

HARTLEY

Tax & Accounting, LLC

Year _____

CHECKLIST

Income Tax Data

This Checklist Will Serve as a Guide in Assembling Your Tax Data and Help You to Take Advantage of All Allowable Deductions. Round off All Figures to the Nearest Dollar.

| Taxpayer | | | | Spouse (if joint) | | | |
|-----------------------------------|------------------------------|------------------------|--------------------------------|--|------------------------------|------------------------------------|------------------------|
| Last Name | | | | Last Name | | | |
| First Name and Initial | | | Presidential Campaign? | First Name and Initial | | | Presidential Campaign? |
| Occupation | Blind? | _ Yes _ No | | Occupation | Blind? | _ Yes _ No | |
| Social Security Number | | Birth Date | | Social Security Number | | Birth Date | |
| Indiana Only | County of Residence (Jan. 1) | County of Work (Jan.1) | | Indiana Only | County of Residence (Jan. 1) | County of Work (Jan. 1) | |
| Address on Tax Return | | | | Shipping Address (leave blank if the same) | | | |
| Street Address or P.O. Box | | | | Street Address or P.O. Box | | | |
| City | | State | Zip | City | | State | Zip |
| Miscellaneous Information | | | | | | | |
| County of Residence (as of 12/31) | | | Township or City (as of 12/31) | | | School District Name (as of 12/31) | |
| Contact Information | | | | | | | |
| Home Phone | | Business Phone | | | Cell Phone | | |
| Fax | | E-Mail | | | Best Time to Reach | | |
| Payment Information | | | | | | | |

Dependents *Must have Social Security Number, ATIN, or ITIN*

| First, Initial, Last | Date of Birth | Social Security # | Relationship | Months in Home | Full-Time Student* |
|----------------------|---------------|-------------------|--------------|----------------|--------------------|
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* If dependent is 19 or over, check box if full-time student for at least 5 months of calendar year. See page 5 to list education expenses for either American Opportunity Credit or Lifetime Learning Credit.

Estimated Tax Paid *Send copies of canceled checks*

| | | Federal | State | Local |
|-------------------------|-----------|---------|-------|-------|
| Name of State\Local | | | | |
| Prior Year Credit | | | | |
| 1 st Quarter | Amount | | | |
| | Date Paid | | | |
| 2 nd Quarter | Amount | | | |
| | Date Paid | | | |
| 3 rd Quarter | Amount | | | |
| | Date Paid | | | |
| 4 th Quarter | Amount | | | |
| | Date Paid | | | |
| Extension | Amount | | | |
| | Date Paid | | | |

Wages from W-2 *Enclose all copies of W-2 statements.*

| T/S | Employer | Wage | Fed Tax | FICA | Medicare | State | Local |
|-----|----------|------|---------|------|----------|-------|-------|
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IRA Distributions Received *Enclose all statements - 1099R & 5498*

| T/S | Source & Type | Fed Tax | Amount | Value of Acc't (12/31) |
|-----|---------------|---------|--------|------------------------|
| | | | | |
| | | | | |
| | | | | |

- Yes No
- Were proceeds used for expenses as a first-time home buyer? (Did not own home for two years preceding purchase)
 - Were proceeds used to pay for higher education costs? (If yes, list on page 5)

Pension & Annuity Income Received *Enclose all statements - 1099R*

| T/S | Source & Type | Fed Tax | Gross Amount | Taxable Amount |
|-----|---------------|---------|--------------|----------------|
| | | | | |
| | | | | |
| | | | | |

Interest Income Enclose all 1099 statements. Indicate T for taxpayer, S for spouse, J for joint

| TSJ | Institution | Forfeiture* | Amount | TSJ | Institution | Forfeiture* | Amount |
|-----|-------------|-------------|--------|-----|---------------------|-------------|--------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | Municipal Bond Int. | | |

Interest income from seller-financed mortgage for which no 1099-Int was issued:

| TSJ | Name | Address | Social Security # | Amount |
|-----|------|---------|-------------------|--------|
| | | | | |
| | | | | |

* Penalty on early withdrawal (Forfeiture)

