

EMPLOYEE BUSINESS EXPENSES

For outside salespersons or individuals not fully reimbursed by employer.

Vehicle mileage (odometer reading) Vehicle 1 Vehicle 2

A. End of year

B. Beginning of year

1. Business miles

2. Commuting miles

3. Personal miles

4. Total miles driven

Vehicle expense (if both husband and wife have deductions, use vehicle 1 for husband, 2 for wife)

Vehicle 1 Vehicle 2 Vehicle 1 Vehicle 2

Gas and Oil Parking and tolls

Washing and lube Licenses

Repairs and maintenance Lease payments

Tires/accessories Interest

Insurance Garage rent

Make Year Model Date acq. Cost or basis

Vehicle 1

Vehicle 2

Travel expenses - away from home (number of nights _____)

Husband Wife Husband Wife

Transportation Auto rentals

Lodging Cabs, bus, etc.

Meals and tips

Other business expenses (must have supportive record for entertainment and gifts)

Entertainment Commissions

Tickets/events Gifts/cards

Postage/freight Office supplies

Phone Dues/subscriptions

Furniture/equipment Required education

Total of above expenses reimbursed

Did you purchase any other business equipment during year? Yes No

If yes, provide list of date bought, cost, description and trade-in details.

I have adequate records and sufficient evidence to support use of vehicles and deductions listed above.
(Please sign) _____

REFUNDS, CREDITS AND TAXES PAID

Credit from last year's tax returns Federal State Local

Cash April 15 Date paid

payments for June 15 Date paid

estimated tax September 15 Date paid

January 15 Date paid

Balance due on last year's tax returns Date paid

Cash refund on last year's tax returns Date received

EARNED INCOME CREDIT

If you have more than two qualifying children, only list the two youngest children.

Child's name Birthdate Relationship # months lived in your home Full-time student under age 24?

(first, initial, and last name)

1. Are you a qualifying child for another taxpayer? Yes No

2. Is there more than one nonspouse adult occupying the home? (if "no", stop) Yes No

3. If the other adult is not the child's parent or grandparent, did the adult occupy the home the entire year? (if "no", stop) Yes No

4. Does the other adult treat your child as his/her own child or grandchild? (if "no", stop) Yes No

5. Is the other adult's income greater than yours? Yes No

PARTNERSHIP, ESTATES AND TRUSTS

Enclose your copies of Schedules K-1, returns or other documents. Enter name, address, and federal Employer Identification Number from any partnership, joint venture, limited liability company, S corporation, estate or trust, for which you do not have a Schedule K-1.

QUESTIONS (For yes answers, supply details)

1. Were you eligible to be claimed as a dependent on another tax return? Yes No

2. Were you notified by the IRS, State, or City of any change to any prior year tax return? Yes No

3. Did you make any gifts of over \$12,000 in value to any individual? Yes No

4. Did you have living expenses in a foreign country as a result of income earned abroad? Yes No

5. Do you have any worthless stocks or uncollectible bad debts? Yes No

6. Did you become disabled during the year? Yes No

7. Did you receive any reimbursement (medical, insurance) for an expense that was claimed as a deduction on a prior tax return? Yes No

8. Do you expect any significant changes in income or your tax liability in the coming year? Yes No

9. Did you receive any income from a source that is not listed in this booklet? Yes No

10. Do you wish to designate (at no cost to you) \$3,000 of your taxes to the Presidential Campaign Fund? Yes No