

Traphagen CPAs

Tax Data Sheet

Name _____
 Income - W-2 Wages, Rents, Stock Transactions, Partnership - Sch K-1, Interest, Dividends - All 1099 Forms
 Dependents Name/Age _____/____ _____/____ _____/____
 (Circle Dependents in College)
 Dependent's Social Security # _____
 Telephone No. (H) (____) _____ (B) (____) _____

DEDUCTIONS

MEDICAL

Medicine and Drugs (include birth control pills) _____
 Doctors, dentists, therapy etc. _____
 Weight reduction program (prescribed by Dr.) _____
 Alcohol, drug & smoking (prescribed by Dr.) _____
 Hospitals, homecare & nursing care _____
 Health insurance premiums _____
 Long term health care insurance _____
 Auto travel _____ miles _____
 Parking & tolls, taxi, bus _____
 Lodging cost \$50 per night _____
 Eyeglasses, contacts, laser surgery _____
 Support stockings, corrective shoes _____
 Medical conferences _____
 Travel cost for courses _____
 Lab fees, X-rays _____
 Fertility enhancement _____
 Vasectomy _____
 Air conditioner/purifier for allergies _____
 Life line cost _____
 Cost of operation-utilities, etc _____
 Hearing aid & batteries _____
 Insulin, acupuncture _____
 Corrective devices, thermometers _____
 Vaporizers, humidifiers _____
 Special foods (if prescribed) _____
 Cosmetic surgery (if medically necessary) _____
 Special ed cost (dyslexia, ADD, autism) _____
 Insurance Reimbursement _____

TAXES

Real estate taxes _____
 Rebate-Block _____ Lot _____
 Federal quarterly estimates paid _____
 State quarterly estimates paid _____

INTEREST

Mortgage interest _____
 Home equity debt to \$100,000 _____
 Mortgage points _____
 Margin interest expense _____
 Investment interest expense _____
 Alimony(SS# _____ - _____ - _____) _____

CONTRIBUTIONS

Charities _____
 Church/Temple _____
 Auto Travel _____ miles _____
 Clothing & furniture to Goodwill, etc.; expenses for contributing services etc to Scouts, Church _____

OTHER DEDUCTIONS

Union, professional dues _____
 Tax preparation fee _____
 Publications & periodicals _____
 Education (related to occupation) _____
 Safety equipment _____
 Work tools, briefcase, calculator, etc _____
 Uniforms & special clothing _____
 Laundry & cleaning _____
 Business telephone, fax, cell phone _____
 Office supplies, Bus. related software _____
 Business entertainment & gifts _____
 1st & 2nd job mileage _____
 Job-hunting expense _____
 Other-resume, type, telephone, etc _____
 Job hunt miles _____
 Investment expenses _____
 Investment travel expenses _____
 Safe deposit box _____
 Gambling losses(to extent of winnings) _____
 Moving expenses _____
 Child care expenses (see page two) _____
 Keogh contribution _____
 IRA deductible contribution _____
 IRA Roth contribution _____
 IRA non deductible contribution _____
 Date Contributed _____ / _____ / _____
 Home office (Bus. Use _____ %) _____
 Teachers travel cost for courses _____
 Bank charges _____
 Estate planning expenses _____
 Retirement & Financial planning _____
 Adoption expenses _____
 Rent Paid _____

MILAGE INFORMATION FOR BUSINESS USE:

Please complete all of the following questions, if not applicable note N/A

Date auto purchased/leased _____ Month _____ Day _____ Year Purchase Price \$ _____
Total of all mileage _____
Miles used for business _____ miles
Percent of business use _____ %
Average daily round trip commuting distance (A) _____
Total commuting days (B) _____
Miles auto used for commuting (A) x (B) _____

AUTO OPERATING EXPENSES

Gasoline & oil _____
Repairs _____
Regular & snow tires _____
Insurance _____
Car washes _____
Towing charges _____
Other expenses _____
Licenses & registration _____
Interest on car loan _____
Total operating expenses _____

TRAVEL EXPENSES

Parking & tolls _____
Public transportation & taxi expense _____
Travel expenses away from home _____
Luggage, laundry _____
Maps, postage, internet fees _____
Incidentals _____ days away @ _____

LEASING EXPENSES

Lease payments _____
Value of employer provided vehicle _____
Initial cap reduction fee _____
Lease term _____

Did the employer provide the auto? YES NO N/A
Were you permitted personal use of an employer
Provided auto during off hours? _____
Was another auto available for personal use? _____
Does evidence exist to support the auto deduction? _____
Is such evidence written? _____

CHILD CARE EXPENSES

Individual or Institution Address ID. No (SSN/EIN) Amount Paid

Were any of the above Employer-paid dependent care benefits? ___ Yes ___ No
If yes, enter the amount _____.
Enter the number of qualifying children (under age 13) and disabled dependents cared for _____.

EDUCATION CREDITS AND DEDUCTIONS

School Paid Tuition, Books, Fees ___ Yes ___ No Related To Occupation ___ Yes ___ No ___
Attendee _____ Amount \$ _____ School _____ Year _____
Attendee _____ Amount \$ _____ School _____ Year _____

HOME OFFICE SCHEDULE

- A) Rooms Used For Office

- B) Total # of Rooms

- C) Divide Line A by Line B %

Mortgage Interest	\$	<hr/>		
Real Estate Taxes		<hr/>		
Rent		<hr/>		
Heat		<hr/>		
Other Utilities		<hr/>		
Insurance		<hr/>		
Repairs		<hr/>		
Maintenance		<hr/>		
Other		<hr/>		
Total	\$	<hr/> <hr/>	X	_____ % (Line C) = \$ _____

OTHER EXPENSES DIRECTLY RELATED TO THE HOME OFFICE

Business Portion Only

Shelving	\$	<hr/>		
File Cabinets		<hr/>		
Telephone Exp.(separate line)		<hr/>		
Internet Charges		<hr/>		
Other		<hr/>		
Total	\$	<hr/> <hr/>	X	100% = _____

BUSINESS ASSETS	COST	DATE PLACED IN	USE	
Computer (Business____%)	\$	<hr/>	<hr/>	
Software		<hr/>	<hr/>	
Equipment		<hr/>	<hr/>	
Furniture		<hr/>	<hr/>	
Fixtures		<hr/>	<hr/>	
Other		<hr/>	<hr/>	
	\$	<hr/> <hr/>		