

VITA – Los Angeles worksheet packet - page 1

LOCATION: The Actors Fund - 5757 Wilshire Blvd. Suite 400 LA CA 90036 – across from La Brea Tar Pitts

PARKING: We ONLY validate parking in the garage connected to us. This is behind Marie Calendars

VITA- Los Angeles- Worksheet Packet- 2016 Tax Year

This pages in this packet need to be printed and completely filled out BEFORE you can be sit with a volunteer preparer
This packet is designed to organize your return and streamline your appointment time

You will NOT be seen unless you have the following:

- Photo Identification and Social Security Card
- Union Card
- A copy of – or digital copy containing last year’s federal and state tax returns.
- VITA worksheet packet complete
- W-2’s, 1099’s and other statements sent by employers, banks, credit unions, other states

The program is run by VOLUNTEERS. As, a result, there is no guarantee as to how long your appointment will take. If you miss or are late for your appointment please know you will be forfeiting your slot to be seen. None of the volunteers are paid to provide this assistance. All volunteers are IRS certified.

- VITA is an IRS program and must adhere to the strict governing accuracy and fairness. VITA may only file returns that reflect honest and accurate accounts and my not assist in the filing of fraudulent or dishonest tax return.
- Please know all income earned and reported to tax preparer must be reported on return
- All expenses must be business related and actual amounts not estimates
- Your return will be electronically filed
- You have the option for direct deposit. Please bring banking information
- Your federal and state return will be given to you as a paper copy

Neither the Volunteers nor their sponsoring unions receive remuneration for the assistance you are receiving. They are NOT LEGALLY LIABLE FOR THE RETURNS IN ANY WAY. Responsibility for the accuracy and completeness rests solely with the person(s) filing the returns. Should the return(s) be selected for audit by the IRS or any state agency, you will need to seek professional tax representation. VITA will not be able to represent you in this process. *By participating in this program, you agree to allow VITA to retain your personal information*

I understand and agree to the above information: _____ signature



**The Actors Fund,
for everyone
in entertainment.**



SINCE 1985
**SCREEN ACTORS GUILD
FOUNDATION**

Information, Check list, and What to Bring

If you can't make your scheduled appointment time please call 323-330-2462 at least 24 hours in advance so we can service another union member. A NO SHOW may forfeit your ability to use VITA in the future.

You **must** provide copies of last year's Federal and ALL State tax returns or we **cannot** prepare your taxes. Please bring the following income tax information, including all statements and documents that pertain to each of these items. Also, please bring your social security cards.

<ul style="list-style-type: none"> • Photo Identification • Union Card • Social Security Card • <u>W-2 Forms</u> (bring all W-2s & complete W-2 worksheet) • <u>Interest Earned</u> (bring all 1099-1 NT) • <u>Dividends Earned</u> (bring all 1 099-DIV) • <u>Unemployment Compensation</u> (1 099-G) • <u>State Tax Refunds</u> (1099-G or your own records) • <u>Royalty Income</u> (1099-Misc.) • <u>Alimony Received</u> (not child support) • <u>Pension/Retirement Earned</u> (1 099-R) • <u>Social Security</u> or SSI Received (1099-SSA) • <u>Fee Income</u>-industry (1099-Misc. or own records) • <u>Fee Income</u>-Non-industry (1099-Misc.or own records) • <u>Sale of Home</u> (Closing statements) • <u>Disability Income</u> • <u>Prize Winnings, Lotto, Jury Pay, etc.</u> • <u>Dependents/Exemptions</u> (include DOS & Soc. Sec. cards) • <u>Direct Deposit or Debit</u>- Check or bank name and the Following : Routing# _____ Acc't# _____ 	<ul style="list-style-type: none"> • <u>Medical Expenses</u> : Long-Term Care Ins \$ _____ Med. Costs (out-of-pocket, incl. transp.) \$ _____ • <u>Charitable Contributions</u> - Cash or Check \$ _____ • <u>Charitable Contributions</u> - Goods Donated \$ _____ (If over \$500, bring name, EIN, address, date of donation and valuation of goods) • <u>Mortgage Interest</u> (Form 1098) \$ _____ • <u>Alimony Paid</u> (NOT child support - include SSN & name of Recipient) \$ _____ • <u>Retirement/IRA/Roth/ Contributions</u> \$ _____ • <u>Rent Paid</u> \$ _____ • <u>Moving Expenses</u> (more than 50 mi. for work) \$ _____ • <u>Business & Auto Expenses</u> (complete worksheets) • <u>Travel Expenses</u> (complete worksheet) • <u>Expenses Related to Investment Income</u> (bring statement) • <u>College Tuition &/or Student Loan Interest Pd</u> (bring form) • <u>State Taxes Paid on Last Year's Return(s)</u> \$ _____ • <u>Estimated Fed & State Taxes Paid and Dates Paid</u> Fed 1st \$ _____ 2nd \$ _____ 3rd \$ _____ 4th \$ _____ State 1st \$ _____ 2nd \$ _____ 3rd \$ _____ 4th \$ _____
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By participating in this program, you agree to allow VITA to retain your personal information.