Dividend Income Enclose all 1099 statements and annual summaries

| TSJ | Name of Payor | Ordinary Dividends | Qualified Dividends | Total Capital Gain Distributions |
|-----|---------------|--------------------|---------------------|----------------------------------|
| | | | | |
| | | | | |
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Other Income

If income from Partnership, S-Corp., Estate or Trust, enclose K-1

| Source (if Single enter in first "Amount" column) | Taxpayer Amount | Spouse Amount |
|---|-----------------|---------------|
| Social Security Benefits | | |
| Alimony Received (only if divorce decree before 2019) | | |
| Baby Sitting (if expenses, enter on page 8, Sch C) | | |
| Directors Fees | | |
| Hobbies | | |
| Jury Duty | | |
| Odd Jobs (if expenses, enter on page 8, Sch C) | | |
| Prizes and Awards | | |
| Royalties (i.e. Book, Oil & Gas, etc.) Type _____ | | |
| State Refund (if itemized previous year) | | |
| City or Local Refund (if itemized previous year) | | |
| Tips not reported to employer | | |
| Unemployment Compensation | | |
| Honorariums (if expenses, enter on page 8, Sch C) | | |
| Lottery, Gambling | | |
| Sch A Losses () | | |
| Other | | |
| | | |
| | | |
| | | |

Itemized Deductions - Medical

Amount Reimbursed by Insurance \$

| Type of Expense | Amount | Type of Expense | Amount | Type of Expense | Amount |
|---------------------|--------|-----------------------|--------|-------------------------------|--------|
| Insurance Premiums | | Ambulance | | Nursing Home | |
| Medicare Premiums | | Artificial Teeth | | Air Conditioner (Prescribed) | |
| Long-Term Care Prem | | Eye Glasses | | Humidifier (Prescribed) | |
| Prescriptions | | Hearing Aid | | Electricity / AC & Humidifier | |
| Insulin | | Batteries / Hearing | | Auto Travel (miles) | |
| Doctors | | Lab Fees | | Transportation | |
| Dentists | | Special Shoes | | Lodging | |
| Chiropractors | | X-Rays | | Other | |
| Hospitals | | Supplies (Prescribed) | | | |

Taxes Enclose Closing Statement for real estate purchased or sold during year

| Type of Tax | Amount | Type of Tax | Amount |
|--|--------|-----------------------|--------|
| Paid with State Return | | Real Estate Tax #1 | |
| Paid with Local Return | | Real Estate Tax #2 | |
| 4 th qtr state/local estimate (due in 1/15) | | Auto Excise | |
| Sales Tax (not including motor vehicles) | | Personal Property Tax | |
| Sales Tax on Motor Vehicles & Boats | | | |

Interest Paid

| Home Interest | Amount | Mortgage Interest Paid to Individual | | | |
|--------------------------|--------|--------------------------------------|--------------|-------------------|--------|
| 1 st Mortgage | | Name | Address | Social Security # | Amount |
| | | | | | |
| 2 nd Mortgage | | | | | |
| Line of Credit | | Points Paid | | | |
| Vacation Home | | New..... _ | Date of Loan | # Years of Loan | Amount |
| Investment Interest | Amount | Refinanced. _ | | | |
| | | | | | |
| | | | | Other Interest | |
| | | | | Student Loan Int. | |

Contributions

| Cash | | Noncash (Total is \$500 or Less) | | | |
|------------------|--------|----------------------------------|--------|----------------|--------|
| To Whom | Amount | To Whom | Amount | To Whom | Amount |
| Church | | Other | | Supplies | |
| | | | | FMV Furniture | |
| Red Cross\Scouts | | | | FMV Clothing | |
| Salvation Army | | | | Other | |
| United Fund | | | | Travel | |
| Missions | | | | Mileage | |
| Radio Broadcasts | | | | Lodging, Fares | |
| *College | | | | Meals | |
| | | | | Other | |

* Enter Name of College:

Date of Contribution:

Noncash Contributions (Total is More Than \$500)

| Donee Organization Name/Address | Description of Items Donated | Date of Contribution | Date Acquired (m/yr) | How Acquired | Cost Basis | Fair Market Value | Method Used to Determine FMV |
|---------------------------------|------------------------------|----------------------|----------------------|--------------|------------|-------------------|------------------------------|
| | | | | | | | |
| | | | | | | | |

Note: For any items more than \$5,000, additional information will be needed. Appraisal is generally required except for certain securities.

