

TAX DEDUCTION FINDER

Your Name _____ Soc. Sec. No. _____
 Spouse's Name _____ Soc. Sec. No. _____
 Your Occupation _____ Birthdate _____ Home Phone _____
 Spouse's Occupation _____ Birthdate _____ Work Phone _____
 Address _____ State _____ Zip Code _____

THINGS TO BRING: Last year's tax return (if new client), W-2 Forms, Tax labels,
 1099 Forms for: Interest, Dividends, Social Sec., Unemployment,
 Pensions, Railroad Retirement, Sales & Exchanges

	<u>Name</u>	<u>Social Sec. #</u>	<u>Relationship</u>	<u>Birth Date</u>
Dependents: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Social Security Number is required for all dependents claimed on Tax Return

Income			
(Bring 1099's)		(Bring 1099's)	
Interest	\$ _____	Dividends	\$ _____
Individual Interest	\$ _____		\$ _____
E Bonds	\$ _____		\$ _____
HH Bonds	\$ _____		\$ _____
Municipal Bonds	\$ _____		\$ _____

Other Income Not included above or on W-2's

Unemployment	\$ _____	Profit Sharing	\$ _____
		(Bring 1099R)	
Alimony	\$ _____	Disability Inc.	\$ _____
Tip Income	\$ _____	IRA/Keogh	\$ _____
Commissions/Bonuses	\$ _____	Social Security	\$ _____
Pensions (Bring 1099's)	\$ _____	Social Security	\$ _____
Prizes/Awards	\$ _____	Railroad Retirement	\$ _____
Jury/Election Duty	\$ _____	Railroad Retirement	\$ _____
Business/Farm Rental	\$ _____	Non-Taxable Income	
Stock & Property Sales	\$ _____	Veteran's Pension	\$ _____
K-1 Income (Bring K-1)	\$ _____	Child Support/Assistance	\$ _____
Scholarships/Fellowships	\$ _____	Worker's Compensation	\$ _____
Strike Pay	\$ _____	Other: Identify	\$ _____

Estimated Tax Payment Paid

	<u>FEDERAL</u>		<u>STATE</u>	
	Date Paid	Amount	Date Paid	Amount
4 th Qtr. Prior Year	_____	_____	_____	_____
1 st Qtr. This Year	_____	_____	_____	_____
2 nd Qtr. This Year	_____	_____	_____	_____
3 rd Qtr. This Year	_____	_____	_____	_____
4 th Qtr. This Year	_____	_____	_____	_____

Retirement Plan Contributions

(If you or your spouse have an IRA, SEP or Keogh Plan list the amount of the contribution)

IRA YOU \$ _____ DATE _____ SPOUSE \$ _____ DATE _____
 IRA YOU \$ _____ DATE _____ SPOUSE \$ _____ DATE _____
 KOEGH YOU \$ _____ DATE _____ SPOUSE \$ _____ DATE _____

If the amount listed is not the maximum, do you want to contribute maximum? Yes _____ No _____
 Do you wish to make a non-deductible contribution to an IRA? You _____ Spouse _____

ITEMIZED DEDUCTIONS

Net amount paid by you

Receipts are required for your records.

MEDICAL EXPENSES:	
MEDICAL INSURANCE	\$ _____
MEDICARE INSURANCE	\$ _____
DENTAL INSURANCE	\$ _____
PRESCRIPTIONS	\$ _____
INSULIN	\$ _____
DOCTORS, DENTISTS, CHIROPRACTORS	\$ _____
ANESTHESIOLOGY	\$ _____
HOSPITAL	\$ _____
REQUIRED NURSING HOME CARE	\$ _____
LODGING	\$ _____
AMBULANCE FEES	\$ _____
HEARING AID EXPENSE	\$ _____
PRESCRIBED MEDICAL ATTIRE	\$ _____
PRESCRIBED MEDICAL EQUIP.	\$ _____
GLASSES/CONTACTS,	\$ _____
CHILD BIRTH CLASS,	\$ _____
ALCHOL/DRUG THERAPY	\$ _____
SPECIAL SCHOOLING	\$ _____
MEDICAL MILES	NO. MILES _____
MEDICAL PARKING EXP.	\$ _____
OTHER MEDICAL	\$ _____

TAXES:	
REAL ESTATE TAXES	\$ _____
2 ND HOME R.E. TAXES	\$ _____
AUTO LICENSE FEES	\$ _____
2 ND CAR LICENSE	\$ _____
3 RD CAR LICENSE	\$ _____
(Bring current & prior Yr. R. E. Tax Statement)	