Intake/Interview & Quality Review Sheet

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

• Please complete pages 1-3 of this form.

- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask the IRS-certified volunteer preparer.

Volunteers are trained to provide high quality service and uphold the highest ethical standards.

To report unethical behavior to the IRS, email us at wi.vofatx@irs.gov

Part I - Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name	M.I.	Last name	Telephone number	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Your spouse's first name	M.I.	Last name	Telephone number	Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Mailing address	Apt #	City	State	ZIP code
4. Your Date of Birth	5. Your job title	6. Last year, were you: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Your spouse's Date of Birth	8. Your spouse's job title	9. Last year, was your spouse: a. Full-time student <input type="checkbox"/> Yes <input type="checkbox"/> No b. Totally and permanently disabled <input type="checkbox"/> Yes <input type="checkbox"/> No c. Legally blind <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure				
11. Have you or your spouse: a. Been a victim of identity theft? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Adopted a child? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Part II - Marital Status and Household Information

1. As of December 31, 2016, were Unmarried (This includes registered domestic partnerships, civil unions, or other formal relationships under state law) you:
 Married a. If Yes, Did you get married in 2016? Yes No
 Divorced b. Did you live with your spouse during any part of the last six months of 2016? Yes No
 Legally Separated Date of separate maintenance agreement _____
 Widowed Year of spouse's death _____

2. List the names below of:

- everyone who lived with you last year (other than your spouse)
- anyone you supported but did not live with you last year

If additional space is needed check here and list on page 3

To be completed by a Certified Volunteer Preparer													
Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, none, etc)	Number of months lived in your home last year	US Citizen (yes/no)	Resident of US, Canada, or Mexico last year (yes/no)	Single or Married as of 12/31/16 (S/M)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Is this person a qualifying child/relative of any other person? (yes/no)	Did this person provide more than 50% of his/her own support? (yes/no)	Did this person have less than \$4,950 of income? (yes/no)	Did the taxpayer(s) provide more than 50% of support for this person? (yes/no/N/A)	Did the taxpayer(s) pay more than half the cost of maintaining a home for this person? (yes/no)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)					

Check appropriate box for each question in each section

		Part III – Income – Last Year, Did You (or Your Spouse) Receive	
Yes	No	Unsure	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Tip Income?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) Scholarships? (Forms W-2, 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Refund of state/local income taxes? (Form 1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Self-Employment income? (Form 1099-MISC, cash)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (A) Cash/check payments for any work performed not reported on Forms W-2 or 1099?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) Income (or loss) from the sale of Stocks, Bonds or Real Estate? (Including your home) (Forms 1099-S, 1099-B)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Payments from Pensions, Annuities, and/or IRA? (Form 1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Unemployment Compensation? (Form 1099G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. (B) Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. (M) income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. (B) Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Alimony or separate maintenance payments? If yes, do you have the recipient's SSN? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? IRA (A) _____ 401K (B) _____ Roth IRA (B) _____ Other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (B) College or post secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Unreimbursed employee business expenses? (such as uniforms or mileage)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (B) Medical expenses? (including health insurance premiums)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Home mortgage interest? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (B) Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Charitable contributions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (B) Child or dependent care expenses such as daycare?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. (B) For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. (A) Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. (B) Student loan interest? (Form 1098-E)
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (HSA) Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (A) Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Buy, sell or have a foreclosure of your home? (Form 1099-A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. (A) Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.) _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. (B) Live in an area that was affected by a natural disaster? If yes, where? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. (A) Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. (B) Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. (A) File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

Check appropriate box for each question in each section

Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. (B) Have health care coverage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. (B) Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. (A) Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3a. (A) If yes, were advance credit payments made to help you pay your health care premiums?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3b. (A) If yes, is everyone listed on your Form 1095-A being claimed on this tax return?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. (B) Have an exemption granted by the Marketplace?

Visit <http://www.healthcare.gov/> or call 1-800-318-2596 for more information on health insurance options and assistance.

If advance payments of the premium tax credit were paid on your behalf to help pay your health insurance premiums, you should report life changes, such as, income, marital status or family size changes, to your Marketplace. Reporting changes will help to make sure you are getting the proper amount of advance payments.

To be Completed by a Certified Volunteer Preparer (Use Publication 4012 and check the appropriate box(es) indicating Minimum Essential Coverage (MEC) for everyone listed on the return.)