Itemized Deductions - Miscellaneous Deductions (only for SE Tx Deduction)

| Tax Preparation & Job Related Expenses (Teachers, see next section; Ministers, use page 7) | | | | | |
|--|---------------------------|--------|--|-----------------------|--------|
| T/S | Type of Expense | Amount | T/S | Type of Expense | Amount |
| | Tax Preparation | | | Uniforms | |
| | Accounting Books | | | Cleaning of Uniforms | |
| | Union Dues | | | Small Tools | |
| | Professional Fees | | | Equipment | |
| | Professional Publications | | | Business Telephone | |
| | Supplies for Job | | | Employment Agency Fee | |
| | Safety Equipment | | | Other | |
| | Safety Clothing | | | | |
| | Special Shoes/Nylons | | | | |
| Teaching Expenses (K - 12) | | | | | |
| | Supplies | | | Other | |
| | Books | | | | |
| Job Hunting Expenses | | | | | |
| | Meals | | | Postage, Typing | |
| | Lodging | | | Toll Calls | |
| | Airfare, Auto Rental | | | Other | |
| | Auto Travel (miles) | | | | |
| Investment Expenses | | | | | |
| | Publications | | | Escrow Fees | |
| | Advisory Fees | | | Other | |
| | Safe Deposit Box | | | | |
| Miles Between Two Jobs | | | | | |
| Number of days worked 2 jobs in same day | | | Number of miles between the two jobs sites | | |

Casualty or Theft(out of pocket – must be more than 10% of income to deduct)

| Description of Property | Date Acquired | Date of Casualty or Theft | Cost | FMV Before | FMV After | Insurance Reimbursement |
|-------------------------|---------------|---------------------------|------|------------|-----------|-------------------------|
| | | | | | | |
| | | | | | | |

Education Expenses American Opp. Credit, Lifetime Learning Credit or Job-Related Expenses

(Must have 1098-T and financial transcript for each college or university)

| | | | | |
|--|--|--|--|--|
| First Name of student - Husband, Wife, or dependent | | | | |
| Name of School (Am Op, Lifetime) | | | | |
| Date(s) Tuition Paid (Am Op, Lifetime) | | | | |
| Type of Education - College, Vocational, Job Related, etc | | | | |
| Was student enrolled at least half-time for at least one academic period in a program leading to a degree certificate, or other recognized credential? (Am Op, Lifetime) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was student in first thru fourth year of post-secondary education? (Am Op, Lifetime) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Scholarships, Grants or Amount Reimbursed by Employer | | | | |
| Tuition & Fees (Am Op, Lifetime, Job-related) | | | | |
| Books (Am Op & Lifetime - only if condition of enrollment) | | | | |
| Supplies (Am Op & Lifetime - only if condition of enrollment) | | | | |

| Job Related Education Expenses | | | | |
|--|--|--|--|--|
| Auto Miles (list details under "Auto Expense", page 7) | | | | |
| Lodging / Room & Board | | | | |
| Meals while away from home overnight | | | | |
| Were you employed while incurring expense? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had you already met minimum requirements of your job? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did course(s) improve job skills or required by employer or by law to keep present salary or position? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Did the course(s) lead to a new profession or business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Clergy Information (Please provide copy of payroll sheet and/or breakdown of your compensation package if you suspect your W-2 or payroll documentation might be incorrect)

Position _____ Ordained, Licensed, or equivalent **(circle one)**

- Yes No**
- Are you exempt from paying Social Security? If yes, send copy of apprvd. Form 4361-first year)
- Have you adequately accounted to your employer and been reimbursed for your professional expenses? (If no, show details on next page)
- To the best of your knowledge is your W-2 prepared correctly. If no, what is incorrect?

