2023 TAX RETURN

## **INCOME TAX ORGANIZER & DEDUCTION FINDER**

| Spouse's Name  Date of Birth (Mo/Day  Present Address  New Address  City  State  |  | Occupation   | 11  |  | S.S. No.   |  |
|--|--|--|---|--|--|--|
| Present Address New Address City   | //Yr)  | Occupation   | n   |  | S.S. No.   |  |
|  |  | l Zi   | ip  |  |  |  |
|  |  |  | ounty   |  |  |  |
|  | 12/21/2022   |  | ome Ph  | 2000   |  |  |
| State of residence on  |  |  |   | ***************************************  |  |  |
| If you have a foreign address, also complete: Foreign province/state Foreign Country Name:   | e/county   | F  | oreign  | postal code  |  |  |
| Your Cell # Your Work #  |  | Your Em  | nail  |  |  | Annual An |
| Spouse Cell # Spouse Work #  |  | Spouse   | Email   |  |  |  |
| Preferred Daytime Phone # You: Blome Work Cell   | Spouse:  | Home   |   | k 🗆 Cell   |  |  |
| HOUSEHOLD RESIDENTS <i>OR</i> DEPENDENTS (Not Spouse)  Name (first, initial, and last name)  Grade Date of Birth Social  | al Security #  | Relations  |   | #Months lived in<br>your homein 2023   | \$ Amount of Income                                      | Type o   |
| Security and the security of t |  |  |   |  |  |  |
| A SAN AND AND AND AND AND AND AND AND AND A  |  |  |   |  |  |  |
| and the first of the state of t |  |  |   |  |  |  |
|  |  |  |   |  |  |  |
| THINGS TO BRING (if applicable)  Last Year's Tax Return (if new client)  |  | Es   | timat   | ed Taxes Pa  | id Stat  | i e  |
| □ W-2 Forms for Wages  | Pavi   | ment   | Dat   | Federal<br>e Paid   Amount (\$   |  | te<br>Amount (\$)  |
| 2 Last Pay Stub of the Year  | 1st Quarter  | 711-077-0  |   |  |  |  |
| Social Security Tax Statement  | 2 <sup>nd</sup> Quarter  | ***************************************  |   |  |  |  |
| 1099s for Interest, Dividends, and Other Income  | 3 <sup>rd</sup> Quarter  |  |   |  |  |  |
| 1 1099-R for Retirement/Pension/IRA Income   | 4 <sup>th</sup> Quarter  |  |   |  |  |  |
| IRA Year-end Statements  | Refund amo   |  |   |  |  |  |
|  | from Last Ye   | ears Keturn  | i   |  |  |  |
| 1 1099-G for Unemployment  |  |  |   |  |  |  |
|  |  | Onlast   | Voor  | c STATE Tax  | / Poturn   | :  |
| 1 1099-MISC for 2023 Minnesota Tax Rebate  | l had a refur  |  | Year  | s STATE Ta   |  |  |
| 1 1099-MISC for 2023 Minnesota Tax Rebate<br>1 1099-SA Distributions from HSA  | I had a refun  | nd of:   |   |  | \$   |  |
| 1 1099-MISC for 2023 Minnesota Tax Rebate<br>1 1099-SA Distributions from HSA<br>1 K-1s from Partnerships, Corporations or Estates<br>1 2023 and 2024 Property Tax Statements / 2023 CRPs  | I had a refur<br>I paid an add<br>I received a   | nd of:<br>ditional amoi  | unt of:   |  |  |  |
| 1 1099-MISC for 2023 Minnesota Tax Rebate<br>1 1099-SA Distributions from HSA<br>1 K-1s from Partnerships, Corporations or Estates<br>1 2023 and 2024 Property Tax Statements / 2023 CRPs<br>1 1098 Forms for Mortgage Interest, Tuition, etc.   | I paid an add  | nd of:<br>ditional amoi  | unt of:   |  | \$   |  |
| 1099-MISC for 2023 Minnesota Tax Rebate 1099-SA Distributions from HSA 1K-1s from Partnerships, Corporations or Estates 12023 and 2024 Property Tax Statements / 2023 CRPs 1098 Forms for Mortgage Interest, Tuition, etc. 1License Plate Tabs Registration Receipt  | I paid an add  | nd of:<br>ditional amoi  | unt of:<br>refund o   | of:  | \$   |  |
| 1 1099-MISC for 2023 Minnesota Tax Rebate 1 1099-SA Distributions from HSA 2 K-1s from Partnerships, Corporations or Estates 2 2023 and 2024 Property Tax Statements / 2023 CRPs 2 1098 Forms for Mortgage Interest, Tuition, etc. 3 License Plate Tabs Registration Receipt 3 K-12 Education Receipts   | I paid an add  | nd of:<br>ditional amoi<br>property tax  | unt of:<br>refund o   | of:<br>ect Deposit   | \$ \$  | ed to your   |
| 1 1099-MISC for 2023 Minnesota Tax Rebate 1 1099-SA Distributions from HSA 1 K-1s from Partnerships, Corporations or Estates 1 2023 and 2024 Property Tax Statements / 2023 CRPs 1 1098 Forms for Mortgage Interest, Tuition, etc. 1 License Plate Tabs Registration Receipt 1 K-12 Education Receipts 1 Driver's License  | I paid an add<br>I received a p  | nd of:<br>ditional amou<br>property tax<br>igible for refi<br>bank acc   | unt of:<br>refund of<br><b>Dire</b><br>und(s) ar<br>count, p              | of:<br>ect Deposit<br>nd would like them<br>lease bring a voide  | \$ \$ s and irect deposited check.                       | ed to your   |
