Explar	nations and Questions 15
page no.	

A Correspeed® QUICK ORGANIZER

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INCOME TAX ORGANIZER and DEDUCTION FINDER

with BUSINESS SCHEDULES

Taxable Year

of all allowable de as completely as po- that may result in	emble and maintain your tax information and inst ductions. To save tax dollars, fill in the ssible. Begin assembling your tax data early costly omissions. Information listed may b nges. Our office will apply the current law when y	pages that pertain to yo to avoid the last minute rus e subject to some limitation
For:		
My income tax appointment	nent is:	
DATE	DAY OF WEEK	TIME
	wiedge, the enclosed information is correct and necessary for the preparation of this year's incorneous records.	
Please sign		Date

PROVIDED BY

DAVID A. GLUCKSMAN

Certified Public Accountant 26500 W. Agoura Road, Suite 207 Calabasas, CA 91302 (818) 880-5522 Fax (818) 880-5588

Personal Information		С	heck b	ox if no ch	nange from	ı last y	ear.	. 1
Your Name				Date of	Birth			
Occupation			Soc	. Sec. No				
☐ Single ☐ Joint ☐ Head of Household								
Spouse's Name								
Occupation								
Telephone: Home (Bu	siness: \	Yours	()		Spouse's	()		
Cell Phone # - Yours ()			Spou	ise's ()				
Home Fax # Ho								
Home Address				D New? □ C	Own? Date P	urchase	ed	
City								
County	State		r		Zio Code			
Rental Information Rent? Date Rented				Total rer	nt paid this v	ear \$		
·								
If you have a new address during the coming								
						<i>1</i>		
If you moved your residence because of a tra	ansfer or	r chan	ge of er	nployer, see	page 9.			
With dark pencil or pen, please write legibly	and ind	licate	if any of	the followin	g occurred d	uring the	e past y	ear.
☐ I was married (date) ☐ D	ivorced	(date_			Legally sep	arated (date)
☐ Lived apart from spouse during the year?	Numbe	er of n	nonths a	apart				
☐ Death of spouse (date)		□ Lo	ss of de	pendent(s)		☐ Gaine	ed depe	endent(s)
☐ Moved (date) Legally blind	i? 🗀 Yo	ս 🗅 🤄	Spouse	Disabled	or Handicap	oed? □	You 🗆	Spouse
Over 65:? 🗆 You 🗅 Spouse 🗆 Named as		endent	on ano	ther's tax re	tum? 🗆 You	☐ Spo	use	
☐ Employed Household help (enclose inform								
Did you pay any Domestic employee more the	nan \$1,0	00 the	past y	ear? 🗆 Yes	□ No			
Dependents Check including below	k box if no	o chang	ge from k	ast year. All U.	S. Citizens? (re age 1 or ov	Yes Der. Comp	No lete all ir	formation
First, Mid. Initial, Last Names of Children at I	Home	Relati	onship	Social	Security No		Birtl	n Date
1.								
2.								
3.								
4.								
5.								
6.	AL 1		- allerer	d under a ==		ament		
☐ Check if you claimed children not living w Did any of your children have unearned inco	ome? □	1 Yes	allowe	a under a pr Amount	e-1905 agre	explain of		
► Other dependents: Furnish first and last	Relation	nship	Income	Months	% Support	, ,		ot Home
name & address (Use page 15 if needed)	and A	\ge		lived w/you	from you	Divorce	Sep.	at School
1.								
Soc. Sec. No. — — — 2.	 							
2 0 11			[I	1	1