- Did you receive any gifts, bonuses, and allowances (other than parsonage allowance) from your employer that was not included as taxable on your W-2? If yes, what?
_____ Amount? _____
- \$ _____ Parsonage Allowance officially designated in advance?
- \$ _____ If more than one employer during the year, amount designated with second employer?
- \$ _____ Amount you receive each payday? How often are you paid? _____
- \$ _____ Amount you receive monthly?

Ministry Housing Information Housing allowance exclusion can apply to only one home at a time, the one that is your personal residence. During a transition or move, you may have incurred housing expenses for two homes. Separate the expenses below.

| | Home #1 | Home #2 | Home #3 |
|---|---------|---------|---------|
| If employer provided parsonage, what is its rental value? | | | |
| If you own, what is current fair market value of home? | | | |
| Date occupied | / / | / / | / / |
| Location (city & state) | | | |
| Type of Expenses Paid by You | Amount | Amount | Amount |
| Rent Paid | | | |
| Principal Payments | | | |
| Taxes | | | |
| Interest | | | |
| Insurance | | | |
| Repairs and Upkeep | | | |
| Furniture / Appliances | | | |
| Decorator Items | | | |
| Utilities | | | |
| Miscellaneous Supplies and Expenses | | | |

Moving Expenses MILITARY ONLY
taxable on Form W-2.

Amount Reimbursed or Paid Directly by Employer \$ _____

- Yes No**
- Was any of the amount reimbursed for nonqualifying moving expenses? If yes, how much? \$ _____
- Was any or all of the reimbursement included on Form W-2, box 1? If yes, how much? \$ _____
- _____ Distance between former residence and new job? Date of Departure? / /
- _____ Distance between former residence and former job? Date of Arrival? / /

| Expenses | Amount |
|---|--------|
| Cost of moving furniture and personal effects | |
| Transportation of family: Auto Travel - total miles | miles |
| Fares (air, bus, train, etc.) | |
| Cost of Lodging En route | |

Auto Expenses (only fill in Total Miles/Bus. Miles if using standard rate) _____

Amount Reimbursed \$ _____

If multiple business use for same auto, list mileage for each use in separate column.

If new client, send complete history of business use of auto. Send copies of invoice and complete details of purchase and/or trade for each business auto. Even if you have always used standard mileage rate, you may have a taxable gain or deductible loss on the sale of a business auto that must be reported. If leasing, give beginning value.

| Auto Information | Auto #1 | Auto #2 | Auto #3 | Auto #4 | Auto #5 | Auto #6 |
|--|---------|---------|---------|---------|---------|---------|
| Year | | | | | | |
| Make | | | | | | |
| Date of Purchase | | | | | | |
| Purchase Price (plus sales tax) | | | | | | |
| Odometer at Purchase | | | | | | |
| Odometer at End of Year | | | | | | |
| Type of Use (Clergy, Sch C, etc.) | | | | | | |
| Total Miles for the Year * | | | | | | |
| Total Business Miles for Year * | | | | | | |
| Daily Round Trip Commuting Miles | | | | | | |
| Commuting Miles for the Year | | | | | | |
| Auto Lease Payments | | | | | | |
| Garage Rent | | | | | | |
| Gas, Oil, Lube | | | | | | |
| Repairs | | | | | | |
| Tires & Battery | | | | | | |
| Insurance & Auto Club | | | | | | |
| Miscellaneous | | | | | | |
| Washing & Polishing | | | | | | |
| License (Registration Only) | | | | | | |
| Interest | | | | | | |
| Personal Property Tax | | | | | | |
| Other | | | | | | |

Yes No

- Do you (or your spouse) have another vehicle available for personal use?
- Was the vehicle available for personal use during off-duty hours?
- Do you have written evidence to support your deduction?
- If "Yes", is the evidence written?
- Was the vehicle used primarily by a more than 5% owner or related person? (Sch C, E, F, only)