| 1099-MISC for 2023 Minnesota Tax Rebate 1099-SA Distributions from HSA 1K-1s from Partnerships, Corporations or Estates 10203 and 2024 Property Tax Statements / 2023 CRPs 1098 Forms for Mortgage Interest, Tuition, etc. 1License Plate Tabs Registration Receipt 1K-12 Education Receipts 1Driver's License 1095-A if you have insurance through Marketplace (MNSure/Exchange)  | I paid an add I received a paid of the second of the secon | nd of:<br>ditional amou<br>property tax<br>igible for ref<br>bank ac<br>direct deposi<br>gh BBFG, ple  | unt of: refund of Dire und(s) ar count, por t already                     | of:  cct Deposit  nd would like them lease bring a voide v established on yo  rirm the last 4 digi         | \$ s s s s s s s s s s s s s s s s s s s                 | ed to your   |
| 1 1099-MISC for 2023 Minnesota Tax Rebate 1 1099-SA Distributions from HSA 2 K-1s from Partnerships, Corporations or Estates 2 2023 and 2024 Property Tax Statements / 2023 CRPs 3 1098 Forms for Mortgage Interest, Tuition, etc. 3 License Plate Tabs Registration Receipt 3 K-12 Education Receipts 4 Driver's License 5 1095-A if you have insurance through Marketplace (MNSure/Exchange)   | I paid an add I received a  If you are eli   | nd of:<br>ditional amou<br>property tax<br>igible for ref<br>bank ac<br>direct deposi<br>gh BBFG, ple  | unt of: refund of Dire und(s) ar count, por t already                     | of:  cct Deposit  nd would like them lease bring a voide v established on yo  rirm the last 4 digi         | \$ s s s s s s s s s s s s s s s s s s s                 | ed to your   |
| 1 1099-MISC for 2023 Minnesota Tax Rebate 1 1099-SA Distributions from HSA 1 K-1s from Partnerships, Corporations or Estates 1 2023 and 2024 Property Tax Statements / 2023 CRPs 1 1098 Forms for Mortgage Interest, Tuition, etc. 1 License Plate Tabs Registration Receipt 1 K-12 Education Receipts 1 Driver's License 1 1095-A if you have insurance through Marketplace (MNSure/Exchange) 1 Identity Protection Personal Identification Number (if applicable)  | I paid an add I received a paid an add If you are eliminated the second of your bank   | nd of:<br>ditional amor<br>property tax<br>igible for refine bank accidirect deposing the BBFG, plest account to   | unt of:  refund of:  Dire und(s) ar count, p t already asse confibe used: | of:  ect Deposit  nd would like them lease bring a voide v established on you errm the last 4 digit        | \$ \$ s and direct deposited check.                      |  |
| 1 1099-MISC for 2023 Minnesota Tax Rebate 1 1099-SA Distributions from HSA 1 K-1s from Partnerships, Corporations or Estates 1 2023 and 2024 Property Tax Statements / 2023 CRPs 1 1098 Forms for Mortgage Interest, Tuition, etc. 1 License Plate Tabs Registration Receipt 1 K-12 Education Receipts 2 Driver's License 1 1095-A if you have insurance through Marketplace (MNSure/Exchange) 1 Identity Protection Personal Identification Number (if applicable) 10 you or your spouse wish to designate \$3 on your federal return to  | I paid an add I received a  If you are eli  If you have of return throu of your bank  the Presidential   | nd of:  ditional amount property tax  igible for refundant account to  Election Care   | unt of: refund of Dire und(s) an count, p t already ase conf be used:     | of:  ect Deposit  nd would like them lease bring a voide v established on yo  firm the last 4 digi         | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | oouse  |
| 1 1099-MISC for 2023 Minnesota Tax Rebate 1 1099-SA Distributions from HSA 1 K-1s from Partnerships, Corporations or Estates 1 2023 and 2024 Property Tax Statements / 2023 CRPs 1 1098 Forms for Mortgage Interest, Tuition, etc. 1 License Plate Tabs Registration Receipt 1 K-12 Education Receipts 1 Driver's License 1 1095-A if you have insurance through Marketplace   | I paid an add I received a paid of the presidential ublican, Indepe  | nd of: ditional amore property tax  igible for refinent deposition to account to  Election Candence, Greendence, G | unt of:  Pire und(s) al count, pi t already asse confibe used:            | of:  ect Deposit  nd would like them lease bring a voide v established on yo firm the last 4 digit  n Fund | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | oouse  |