Name (List dependents in the same order as in Part II)	MEC Entire Year	No MEC	Part Year MEC (mark months with coverage)	Exemption (mark months exemptions applies)	Exemption All Year	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D		
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		
Dependent			J F M A M J J A S O N D	J F M A M J J A S O N D		

Part VII - Additional Information and Questions Related to the Preparation of Your Return

1. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change)
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

2. If you are due a refund, would you like:
 a. Direct deposit Yes No
 b. To purchase U.S. Savings Bonds Yes No
 c. To split your refund between different accounts Yes No

3. If you have a balance due, would you like to make a payment directly from your bank account? Yes No

4. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service)

Many free tax preparation sites operate by receiving grant money. The data from the following questions may be used by this site to apply for these grants. Your answers will be used only for statistical purposes.

5. Other than English, what language is spoken in your home? Prefer not to answer

6. Do you or any member of your household have a disability? Yes No Prefer not to answer

7. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer

Additional comments

W-2 INFORMATION WORKSHEET – **THIS FORM MUST BE COMPLETED ACCURATELY** – Married Couples Use Separate Forms Please

TAX YEAR 2016 PRINT NAME (as it appears on your Social Security card) _____ (MARRIED USE SEPARATE FORM)

NOTE: This form is for an individual. Married couples should use two forms, one form for each spouse's wages. TOTAL THE COLUMNS PLEASE.

THIS PAGE FOR INCOME REPORTED ON W-2 FORMS ONLY! Report OTHER Income on OTHER INCOME worksheet provided

(PLEASE TOTAL COLUMNS)

EMPLOYER	WAGES	FED. TAX WITHHELD	SOC. SEC. WITHHELD	MEDICARE WITHHELD	STATE TAX WITHHELD	CITY TAX WITHHELD	TAX W/Held BY OTHER STATE (List State)	TAX W/Held BY OTHER CITY (List City)	SDI UI/DI/FLI OTHER
TOTALS									

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TAX YEAR 2016 – OTHER INCOME WORKSHEET (MARRIED – USE SEPARATE FORM)

Entertainment Industry fees: from Forms 1099-MISC & Your own records (report income even if you do not receive a 1099)	\$
Non-Industry fees: from Forms-1099 MISC & your own records (report income even if you do not receive a 1099)	\$
Interest Income (include credit union "dividends") reported on 1099-INT (or from year-end statement-if under \$10) (If you have interest from a joint account, include interest on one worksheet only – not on both)	\$
Dividend income from Forms 1099-DIV (or from year-end statement-if under \$10) (If you have dividends from a joint account, include dividends on one worksheet only – not on both)	\$
State tax refund(s) from Forms 1099-G and your own records	\$
Alimony/Separate Maintenance Received	\$
Unemployment compensation from Form(s) 1099-G	\$
Federal Tax withheld from unemployment compensation	\$
State Tax withheld form 1099-R(s)	\$
Pensions, annuities & distributions from IRAs from Forms 1099-R	\$
Federal Tax withheld from 1099-Rs)	\$
State Tax withheld from 1099-R(s)	\$
Social Security benefits from box 5 of Form SSA-1099	\$
Federal Tax Withheld from SSA-1099	\$
Other income: All other – jury duty, prizes, gambling winnings, etc. even if not reported to you on 1099	\$
Royalties from 1099- Misc	\$
	\$

The Actors Fund: VITA Program

(Please list your expense TOTALS.)