	efi	ınds, Ove	rnavm	ents	and Ta	ayes P	Paid		2
	GIG	ilius, on	or paym	ionto	Caller Te	Fede		State	Local
Ove	maur	nent from last ye	ar'e tay retur	ne		i cuc	101	Jac	Local
Cast		Due 4/15/	Date paid		Chk. #				
	nents	Due 6/15/	Date paid ▶		Chk. #			- -	
year estin	's nated	Due 9/15/	Date paid ▶		Chk. #			,	
inco	me	Due 1/15/	Date paid ▶		Chk. #		· ·	-	
Tota	al Ove	rpayment and Pay							
		paid on last year's							
	<u>-</u>	nds received on la		eturns					
Ir	100	me							
S	un	nmary of	Wages	Rece	ived		Il copies of lace is nece		e 15.
н		F	Total	Federal	Soc.	S.S. Tax FICA	Medi-	State Income Tax	Local Income Tax
H	Na	me of Employer	Total Wages	Income Tax Withheld	Security Wages	Withheld	Care Withheld	Withheld	Withheld
			<u> </u>						
			-						
			1						
			 		:			 	
_			+						
Ch	201110	ur sources of incor	no and provide	names of r	avere and a	mounte roce	ived Write	NONE" when	e no income
has	been	received, (H) if ov	mership by hu	sband, (W)	wife, (J) join	t ownership	in column a	t left.	0 110 11 100 1110
Н۷	VJ		Include Form	1099's wh	ere applicat	ile.		AN	OUNT
	1. A	limony received (d	o not include	child suppor	rt) from: Sho	w name & S	SN on p. 15		
	2. A	nnuity and pension	n income (incl	ude Forms \	W-2P and 10	99R)			
	3. E	arters & Exchange	es (explain on	page 15)					
	4. E	onuses and comm	issions (not re	ported on V	N-2)				
	5. C	Disability income (if	any) may qua	lify for exclu	usion				
	6. H	lobby income and	expense (enc	ose informa	ition)				
	7. J	ury duty, election b	oard fees or o	other public	service				
	8. L	ottery, contest & g	ambling winni	ngs (explain	on page 15)			
	9. N	Mutual fund withdra	wals (enclose	information)				
1	0. F	artnerships, estate	s and trusts (use Schedu	le E, page 1	4)			
1	1. F	Prizes and awards	(explain on pa	ge 15)					
1	2. F	Royalty income and	expense (en	close sched	ule)				
1	3. 5	Scholarships & fello	wships (may	be partially t	taxable) (exp	olain on pg.	15)		
1	4. 7	lips and gratuities	(not reported o	on W-2)					
1	5. L	Incollectible non-b	usiness bad d	ebts (loss) (explain on p	age 15)			
1	6. (Jnemployment con	pensation rec	eived					
			ain on page 1	-					