## WAGE & SALARY INCOME Bring in W-2's

List names of all employers for taxable year.

| EMPLOYER | WAGES (Box 1) |
|----------|---------------|
|          | -             |
| TOTAL    | \$            |

# INTEREST INCOME Bring in 1099-INT Statements Interest Including Tax Exempt and Municipal Bond Interest

| Name of Payer (If individual: name, address, SS #) | INTEREST |
|--|----------|
|  | \$       |
|  |          |
|  |          |
| TOTAL  | ς        |

#### OTHER INCOME

| Non-Employee Compensation (Form 1099 MISC)                          | \$ |
|---|----|
| Pension, Annuity Income, Railroad Ret. (Form 1099R)                 |    |
| Jury Duty/Election Judge  |    |
| Lump-Sum Distribution (Form 1099R)                                  |    |
| I.R.A./401K or Other Retirement Plan Withdrawals (Form 1099R)       |    |
| Partnership, Estate, Trust & S-Corp Data (Provide K-1's or Reports) |    |
| Business/Farm/Rental (Bring Details)                                |    |
| Commissions/Bonuses/Tips/Gratuities (If not on W2)                  |    |
| Prizes/Awards/Fees/Strike Pay/Royalties                             |    |
| Disability Income/Personal Injury Awards                            |    |
| Contract for Deed - Bring Amort. Schedule                           |    |
| Gambling/Lottery Winnings   |    |
| Unemployment Compensation (Bring 1099)                              |    |
| Scholarships/Fellowships (if not on w-2)                            |    |
| Cancellation of Debt / Form 1099A, Form 1099C, Other                |    |
| Foreign income  |    |
| Toreign meome   |    |