*** For IRS Standard Mileage Rate**

Travel & Professional Expenses

Amount Reimbursed \$ _____

| Local Travel | | Travel - While Away from Home Overnight | | Professional Expenses | |
|----------------------------------|--------|---|--------|---------------------------|--------|
| Expense | Amount | Expense | Amount | Expense | Amount |
| Parking | | Auto Rental / taxi / etc. | | Education expenses | |
| Tolls | | Fares (air / train / bus) | | Office Supplies & Postage | |
| Fares | | Parking & Tolls | | Religious Materials | |
| Meals & Entertainment | | Laundry & Cleaning | | Seminars & Dues | |
| Meals/Away Overnight | | Lodging | | Subscriptions | |
| # Days Away Overnight | | Telephone, Postage, Fax | | Business Telephone | |
| Entertainment, Meals | | Tips (Other than meals) | | Gifts | |
| Entertainment, Other | | Other | | Other | |
| Tips for Meals | | | | | |

Equipment & Library

| Date | Description | Amount | Date | Description | Amount |
|------|-------------|--------|------|-------------|--------|
| | | | | | |
| | | | | | |

Business Income & Expense: Schedule C(Duplicate this page if more than one)

Principle Activity /Product or Service _____

T/S/J (If single leave blank) _____ Business Name & Address _____

Accounting Method: _____ Employer Identification Number (9 digits) _____ - _____

___ Cash ___ Accrual ___ Other Inventory Method: ___ Cost ___ Lower Cost or Market ___ Other

If Other _____ If Other _____

Yes No

- ___ ___ Did you "materially participate" in the operation of the business?
- ___ ___ Did you start or acquire the business this year?
- ___ ___ Did you cease operation of the business during the year?
- ___ ___ Were you a statutory employee with income reported on Form W-2?

Receipts

| | | | | | |
|----------------------|--|-------------|--|-----------------------------|--|
| Services | | Honorariums | | Other: | |
| Sales of Merchandise | | Child Care | | Beginning Acc't. Receivable | |
| Commissions | | Other: | | Ending Acc't Receivable | |

Cost of Goods Sold

| | | | | | |
|---------------------|--|----------------------|--|-------------------------|--|
| Beginning Inventory | | Cost of Labor | | | |
| Purchases | | Materials & Supplies | | | |
| Less Personal Use | | Freight / Receiving | | Beginning Acc't Payable | |
| Ending Inventory | | Other: | | Ending Accounts Payable | |

Expenses ("Auto & Truck Exp." - Show details on page 7)

| | | | | | |
|----------------------|--|---------------------------|--|-----------------------|--|
| Accounting | | Outside Services | | Travel | |
| Advertising | | Parking & Tolls | | Meals & Entertainment | |
| Answering Service | | Pension Plans | | Uniform s | |
| Bad Debts from Sales | | Postage | | Utilities | |
| Bank Service Charges | | Printing | | W ages | |
| Auto & Truck Exp | | Rent: Machinery & Equip. | | Miscellaneous: | |
| Commissions | | Rent: Other Business Prop | | | |
| Delivery & Freight | | Repairs | | | |
| Dues & Subscriptions | | Security | | | |
| Employee Benefits | | Supplies | | | |
| Insurance | | Taxes: Real Estate | | | |
| Interest: Mortgage | | Taxes: Personal Property | | | |
| Interest: Other | | Taxes: Sales | | | |
| Janitorial | | Taxes: FICA & Medicare | | | |
| Laundry & Cleaning | | Taxes: Unemployment | | | |
| Legal & Professional | | Telephone | | | |
| Office Expense | | Tools | | | |

Business-In-Home (Enter Cost of Home, Land Value, & Improvements in "Depreciation" Below)

| | | | | | |
|------------------------------|--|-----------|--|----------------------------|--|
| Total Square Feet in Home | | Rent | | Heat & Light | |
| Sq. Feet Used for Business | | Interest | | Repairs (Entire House) | |
| # of Hours (Child Care Only) | | Taxes | | Repairs (Business Portion) | |
| # of Months of Bus. Activity | | Insurance | | Other | |

Depreciation of Buildings & Equipment
(Send Depreciation Schedule for Prior Owned Items from Previous Year's Return)

| Date Placed in Service | Description | Amount | Date Placed in Service | Description | Amount |
|---------------------------|-------------|--------|---------------------------|-------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Sale of Property, Stock: Schedule D (please include all 1099-Bs)

| T/S/J | Description | # of Shares | Date Acquired | Date Sold | Gross Sales Price | Cost or Other Basis | Expense of Sale |
|-------|-------------|-------------|---------------|-----------|-------------------|---------------------|-----------------|
| | | | | | | | |
| | | | | | | | |
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Installment Sale