INTEREST:	
HOME MORTGAGE	\$ _____
(Bring 1098 Forms)	
HOME MORTGAGE PAID TO INDIVIDUAL	\$ _____
(Bring name, address, social security number)	
2 ND MORTGAGE INTEREST	\$ _____
HOME IMPROVEMENT INT.	\$ _____
REFINANCING COSTS	\$ _____
(Bring settlement statement)	
POINTS ON REFINANCING	\$ _____

INVESTMENT INTEREST:	
PAID TO:	_____
AMOUNT PAID\$	_____
OTHER INTEREST PAID\$	_____

CONTRIBUTIONS:	
_____	\$ _____
_____	\$ _____
NON-GAME WILDLIFE	\$ _____
NON CASH ITEMS: (FAIR MARKET VALUE)	\$ _____
TRANSPORTATION/TRAVEL VOLUNTEER WORK	
MILEAGE _____ (NO. MILES DRIVEN)	
PARKING \$ _____	

CASUALTY & THEFT LOSSES:	
DATE OF LOSS _____	DATE PURCH. _____
KIND OF PROPERTY _____	HOW DESTROYED _____
FMV BEFORE LOSS \$ _____	FMV AFTER LOSS \$ _____
COST PLUS IMPROVEMENTS \$ _____	INSURANCE REIMBURSEMENTS \$ _____
(Loss must be over 10% of income)	

MISCELLANEOUS EXPENSES:	
JOB EXPENSES: UNION DUES	\$ _____
PROFESSIONAL DUES/LICENSES	\$ _____
SMALL TOOLS (UNDER \$100)	\$ _____
TOOLS & EQUIP. (OVER \$100)	\$ _____
DATE PUR. _____	PUR. PRICE \$ _____
UNIFORM EXPENSES	\$ _____
JOB SUPPLIES	\$ _____
PROFESSIONAL JOURNALS	\$ _____
PHONE EXPENSE	\$ _____
LD PHONE EXPENSE	\$ _____
PROFESSIONAL INSURANCE. EXP.	\$ _____
SAFETY EQUIPMENT	\$ _____
JOB RELATED EDUCATION	\$ _____
BOOKS AND SUPPLIES	\$ _____
WORKSHOPS & SEMINARS	\$ _____
MILEAGE/FOOD/LODGING	\$ _____
JOB HUNTING MILEAGE/TRAVEL	\$ _____
EMPLOYMENT AGENCY FEES	\$ _____
PHONE/RESUME/POSTAGE ETC.	\$ _____
INVESTMENT EXPENSES	\$ _____
SAFETY DEPOSIT BOX	\$ _____
JOURNAL/SUBSCRIPTIONS	\$ _____
PHONE/POSTAGE/MILEAGE	\$ _____
IRA/KEOGH FEES PAID	\$ _____
TAX PREPARATION FEES	\$ _____

OTHER EXPENSES:	
SCHOOL EXPENSES (KINDERGARTEN THRU 12 TH GRADE)	
TUITION EXPENSE	\$ _____
SUPPLIES & MISC.	\$ _____
PUBLIC TRANSPORTATION	\$ _____
OTHER _____	\$ _____

EMPLOYEE BUSINESS EXPENSES:

(Job expenses not fully reimbursed)

PURCHASE OR TRADE OF VEHICLE
 PRESENT AUTO: MAKE _____ YEAR _____
 COST \$ _____ CASH TO BOOT \$ _____
 PREVIOUS AUTO: MAKE _____ YEAR _____
 COST \$ _____ CASH TO BOOT \$ _____

AUTO EXPENSES:

TOTAL MILES DRIVEN _____
 TOTAL BUSINESS MILES _____
 COMMUTING MILES _____
 BEGINNING ODOMETER READING _____
 ENDING ODOMETER READING _____
 GAS, OIL & REPAIRS \$ _____
 LICENSE FEES \$ _____
 AUTO INSURANCE \$ _____
 AUTO LEASE PAYMENTS \$ _____
 OTHER EXPENSES: _____

TRAVEL EXPENSES:

NUMBER OF NIGHTS AWAY FROM HOME _____
 AIRPLANE, TRAIN, BUS, ETC. \$ _____
 AUTO RENTAL EXPENSES \$ _____
 CONVENTION/SEMINAR EXPENSES \$ _____
 LODGING/ACTUAL COSTS \$ _____
 LAUNDRY & CLEANING \$ _____
 MEALS & TIPS \$ _____
 OTHER EXPENSES: \$ _____

OTHER BUSINESS EXPENSES:

CLIENT LUNCHESES/BEVERAGES \$ _____
 ENTERTAINMENT/TICKETS \$ _____
 BUSINESS PHONE EXPENSES \$ _____
 COMMISSIONS PAID \$ _____
 CHRISTMAS CARDS/GIFTS \$ _____
 POSTAGE/STATIONERY/SUPPLIES \$ _____
 DUES/SUBSCRIPTIONS \$ _____
 TICKETS TO CHARITABLE EVENTS \$ _____
 OTHER: \$ _____

HOME OFFICE EXPENSES

SQUARE FOOTAGE OF OFFICE _____
 TOTAL SQ. FOOTAGE OF HOME _____
 UTILITIES \$ _____ MAINTENANCE \$ _____
 INS. \$ _____ GARBAGE, SEWER, WATER \$ _____
 REPAIRS \$ _____ HOME IMPROVEMENTS \$ _____
 ORIGINAL PURCHASE PRICE OF HOME \$ _____
 (IF STARTED IN CURRENT YEAR BRING ORIGINAL
 PURCHASE AGREEMENT)

CHECKLIST:

PLEASE CHECK ALL INFORMATION AND AMOUNTS LISTED TO BE SURE OF COMPLETENESS AND ACCURACY TO INSURE PAYING THE LEAST LEGAL AMOUNT OF TAX. ENCLOSE ALL W-2'S, INTEREST, DIVIDENDS, AND ALL OTHER 1099'S PLUS OTHER DETAIL ENCLOSE IRS & STATE CARDS OR LABELS & ESTIMATE VOUCHERS.

WHEN COMPLETE CALL FOR AN APPOINTMENT
 MILDY'S TAX SERVICE (651) 228-7286

SELF-EMPLOYMENT INCOME & EXPENSES:

GROSS INCOME \$ _____
 RETURNS & REFUNDS \$ _____
 COST OF BEGINNING INVENTORY \$ _____
 MERCHANDISE PURCHASES \$ _____
 VALUE OF PERSONAL USE ITEMS \$ _____
 COST OF ENDING INVENTORY \$ _____

EXPENSES:

ADVERTISING \$ _____ REPAIRS \$ _____
 BANK CHRGS. \$ _____ SEMINARS \$ _____
 CAR EXPENSE \$ _____ SUPPLIES \$ _____
 COMMISSIONS \$ _____ PAYROLL TAX \$ _____
 DUES & PUBL. \$ _____ SALES TAX \$ _____
 FREIGHT EXP. \$ _____ TRAVEL \$ _____
 CUST. GIFTS \$ _____ ENTERTAINMENT \$ _____
 INSURANCE \$ _____ TELEPHONE \$ _____
 INTEREST EXP. \$ _____ UTILITIES \$ _____
 LAUNDRY/CLEAN \$ _____ RENT PAID \$ _____
 LEGAL/PROF. FEE \$ _____ WAGES PAID \$ _____
 POSTAGE \$ _____ EQUIPMENT RENT \$ _____
 OTHER \$ _____ OTHER \$ _____

EQUIPMENT PURCHASED:

DESCRIPTION _____ PRICE \$ _____
 PURCH. DATE _____ SALE PRICE \$ _____

RENTAL INCOME & EXPENSES

PROPERTY	ADDRESS		
1	_____		
2	_____		
*		PROPERTY 1	PROPERTY 2
INCOME		_____	_____
EXPENSES		_____	_____
ADVERTISING		_____	_____
AUTO		_____	_____
TRAVEL		_____	_____
CLEANING		_____	_____
COMM.		_____	_____
MGMT. FEE		_____	_____
INSURANCE		_____	_____
LEGAL FEE		_____	_____
INTEREST		_____	_____
REPAIRS:		_____	_____
ELECTRICAL		_____	_____
DECORATING		_____	_____
PLUMBING		_____	_____
MISC.		_____	_____
SUPPLIES		_____	_____
R.E. TAXES		_____	_____
LD. PHONE		_____	_____
UTILITIES		_____	_____
ASSOC. FEE		_____	_____
OTHER		_____	_____
WAGES		_____	_____

CK HERE IF USED FOR PERSONAL USE MORE THAN 14 DAYS IN A YEAR.

CHILD & DEPENDENT CARE EXPENSES: (CIRCLE ONE)
 Were the Dependent Services performed in your home? Yes No
 If yes, did you file wage statements with the IRS or State? Yes No
 Were you reimbursed by your employer for child care? Yes No
 (Even though your reimbursement equaled your child care expenses, you are required to show this information on your tax return)

Name and Age of Dependents: _____

CARE PROVIDER	ADDRESS	SOCIAL SECURITY/ TAX ID NUMBER	AMOUNT PAID
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

IF MORE SPACE IS NEEDED, ATTACH STATEMENT

**IMPORTANT
 TAX APPOINTMENT
 INFORMATION ENCLOSED!**