**DIVIDENDS - Bring in 1099 DIV Statements** 

| Amount |
|--------|
| \$     |
|        |
|        |
|        |
| \$     |
|        |

| SOCIAL SECURITY                                    | INCOME   |             |
|--|----------|-------------|
| Include amount deducted for Medicare               | YOU (\$) | SPOUSE (\$) |
| Social Security Benefits or RR Retirement Benefits |          |             |

| MISCELLANEOUS INCOME                            |          |             |  |
|---|----------|-------------|--|
|   | YOU (\$) | SPOUSE (\$) |  |
| Veteran's Pensions/Benefits/Disability          |          |             |  |
| Worker's Compensation Benefits                  |          |             |  |
| Other non-taxable income (do not include GIFTS) |          |             |  |

### **CAPITAL GAINS AND LOSSES**

|    | . You sold stock or other investment securities. Bring form 1099B from your broker/plus buy and sell confirmations-provide cost basis<br>. You bought/sold/refinanced a home or other real estate. See page 4 worksheet (Please provide copy of (HUD) settlement statement) |  |
|----|---|--|
|    | OTHER INCOME INFORMATION  |  |
| 2. | Do you or your spouse have any financial accounts or own property in any foreign countries  |  |
|    | Did you receive a Minnesota Rebate? If so, how much did you receive? (Bring 1099-MISC)  |  |

| ENERGY CREDITS              |   |                        |                   |
|-----------------------------|---|------------------------|-------------------|
| Energy credits change       | ed, resulting in more expenses qualifying. Some examples are below.   | Description of item(s) | Amount Spent (\$) |
| Home Improvement            | Exterior doors, windows, skylights, insulation, central A/C, water heater, furnaces, boilers, heat pumps, and home energy audits  |                        | \$                |
| Residential Clean<br>Energy | Solar, wind and geothermal power generation, solar water heaters, fuel cells, and battery storage.  |                        | \$                |
| Electric Vehicles           | All-electric, plug-in hybrid, and fuel cell electric vehicles purchased new in 2023. To determine if your car qualifies, visit: https://fueleconomy.gov/feg/tax2023.shtml |                        | \$                |

#### ADJUSTMENTS TO INCOME

| INDIVIDUAL RETIREMENT ACCOUNTS                     |        |        |  |
|--|--------|--------|--|
| Did you or your spouse contribute to an Individual | YOU    | SPOUSE |  |
| Retirement Account (IRA), outside of work?         | AMOUNT | AMOUNT |  |
| Traditional IRA                                    | \$     | \$     |  |
| Roth IRA   | \$     | \$     |  |
| Simple IRA   | \$     | \$     |  |
| KEOGH/SEP IRA                                      | \$     | \$     |  |
| Rollover money from Traditional to Roth IRA        | \$     | \$     |  |

| ALIMONY                                    |                         |  |
|--|-------------------------|--|
| Did you receive alimony?                   | \$                      |  |
| Did you pay alimony?                       | \$                      |  |
| Please provide the following information f | or the payer/recipient: |  |
| Name:                                      |                         |  |
| Social Security Number:                    |                         |  |
| Date of Divorce:                           |                         |  |

| STUDENT LOAN INTEREST                                      |           |              |  |  |
|--|-----------|--------------|--|--|
| Total qualified student loan interest paid<br>Bring 1098-E | YOU<br>\$ | SPOUSE<br>\$ |  |  |
| DEBT FORGIVENESS   |           |              |  |  |

| - | DEBT FORGIVENESS                           |        |
|---|--|--------|
|   | Did you have a mortgage loan or other debt | AMOUNT |
| - | forgiven?                                  | \$     |
| - | Bring in 1099-C or 1099-A                  |        |

| COLLEGE EDUCATION / TUITION DED  | UCTION |
|--|--------|
| Name of Student  |        |
| Number of prior years AOC Claimed  |        |
| Name of Institution  |        |
| Address of Institution   |        |
| Qualified Tuition & Fees (net of nontaxable benefits)<br>Bring in 1098-T | \$     |
| Books and supplies required to be purchased from the institution         | \$     |
| Books and supplies not entered above                                     | \$     |

## **DEDUCTIONS AND MISCELLANEOUS CREDITS**

YOU MUST KEEP RECEIPTS AND A DAILY RECORD OF EXPENSES, MILEAGE, Etc.