If contract began this year, send copies of contract, amortization schedule (list principal and interest), original purchase closing statement, cost of all improvements.
 Enter Interest on page 3, "Seller-Financed Mortgage".

| Description | Date Acquired | Date Sold | Gross Profit Percentage | Principal Received This Year | Principal Received Prior Years |
|-------------|---------------|-----------|-------------------------|------------------------------|--------------------------------|
| | | | | | |
| | | | | | |

Sale of Personal Residence Send copies of closing statement for purchase and sale of home.
 If home was used as main home for 2 out of the last 5 years and gain on its sale is less than \$250,000 (\$500,000 jointly owned), the sale is not required to be reported on your federal return unless there was depreciation taken on home for business usage.

Date Purchased Home ___ / ___ / ___ Date Sold Home ___ / ___ / ___
 Yes No
 ___ ___ Did you own and use property as your main home for a total of at least 2 years of the 5-year period before the sale?
 ___ ___ If no, did you sell the home because of a change in health or a change in employment?
 If yes, enter dates that you did use as main home: From ___ / ___ / ___ To ___ / ___ / ___

| Description | Amount | Description | Amount |
|---------------|--------|--|--------|
| Original Cost | | Sales Price | |
| Improvements: | | Expense of Sale | |
| | | Gain Postpone from Previous Sale | |
| | | Casualty Losses Previously Allowed | |
| | | Depreciation for Previous Business Use | |

Child and Dependent Care Employer-Provided Dependent Care Benefits \$ _____

You are required to file Sch H if amounts paid to any person working in your home is \$1,900 or more in a calendar year.

Persons or Organizations Providing the Care (Nursery school expenses may qualify).

| Name | Address | SSN or EIN | Amount |
|------|---------|------------|--------|
| | | | |
| | | | |

Qualifying Person(s) for Whom Expenses Were Paid (The total of the "Amount" column above and below should equal)

| Name of Dependent | Age | Relationship | Social Security # | Amount |
|-------------------|-----|--------------|-------------------|--------|
| | | | | |
| | | | | |

Farm Income & Expense: Schedule F

Location and Size of Farm _____

Principal Product _____

Employer Identification Number (9 digits) ____ - ____ Accounting Method: Cash Accrual

Yes No Did you "materially participate" in the operation of this business during the year?

Yes No Do you elect, or did you previously elect, to currently deduct certain preproductive period expense.

Income (Do not include sales of livestock held for draft, breeding, sport, or dairy purposes. Report them in "Sales ..." section below.)

| | | | |
|---|-----|--------------------------|--|
| Sales of Livestock for Resale | | Crop Insurance Proceeds | |
| Cost of Livestock for Resale | () | Disaster Relief Payments | |
| Sales of Other Items for Resale | | Custom Hire | |
| Cost of Other Items for Resale | () | Federal Fuel Tax Credit | |
| Sales of Livestock You Raised | | State Fuel Tax Credit | |
| Sales of Produce, Grain, Other You Raised | | Other | |
| Patronage Dividends | | | |
| Agricultural Program Payments | | | |
| CCC Loans Reported Under Election | | | |
| CCC Loans Forfeited | | | |

Expenses ("Car & Truck Exp." - Show details on page 7)

| | | | | | |
|-----------------------------|--|----------------------------------|--|------------------------------|--|
| Car & Truck Exp | | Interest: Mortgage | | Taxes: FICA & Unemployment | |
| Chemicals | | Interest: Other | | Utilities | |
| Conservation Exp | | Labor Hired | | Veterinary/Breeding/Medicine | |
| Custom Hire | | Pension & Profit Sharing | | Telephone | |
| Employee Benefit Programs | | Rent: Vehicles/Machinery/Equip | | Advertising/Accounting | |
| Feed Purchased | | Rent: Other (Land, Animals, Etc) | | Dues/Subscriptions | |
| Fertilizers & Lime | | Repairs & Maintenance | | Travel | |
| Freight & Trucking | | Seeds & Plants Purchased | | Meals & Entertainment | |
| Gasoline | | Storage & Warehousing | | Other | |
| # Gallons of Gas (Off Road) | | Supplies | | | |
| Other Fuel & Oil | | Taxes: Real Estate | | | |
| Insurance | | Taxes: Personal Property | | | |

