

CASUALTY / THEFT LOSSES

From fire, storm, theft, etc. - if more than one, provide similar detail for each.

Kind of property or item	Date acquired	Cost or basis	Insurance reimbursement
Describe how or what happened		Fair market value - before	Fair market value - after
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Describe how or what happened		Fair market value - before	Fair market value - after

CONTRIBUTIONS

NOTE: Charitable contributions of \$250 or more at one time require written acknowledgement from the charitable organization. This Information must be obtained prior to filing your tax return.

Church and religious organizations	Amount
Church (name)	
Other religious (name)	

Other charitable organizations

Organization	Amount	Amount
Cancer Fund	Heart Fund	
Easter Seals	Christmas Seals	
Red Cross	United Way	
Scouts	YM/CA/VWCA	
Blind	Education TV/Radio	
Muscular Dystrophy	Veterans' Organization	
Schools	Misc. door-to-door	

OPTION: a summary total may be used above.

Non-cash contributions (fair market value of clothing, furniture, food, etc. Include itemized list if over \$500)

Name of organization	Items donated	Date	Value

Volunteer work - mileage (church, hospitals, or non-profit organizations)

Name of organization	Activity Performed	Parking Miles Driven

Meals, lodging, and other expenses may also be allowed - list full details.

MISCELLANEOUS DEDUCTIONS

	Amount	Amount
Tax preparation fees		Safety deposit box
Union dues		Professional dues
Subscriptions/trade journals		Tools/shoes/glasses
Uniforms (cost and upkeep)		Employment agency fees
Second job mileage		Job hunting expenses
Handicapped job expenses		Job related education expenses (explain):
Telephone (explain requirement):		
Investment expenses (describe):		

Alimony paid:

Paid to: _____ Soc. Sec. No.: _____

HOUSEHOLD EMPLOYEES

If you employed persons such as maids, care givers, or gardeners to perform services in your home, the following information is necessary to complete your tax return.

Name of person	Address	ID#	\$ paid

CHILD AND DEPENDENT CARE

If you or your spouse paid someone to care for your child or other qualifying person so either of you could work or look for work, you may be able to take a credit for child and dependent care expenses. A qualifying person is any dependent child under the age of 13 or your disabled spouse who is not able to care for himself or herself. Enter the number of qualifying persons (_____)

Child care provider	Address	ID#	\$ paid

OFFICE IN HOME

Check if justified for business or professional use by Taxpayer _____ Spouse _____ Both _____

Date acquired	Utilities
Cost of land	Interest
Cost of home	Taxes
Cost of improvements	Insurance
Sq. footage of living area	Rubbish & maintenance
Sq. footage of office area	Other