| MEDICAL EXPENSES  |                |  |  |  |  |
|---|----------------|--|--|--|--|
| Do not include amounts paid by insurance, HSA, or FSA   |                |  |  |  |  |
| Do NOT include Health Ins. premiums or expenses paid with F   |                |  |  |  |  |
| See www.my1040pro.com/bbfg Medical Expense Deductions for   |                |  |  |  |  |
| PRESCRIPTION MEDICINES AND DRUGS  | \$             |  |  |  |  |
| MEDICAL, DENTAL, EYECARE, CHIROPRACTIC, ETC   |                |  |  |  |  |
| HOSPITALS AND NURSING HOMES   |                |  |  |  |  |
| INSURANCE PREMIUMS: Medical, Dental, Vision (Do not include premiums paid through work with pre-tax \$) |                |  |  |  |  |
| MEDICARE PREMIUMS:  |                |  |  |  |  |
| LONG TERM CARE INSURANCE PREMIUMS PAID-See middle   | of next column |  |  |  |  |
| LODGING AND TRANSPORATION   |                |  |  |  |  |
| OUT OF POCKET EXPENSES  |                |  |  |  |  |
| MEDICAL MILES DRIVEN  | miles          |  |  |  |  |
| OTHER MEDICAL (Example: Hearing Aids, Glasses, etc)   |                |  |  |  |  |
|   |                |  |  |  |  |
| TAXES   |                |  |  |  |  |
| ADD'L STATE INCOME TAX (paid in 2023 for previous years)  | \$             |  |  |  |  |
| REAL ESTATE TAX - HOME (Less special assessment)  |                |  |  |  |  |
| OTHER REAL ESTATE TAXES PAID (cabin/lot, etc.)  |                |  |  |  |  |
| SPECIAL ASSESSMENT INTEREST   |                |  |  |  |  |
| SALES TAX PAID (on vehicles/boats/planes)   |                |  |  |  |  |
| VEHICLE LICENSE TABS (Cars/Trucks) Only include registration tax  |                |  |  |  |  |
| List each vehicle:  |                |  |  |  |  |
|   |                |  |  |  |  |
| INTEREST PAID   |                |  |  |  |  |
| HAVE YOU REFINANCED ANY HOME LOANS THIS YEAR? OR HAV HOME LOANS? (Bring in closing documents)           | /E ANY NEW     |  |  |  |  |
| HOME MORTGAGE-Paid to Financial Institution (Form 1098)   |                |  |  |  |  |
| First Mortgage/Refinance  | \$             |  |  |  |  |
| Second Mortgage   |                |  |  |  |  |
| Home Equity (Only interest to buy/build/improve home)   |                |  |  |  |  |
| Second home, cabin, mobile home qualifying motorhome, camper, etc.                                      |                |  |  |  |  |
| Home Mortgage-Pd to Individuals   |                |  |  |  |  |
| (Name, address, ss# needed)   |                |  |  |  |  |
| Investment Interest: Margin account   |                |  |  |  |  |
| 529 COLLEGE SAVINGS CONTRIBUT   | TIONS          |  |  |  |  |