Sales of Buildings, Machinery, Equipment, & Livestock Held for Draft, Breeding, Sport, or Dairy

| Description | Date | | Sales Price | Cost | Depreciation Claimed | Expense of Sale |
|-------------|----------|-----------|-------------|------|----------------------|-----------------|
| | Acquired | Date Sold | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Depreciation of Buildings, Machinery, Equipment, & Livestock Held for Draft, Breeding, Sport, or Dairy (Send Depreciation Schedule for Prior Owned Items from Previous Year's Return)

| Date Placed in Service | Description | Amount | Date Placed in Service | Description | Amount |
|------------------------|-------------|--------|------------------------|-------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Retirement Contributions to IRAs, Self-Employed Plans, & Salary Reduction Plans

If Single, use taxpayer column

| Type of Plan | Taxpayer Amount | Spouse Amount | Type of Plan | Taxpayer Amount | Spouse Amount |
|----------------------|-----------------|---------------|--|---|---|
| Traditional IRA | | | Active Participant In Employer Provided Retirement Plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Roth IRA | | | 401(k) Employee Contributions | | |
| Self-Employed SEP | | | 403(b) Employee Contributions | | |
| Keough | | | SEP Employee Contributions | | |
| Self-Employed SIMPLE | | | SIMPLE Employee Contributions | | |
| Education IRA | | | Other Salary Reduction Contr. | | |

Health Savings Accounts (HSAs) & Archer Medical Saving Accounts (MSAs)

Type of coverage under high deductible health plan? Self-Only Family

If applicable, spouse's type of coverage under high deductible health plan? Self-Only Family

| Contributions | Amount | Distributions | Amount |
|--|--------|---|--------|
| Deductible Amount of Health Insurance | | Total Distributions from HSA or MSA | |
| Employer Contributions to HSA or MSA for Year | | Rollover Distributions | |
| Employee Contributions to HSA or MSA for Year | | Total Distributions from Medicare+Choice MSA | |
| Number of Full Months Plan was in Place for Year | | Total Unreimbursed Qualified Medical Expenses | |

Alimony Paid per Divorce Decree

To whom _____ Social Security Number _____ Amount \$ _____

Reside in Foreign Country During the Year?

Name of Country _____ Date entered ____ / ____ / ____ Date Left ____ / ____ / ____

Yes No Dates in US for the year _____

Do you consider yourself a bonafide resident of this country?

If no, were you (or do you anticipate being) physically present in this country for at least 330 days during a 365-day period?

Part-Year State Breakdown If you resided in more than one state during the year, breakdown income associated with each state. Interest, dividends, capital gain distributions, alimony, IRA & pension

distributions are normally taxable to the state of residence when received.

| Name of State | #1 | #2 | | State #1 | State #2 |
|---------------|-------|-------|-------------------|----------|----------|
| | From: | From: | Sch C Income | | |
| Dates Resided | To: | To: | Sch C Expense | | |
| Wages | | | IRA Distributions | | |
| Interest | | | Pension Distr. | | |
| Dividends | | | Sch E Income | | |
| Cap Gain Dist | | | Sch E Expense | | |
| Alimony | | | Other | | |

Questions, if yes explain below

- Yes No**
- Any births, adoptions, marriages, divorce, or deaths in your family during the past year?
 - Does anyone owe you money that has become a bad debt? (in writing)
 - Have you used bartering to exchange any goods and services?
 - Did you or your spouse receive any source of income that is not listed in this checklist?
 - Did you sell an auto, equipment, or any property? If yes, give details.
 - Did you receive any nontaxable income such as child support, veteran's benefits, or welfare payments?

Taxpayer's Statement

The information furnished herewith is to enable you to prepare my (our) income tax return for the stated year. It is true and complete to the best of my (our) knowledge and belief, and is to be relied upon by you accordingly.

Signature _____ Date _____

Signature _____ Date _____