel, Meals, and Entertainment:			
	Travel			
63		63		
64		64		
65		65		
66		66		
	Meals and entertainment			
67	Enter "X" in the box if subject to DOT hours of service limits	67	☐	☐
68		68		
69		69		
70		70		
71		71		
72	Utilities	72		
73	Wages	73		
	Other Expenses			
74		74		
75		75		
76		76		
77		77		
78		78		
79		79		
80		80		
81		81		
82		82		

Name ____________________ SSN ____________________

Business ____________________

Vehicle Information (Schedule C)

		Vehicle 1 -		Vehicle 2 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
	January 1 to June 30				
	July 1 to December 31				
5	Commuting miles included on line 3 . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	------------------------------------ 13				

		Vehicle 3 -		Vehicle 4 -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
	January 1 to June 30				
	July 1 to December 31				
5	Commuting miles included on line 3 . 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	------------------------------------ 13				

Name ______________________ SSN ______________

Business ______________________ Copy ________

Self-Employed Office in Home Expenses

			Current Year Amount	Prior Year Amount
	Area of Home			
1	Area used regularly and exclusively for business, regularly for daycare.	**1**		
2	Total area of home	**2**		
	Daycare only			
3	Multiply days used for daycare during year by hours used per day	**3**		
	Expenses related to entire home including business portion			
4	Casualty losses	**4**		
5	Excess mortgage interest	**5**		
6	Insurance	**6**		
7	Rent	**7**		
8	Repairs and maintenance	**8**		
9	Utilities	**9**		
10	Other expenses	**10**		
	Additional expenses related to business portion only			
11	Casualty losses	**11**		
12	Excess mortgage interest	**12**		
13	Insurance	**13**		
14	Rent	**14**		
15	Repairs and maintenance	**15**		
16	Utilities	**16**		
17	Other expenses	**17**		

Name ______________________ SSN ______________

Real Estate Rentals and Royalties

Kind of Property ____________________

Address ____________________

City ______________ State ______ Zip ______

		Current Year Info	Prior Year Info
1	Owner of property (Enter Filer, Spouse, or Joint) 1		
2	Enter "X" If you actively participated? 2	☐	☐
3	Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? 3	☐	☐
3a	If entered ("X"), enter the number of days of personal use? 3a		
3b	If entered ("X"), enter the number of days rented? 3b		

Income

		Current Year Amounts	Prior Year Amounts
4	Royalty received 4		
5	Rent received 5		
5a	If rental real estate, enter the percent of ownership if less than 100% . . 5a		
5b	Rental use percentage for property used partially for personal use only . . 5b		

Property Expense

		Current Year Amounts	Prior Year Amounts
6	Advertising 6		
7	Cleaning and maintenance 7		
8	Commissions 8		
9	Insurance 9		
10	Legal and other professional fees 10		
11	Management fees 11		
12 a	Qualified mortgage interest paid to banks, etc. 12a		
b	Other mortgage interest paid to banks, etc. 12b		
13	Other interest 13		
14	Repairs 14		
15	Supplies 15		
16 a	Real estate taxes 16a		
b	Other Taxes 16b		
17	Utilities 17		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	____________________ A		
B	____________________ B		
C	____________________ C		
D	____________________ D		
E	____________________ E		
F	____________________ F		
G	____________________ G		

Name ______________________ SSN ______________

Property ______________________

Other Expenses (Schedule E)

Other Expense

		Current Year	Prior Year
18		18		
19		19		
20		20		
21		21		
22		22		
23		23		
24		24		
25		25		

Travel Expenses

		Current Year	Prior Year
26		26		
27		27		
28		28		
29		29		
30		30		
31		31		
32		32		
33		33		

Meals and Entertainment Expense

		Current Year	Prior Year
34		34		
35		35		
36		36		
37		37		
38		38		
39		39		
40		40		
41		41		