Account #

| CONTRIBUTIONS (cash or check)  Records and receipts are required  Security and 1040 was care (blife Contributions Finder for pligible contributions   |   |       |         |  |  |  |  |
|---|---|-------|---------|--|--|--|--|
| See www.my1040pro.com/bbfg Contribution Finder for eligible contri  |   |       |         |  |  |  |  |
| CHURCH/SYNAGOGUE  |   | \$    |         |  |  |  |  |
| 501c3 CHARITIES: List each  |   |       |         |  |  |  |  |
| BELLING TRANSACTOR TO THE TELEVISION OF T | *************************************** |       |         |  |  |  |  |
|   |   |       |         |  |  |  |  |
|   |   |       |         |  |  |  |  |
|   |   |       |         |  |  |  |  |
|   |   |       |         |  |  |  |  |
| NON-CASH CONTRIBUTION   |   |       |         |  |  |  |  |
| Itemized list necessary for total value of more the   | an \$500                                |       |         |  |  |  |  |
| GOODWILL/ VETS/SALVATION ARMY/OTHER   |   | 5     |         |  |  |  |  |
| VEHICLE DONATIONS - MUST BRING DETAILS / FO   | RM 1098C                                |       |         |  |  |  |  |
| FOOD SHELF/TOYS FOR TOTS  |   |       |         |  |  |  |  |
| VOLUNTEER EXPENSES (receipted) out of pocket expen  | nses=                                   |       |         |  |  |  |  |
| # OF MILESParking = \$  |   |       |         |  |  |  |  |
| MISCELLANEOUS DEDUCTIONS  | You (\$)                                | Spous | se (\$) |  |  |  |  |
| UNION DUES & PROFESSIONAL DUES  |   |       |         |  |  |  |  |
| K-12 EDUCATOR EXPENSES  |   |       |         |  |  |  |  |
| UNREIMBURSED EMPLOYEE EXPENSES  |   |       |         |  |  |  |  |
| INVESTMENT EXPENSES   |   |       |         |  |  |  |  |
| TAX PREPARATION FEES Prior year taxes   |   |       |         |  |  |  |  |
| SAFE DEPOSIT BOX RENTAL   |   |       |         |  |  |  |  |
| GAMBLING LOSSES TO EXTENT OF WINNINGS   |   |       |         |  |  |  |  |
| MOVING EXPENSES due to change of duty station   |   |       |         |  |  |  |  |

| Taxpayer:  Spouse:  CHILD CARE EXPENSES  This is needed for each childcare provider for your dependents age 12 and under  CHILD CARE PROVIDERS  PROVIDER A  PROVIDER B |                                    | Insurance Company | Policy #  | Amount Paid (\$) |  |  |  |  |  |
|--|------------------------------------|-------------------|-----------|------------------|--|--|--|--|--|
| CHILD CARE EXPENSES  This is needed for each childcare provider for your dependents age 12 and under   | Taxpayer:                          |                   |           |                  |  |  |  |  |  |
| This is needed for each childcare provider for your dependents age 12 and under  | Spouse:                            |                   |           |                  |  |  |  |  |  |
| CHILD CARE PROVIDERS PROVIDER A PROVIDER B   | 37 11 mm 37 11 tm m3 11 m1 1 3 m 3 |                   |           |                  |  |  |  |  |  |
|  | CHILD CARE                         | PROVIDERS   PI    | ROVIDER A | PROVIDER B       |  |  |  |  |  |

LONG TERM CARE INSURANCE PREMIUMS

| This is needed for each childcare provider for your dependents age 12 and under |                          |                |  |  |  |  |  |  |  |
|---|--------------------------|----------------|--|--|--|--|--|--|--|
| CHILD CARE PROVIDERS  | PROVIDER A               | PROVIDER B     |  |  |  |  |  |  |  |
| Provider Name   |                          |                |  |  |  |  |  |  |  |
| Address   |                          |                |  |  |  |  |  |  |  |
| ID# or SS #   |                          |                |  |  |  |  |  |  |  |
| Total Amount Paid (\$)  |                          |                |  |  |  |  |  |  |  |
| E   | XPENSES PAID FOR EACH CH | HLD            |  |  |  |  |  |  |  |
| CHILDS NAME   | PROVIDER                 | Amount Pd (\$) |  |  |  |  |  |  |  |
|   | A B                      |                |  |  |  |  |  |  |  |
|   | A B -                    |                |  |  |  |  |  |  |  |
|   | A B                      |                |  |  |  |  |  |  |  |

| MINNESOTA K-12 EXPENSES                                 |                   |                   |                   |  |  |  |
|---|-------------------|-------------------|-------------------|--|--|--|
| Child's Name  |                   |                   |                   |  |  |  |
| Type of School Attended (Circle one)                    | Private or Public | Private or Public | Private or Public |  |  |  |
| Enter information for each dependent                    | Amount (\$)       | Amount (\$)       | Amount (\$)       |  |  |  |
| School Supplies   |                   |                   |                   |  |  |  |
| Educational computer hardware or software (up to \$200) |                   |                   |                   |  |  |  |
| Extracurricular academic or fine arts classes           |                   |                   |                   |  |  |  |
| Tutoring for K-12 subjects: Instructor name             |                   |                   |                   |  |  |  |
| Academic summer camps                                   |                   |                   |                   |  |  |  |
| Rent/purchase of musical instrument: Type               |                   |                   |                   |  |  |  |
| Educational field trips taken during the school day     |                   |                   |                   |  |  |  |
|   |                   |                   |                   |  |  |  |