Deductible Expenses

<u>Business Expenses</u>	<u>Total</u>	<u>Business Expenses (cont.)</u>	<u>Total</u>
Advertising: Business Cards, Postcards	_____	Research: Films Videos Theatre	_____
Advertising: Business Gifts (\$25 per person)	_____	Rent: Business PO Box	_____
Advertising: Casting Services & Websites	_____	Rent: Equipment	_____
Advertising: Demo Reel Cost & Fees	_____	Rent: Rehearsal Studio/Theatre	_____
Advertising: Headshot Photoshoot Resumes	_____	Rent: Storage For Business	_____
Advertising: Publicist	_____	Supplies: Books Scripts Music	_____
Advertising: Website Hosting Domain	_____	Supplies: Props Set Pieces	_____
Bank Fees: For Business Only	_____	Supplies: Software	_____
Bookkeeper Fees	_____	Trade Publications	_____
Business Meals & Meetings (in-town)	_____	Travel: Airfare	_____
Business Meals (out-of-town/travel)	_____	Travel: Lodging	_____
Cable TV: ____% Used for Research	_____	Travel: Car Rental Taxi Subway Bus	_____
Cable Internet: ____% For Business	_____	Union Dues: SAG-AFTRA AEA DGA IATSE	_____
Commissions: Agent Fees	_____	Union Dues: Professional Organizations	_____
Commissions: Manager Fees	_____	Other Expenses (List item & amount below)	_____
Contract Labor: Personal Assistant	_____	_____	_____
Contract Labor: Stage Manager Tips	_____	_____	_____
Contract Labor: Wardrobe/Dresser Tips	_____	_____	_____
Entertainment for Business	_____	_____	_____
Equipment: Type _____ Date _____	_____	_____	_____
Equipment: Type _____ Date _____	_____	_____	_____
<i>(Use another page if necessary for Equipment Purchases)</i>			
Equipment: Update Repair Accessories	_____	<u>Other Deductible Expenses</u>	<u>Total</u>
Film Festival Fees	_____	Charitable Donations (Cash or Check)	_____
Film Production Costs	_____	Charitable Donations (Clothing or Goods)	_____
<i>(Use another page if necessary to list film cost)</i>		<i>(Please provide receipt of donations)</i>	_____
Legal Fees (business related only)	_____	Childcare Expenses	_____
License: Business or Professional	_____	<i>(Need Provider Name, Tax Id, Address, Phone)</i>	_____
License: City of LA	_____	_____	_____
Make-up For Business Use Only	_____	College Tuition & Fees (Form 1098-T)	_____
Office Expense: Batteries Copies Fax	_____	College Books & Supplies	_____
Office Expense: Postage Freight Courier	_____	DMV Registration Fee (VLF Amount)	_____
Office Expense: Printer Toner Ink	_____	Health Insurance (Form 1095 - A,B,C)	_____
Office Expense: Supplies	_____	Medical: Co-Pays Dental Vision Prescriptions	_____
Parking & Tolls	_____	Investment Fees (Retirement Acct Fee)	_____
Performance Costumes or Uniforms	_____	Mortgage Interest (Form 1098)	_____
<i>(Not Clothes that can be worn on the street)</i>		Real Estate Taxes	_____
Passport Fees	_____	Student Loan Interest (Form 1098-E)	_____
Phone: Cell ____% For Business	_____	Sales Tax For A Vehicle Purchase	_____
Phone: Fax Line or Voicemail	_____	<i>(Please supply copy of Sale Contract)</i>	_____
Publicity Appearance: Fees & Services	_____	State Taxes Paid	_____
Professional Development	_____	<i>(Did you owe money to the state last year?)</i>	_____
<i>(Classes Workshops Seminars)</i>		Tax Preparation Fees	_____

The Actors Fund: VITA Program

(Please list your expense TOTALS.)

<u>Auto Expenses</u>	<u>Total</u>	<u>Special Information</u>	<u>Total</u>
(First Vehicle)		Other Schedule C Income: Taxpayer	_____
Year of the Vehicle	_____	Other Schedule C Income: Spouse	_____
Make & Model	_____	<i>(Not listed on 1099-Misc for Schedule C Income)</i>	
Date of Purchase	_____	Retirement Plan Contributions: Taxpayer	_____
Odometer Reading First of Year	_____	Retirement Plan Contributions: Spouse	_____
Odometer Reading End of Year	_____	IRA or Roth?	_____
Total Miles Driven	_____		
Business Miles Driven	_____	<u>Estimated Tax Payments</u>	
Charitable Miles Driven	_____	Date Paid	Federal State
Medical Miles Driven	_____	1st Quarter	_____
<i>Must have mileage log to claim expenses below.</i>		2nd Quarter	_____
Auto Club Membership Fee	_____	3rd Quarter	_____
Car Insurance	_____	4th Quarter	_____
Gas	_____		
Oil Changes	_____	<u>Business Use of Home Office</u>	
Repairs	_____	<u>Total</u>	
(Second Vehicle)		Total Square Feet of Business Office	_____
Year of the Vehicle	_____	Total Square Feet of Apartment/Residence	_____
Make & Model	_____	<i>To qualify for the home office deduction the IRS regulations state the business office must be a separate room or a sectioned off area used routinely and exclusively for business.</i>	
Date of Purchase	_____		
Odometer Reading First of Year	_____	<u>Moving Expenses</u>	
Odometer Reading End of Year	_____	<i>(Must move more than 50 miles to qualify)</i>	
Total Miles Driven	_____	Date of Move (Month Day Year)	_____
Business Miles Driven	_____	Miles From Old Residence to New Workplace	_____
Charitable Miles Driven	_____	Miles From Old Residence to Old Workplace	_____
Medical Miles Driven	_____	Airfare	_____
<i>Must have mileage log to claim expenses below.</i>		Lodging	_____
Auto Club Membership Fee	_____	Moving/Rental Truck Fees & Gas	_____
Car Insurance	_____	Packing Supplies	_____
Gas	_____	Storage Costs	_____
Oil Changes	_____		
Repairs	_____		

Any other questions or possible deductions:

THANK YOU for taking the time to complete the above information. Although only the totals are needed, you are responsible to keep documentary evidence, such as receipts, cancelled checks or bills to support your expenses. (It is suggested that records be kept for five years from the date your tax return is filed.)