Name ______________________________ SSN ____________________

Medical and Dental - Itemized Deductions

			Current Year Amount	Prior Year Amount
1	Prescription medications	1		
2	Fees for doctors, dentists, etc.	2		
3	Fees for hospitals, clinics, etc.	3		
4	Lab and X-ray fees	4		
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5		
6	Medical equipment and supplies	6		
7	Medical mileage (number of miles driven)	7		
	January 1 to June 30			
	July 1 to December 31			
8	Medical parking, tolls and local transportation	8		
9	Lodging for medical purposes (up to $50 per night per person)	9		
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10		
11	Long Term Care insurance premiums (taxpayer)	11		
12	Long Term Care insurance premiums (spouse)	12		
13	Expenses to stop smoking	13		
14	Health insurance premiums - coverage established under your business (1)	14		
15	Health insurance premiums - coverage established under your business (2)	15		
16	Long Term Care insurance premiums - coverage est. under your business (1)	16		
17	Long Term Care insurance premiums - coverage est. under your business (2)	17		
18		18		
19		19		
20		20		
21		21		
22	Insurance reimbursement for any medical and dental expense listed above	22		

Name ______________________________ SSN ____________________

Taxes - Itemized Deductions

			Current Year Amount	Prior Year Amount
	Real Estate Taxes			
23	Principal residence	23		
	Real Estate Not Held For Investment			
24		24		
25		25		
26		26		
27		27		
28		28		
	Real Estate Held For Investment			
29		29		
30		30		
31		31		
32		32		
33		33		
34	Personal property taxes	34		
	Other Taxes			
35		35		
36		36		
37		37		

Name ______________________ SSN ______________

Charity - Itemized Deductions

* Total contributions $500 or less. See Non-Cash Charity if over $500.

			Current Year Amount	Prior Year Amount
1	Gifts To Charity Other Than By Cash or Check*	1		
2	Total Miles driven for charitable activities	2		
3	Parking fees, tolls and local transportation for charitable activities	3		

Gifts To Charity By Cash or Check

1		1		
2		2		
3		3		
4		4		
5		5		
6		6		
7		7		
8		8		
9		9		
10		10		
11		11		
12		12		
13		13		
14		14		
15		15		
16		16		
17		17		
18		18		
19		19		
20		20		
21		21		
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31		31		
32		32		
33		33		
34		34		
35		35		
36		36		
37		37		
38		38		
39		39		
40		40		
41		41		
42		42		
43		43		
44		44		
45		45		
46		46		
47		47		

Name ______________________ SSN ______________________

Noncash Charitable Contributions (Total of Contributions more than $500)

Information on Donated Property

	(a) Name and Address of the Donee Organization			(b) Description of Donated Property
1	Name Address City	State	Zip Code	
2	Name Address City	State	Zip Code	
3	Name Address City	State	Zip Code	
4	Name Address City	State	Zip Code	
5	Name Address City	State	Zip Code	

Note: If the fair market value for an item is $500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name ______________________________ SSN ____________________

Employee Business Expenses

Enter "X" in one box:
☐ Filer
☐ Spouse

Occupation in which you incurred the expenses --

			Current Year Amount	Prior Year Amount
Meals and Entertainment				
1	Meals and entertainment expenses	1		
2	Enter "X" in the box if subject to DOT hours of service limits	2	☐	☐
Travel Expenses				
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	3		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals and entertainment.	4		
Other Employment Related Expenses				
5	Business gifts	5		
6	Employment related education expenses	6		
7	Trade publications	7		
8	--	8		
9	--	9		
10	--	10		
11	--	11		
12	--	12		

			Vehicle 1 -		Vehicle 2 -	
Vehicle Information			Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
13	Date vehicle was placed in service .	13				
14	Cost of vehicle	14				
15	Total miles driven for the year . . .	15				
16	Business miles driven during the year	16				
	January 1 to June 30					
	July 1 to December 31					
17	Commuting miles (included in total miles driven for the year)	17				
18	Average daily roundtrip commuting miles	18				
19	Vehicle Interest	19				
20	Vehicle Personal Property tax	20				
If claiming actual expenses continue:						
21	Gasoline, oil, repairs and vehicle insurance	21				
22	Vehicle lease or rental	22				
23	Value of employer-provided vehicle (if 100% is included in W-2)	23				