Amount Invested During

Tax Year (\$)

Common Expenses that Do Not Qualify:

Investment

Company

Beneficiary

Name

- School supplies not used in education (backpacks, tissues, locker organizers)
- Clothing, including school uniforms (except required gym clothes)
- Sports
- · School lunches (even on a field trip)
- · Tutoring for college preparation tests (ACT, SAT)
- · Family trip to museum or zoo

# RENTAL INCOME AND BUSINESS EXPENSES

In order to deduct expenses for business use of your car, you must keep a record of business and personal mileage.

| RENTAL INCOME SHOW THE KIND AND LOCATION OF EACH RENTAL REAL ESTATE PROPERTY |  |  | BUSINESS AUTOMOBILE EXPENSES  Mileage records are ALWAYS required to claim auto expenses |              |   |                |  |   |
|--|--|--|--|--------------|---|----------------|--|---|
| A  |  | - TOTEKTT  | Milouge Te   | Make         | Year                                    | Date Purch.    |  | Cash To Boo                             |
| В  |  |  | Vehicle #1   |              |   |                |  |   |
| В  |  |  | Vehicle #2   |              |   |                |  |   |
| INCOME:  | PROPERTY A                             | PROPERTY B   | Check box if mfg. gro  | ss vehicl    | e weight is 6                           | 000            |  |   |
| RENTS RECEIVED   |  |  | Total of all Miles D   |              |   | =              |  |   |
| EXPENSES:  |  |  | BREAKDOWN:   | TIV CIT III. | 2023                                    |                |  |   |
| ADVERTISING  |  |  | Total Business M   | liles        |   | =              |  |   |
| AUTO MILEAGE EXPENSE:  |  |  | Total Commuting  |              | o and from                              | work)          |  |   |
| # OF RENTAL INCOME MILES   | with the second                        |  | Total Personal M   |              |   | =              |  |   |
| CLEANING & MAINTENANCE   |  |  |  |              |   |                | you use n  | nileage method                          |
| INSURANCE  |  |  | Gas & Oil Insuranc   | e/Auto (     | _lub/Licens                             | es             | ******************************   |   |
| LAWN AND SNOW  |  |  | Lube/Wash/Wax  |              |   |                |  |   |
| LEGAL AND OTHER PROFESSIONAL FEES  |  |  | Lease Payments   |              |   |                |  |   |
| MANAGEMENT FEES  |  |  | Repairs + Towing Tires/Accessories   | /O+h o r     |   |                |  |   |
| MORTGAGE INTEREST PAID TO BANKS  |  |  | TRAVEL AWAY F  |              |   |                | You  | Spouse                                  |
| OTHER INTEREST   | - Charles                              |  |  |              | JIVIE                                   |                | TOU  | Spouse                                  |
| REAL ESTATE TAXES  |  |  | Nights away from   |              |   |                | ~  | -                                       |
| REGISTRATION FEE   |  |  | Airplane, Train Far  | es           |   |                |  |   |
| REPAIRS  |  |  | Auto Rental  |              | *************************************** |                |  |   |
| RUBBISH REMOVAL  |  |  | Cabs, Buses, etc.  |              |   |                |  |   |
| SUPPLIES   |  |  | Lodging - Actual C   |              |   |                |  |   |
| TRAVEL EXPENSES (Airfare, Motel, etc.)                                       |  |  | Meals/Tips/Enterta   |              | Actual Cos                              | t              |  |   |
| UTILITIES  |  |  | Laundry & Cleanin  |              |   |                |  |   |
| NEW APPLIANCES & FURNITURE (Bring details                                    | 1                                      |  | Convention Fees/S  |              | Fees                                    |                |  |   |
| IMPROVEMENTS (Bring details)   | 7                                      |  | Other Travel Expe  |              |   |                |  |   |
| OTHER (list) >   |  |  |  |              |   | RECEIVED FO    |  |   |
| OTTIER (IIS)   |  |  | Auto \$Me  |              | *************************************** |                |  |   |
| SALE OF HOME/OTHER   | DEAL ESTA                              | TE   | Is this reimbursen   | nent inc     | luded in yo                             | our W-2? Yes_  | No _   |   |
| Please bring settlement statements for purcha:                               |  |  | BUSINESS USE OF HOME (Exclusive Use)   |              |   |                |  |   |
| purchase of new prop   |  | property, and  | Date Home Acquir   |              |   |                |  |   |
| 1 人名英格兰  |  | - Constitution of the Cons | Total Cost   |              |   |                |  |   |
| Was this your personal residence 2 of the Selling Price \$                   | ne last 5 years? Y                     | es or No   | Cost of Land   | -            |   | Utilities /    | <br>Garbage  |   |
| Date Property Sold//   |  |  | Cost of Improveme  |              |   |                | e  | *************************************** |
| Date of Original Purchase/   |  |  | Sq. Ft. of Home  |              |   |                | Maintenand   |   |
| Purchase Price of Property Sold \$   |  |  | Sq. Ft. of Office Are  |              |   | Other          | vianicenani  |   |
| Cost of Improvements and Special Assessmen                                   | tc                                     |  | Rent paid if you are   |              | ······································  | O G T CT       |  |   |
| Prior Depreciation Amount \$   |  |  | Instead of calculation   |              |   | ermation (5 a  | cauaro foo   | t can be                                |
| Thoi Depreciation Amount 9   | ************************************** | S CONTROL OF THE PROPERTY OF T | deducted (maximum  |              |   | Jimacion, 45 a | square 100   | can be                                  |
| SELF-EMPLOYN   | IENT BUSIN                             | IESS INCOM   | E AND EXPENS   | E GU         | IDE S                                   | CHEDULE        | C  |   |
| GROSS RECEIPTS   | T <sub>S</sub>                         |  | LEGAL & PROFESS  | IONAL        | SERVICES                                |                |  | S                                       |
| INVENTORY (Beginning of year 1/1/2023)                                       | 3                                      |  | OFFICE SUPPLIES,   |              |   |                |  | \$                                      |
| SUPPLIES PURCHASED FOR RESALE  |  |  | RENT OR LEASE,   |              |   |                |  | <u>\$</u>                               |
| INVENTORY (End of year 12/31/2023)   | \$                                     |  | RENT OR LEASE - O  |              | ,,                                      |                | and the same of th | \$<br>\$                                |
| - EXPENSES -   | \$                                     |  | REPAIRS  |              |   |                |  |   |
| ADVERTISING/BUSINESS CARDS   |  |  | MISC. SUPPLIES   |              |   |                |  | \$                                      |
| COMMISSIONS AND FEES PAID  | \$                                     |  |  | otc )        |   |                |  | \$                                      |
|  | S_                                     | ***  | TAXES (RE, Payroll   |              |   | loctric C      |  | \$                                      |
| AUTO/TRAVEL EXPENSES - See Above   | €                                      |  | UTILITIES Water  | D            | E                                       | lectric \$     | Gas  | <b>,</b> D                              |

\$

\$

DO YOU PAY FOR MEDICAL INSURANCE TO COVER YOURSELF AND YOUR FAMILY?

MEALS & ENTERTAINMENT

NEW EQUIPMENT date purchased

YES 🗆

BUSINESS USE OF HOME (See above)

NO 🗆

\$

\$

\$

COST

WAGES

**BUSINESS PHONE EXPENSE** 

INTEREST

INSURANCE - FIRE, LIABILITY, etc.

INTEREST PAID TO MORTGAGE CO.