18. Tax withheld on any of above (explain on page 15)

Noi	n-Taxat	ole Inc	om	e					3	Sal	es of Stock of the information outlined to	or F	Prope	rty (S	ichec	Jule D)	n brokers r	on purchas	4 ses and sales
HWJ								AMO	UNT	of stoc	k or commodities, real esta	ate tran	nsaction pa	apers, and	selling 6	expense info	rmation. Inc	dicate own	nership "HWJ"
	Child suppor	t payments (l	Do not	inclu	de alimony rece	ived)				columi	n. Check if any 1099 for	rms no	t enclosed	1.					· · · · · · · · · · · · · · · · · · ·
		nefits/Disabili									NAME OF STOCK, BOND	HW		MoDay-Yr.)	SA	ALES C		EXPENSE	NET CAIN (LOSS)
	Workers con	npensation av	wards ((Expla	ain on page 15)					UNITS	OR OTHER PROPERTY	J	Acquired	Sold	+ P	PRICE	BASIS	UF SALE	GAIN (LOSS)
	Non-taxable	Dividend dist	tributio	ns		· · · · · · · · · · · · · · · · · · ·						1		<u> </u>					
	Non-taxable	Municipal Bo	nd									$\perp \perp$		<u> · </u>	4-				-
Social (May b	Security paym be partially tax	nents receive able)	d		let Cash Received	+ Medic Deduct		\$ = T	Total			+-							
Enclos	se Forms SSA	Yourself	\bot									\top							
1099 c	or RRB-1099	Your Spouse	е		-							+ 1							
Erom I	navore etatem	ents or other	r recor , (J) joi	rds lis	nership, (STX) S	amounts received State tax exempt,	(FTX) Feder	by (H) if own al tax exempt.											
NAME	OF PAYER		W	\$' 'F	INTEREST	Qualified	DIVIDEND	Cap. Gain Portion	INCOME TAX W/H			+-			+				
				^ ^	+					<u> </u>		+1		+	+			 	
			_	_								+-	-	 	+			1	
				\Box						-		+						 	
				\perp					<u> </u>	<u> </u>		-	ļ	+				†	
			$\vdash \vdash$	+			-	-		\vdash		+	<u> </u>	+	_				
			-	+			+					+	<u> </u>	1	\top				
				+	-		 	 				+		_	1				
			\vdash	+							SALE OF PERS	DNAL	RESIDE	NCE ANI) PURC	CHASE OF	NEW RE	SIDENC	E
				1						Includ	PROPERTY DESCRIPTI	ION	ŀ	H, W	DATI uired		Sales	AMOUN	NTS Purchase Price
			+-+	+	 		 	+		OLD						1			
			++	+						NEW									
											Was any part of residence	rented	or used fo	r business	?		Y	ES 🗆	NO 🗆
				-	-		-			2. \	Was it your principal place	of resic	tence for 2	? of the las	t 5 year.	s?	Y.	ES 🗆	NO 🗆
ļ				\pm						3.1	If Married, do you have san	ne prop	oortionate	interest in	New as	in Old?	Υ	ES 🗅	NO 🗆
				—				-	 	In	stallment Sal	es				mation outline	ed below a	and the sal	es contract.
<u> </u>			++	+			 				erty description				55016	F			
 			+	+	-						perty location	\top							
											· · · · · · · · · · · · · · · · · · ·	Date s	old	C	Original o	cost			
										1	ss sales price	T				ation taken to	date		
			\Box	\perp			.1	1	<u> </u>		rovements added	+			Expense				
	eited interest pe						D "				ng-up expenses	+			_ 	e assumed by	y buyer		
Inter	est from seller	financed mor	tgages	8 CO	ontracts (name &	address & Soc.	Sec. #)				cipal rec'd prior year's sale					earned prior		1	
<u> </u>											ore than one sale, provid		mation or	outline o	n Page	15.			

New limitations dictate that you find as many deductible items as possible. Check the deduction lists carefully, and from your cancelled checks, paid invoices, or other records, determine your deductible expenditures during the past year. Enter the amount for each deductible item and items you think deductible not on the deduction lists, to determine whether they are allowable. Keep all paid receipts, contracts, and cancelled checks for these deductions at least three years after the due date for filing.

			A
Medical Insurance	Amount Paid by You	Prescription Drugs	Amount Paid by You
Hospital, medical & dental premiums		Prescriptions (prescribed by doctor only)	
Long term health care premiums			
Group health plan payroll deductions		Insulin (over-the-counter drugs not deductible)	
Self-Employed health plan (limited)		Total mileage—Trips for these purchases	mi.
List insurance company name(s) & amour	nts on Pg. 15	Medicare deductions or payments	
Doctors, Dentists, N		iospitals Total Mileage	Amount Paid by You
Doctors, Doritists, IV	u. 000, 1	All Hips	, ala by 100

	/For hand	ticapped or other medical reason. May	Amount
Medical Fix-up Cost	S not incre	ase fair market value of your home.)	Paid by You
Alterations for better access		Relocating or altering electrical	
Lowering kitchen cabinets		Modifying alarm system	
Elevator installation		Other:	
Other Medical	Amount Paid by You	Special schooling and transportation for physically or mentally handicapped	
Acupuncture services		Lab tests	
Ambulance, taxi & bus for med. care		Medical care in home for aged	
Artificial limbs and teeth		Medical or Convalescent equipment	
Chiropractor		Support or corrective devices	ļ
Christian Science Practitioners		Therapy and X-ray	
Drug or Alcohol Treatment		Psychoanalysis, therapy, counseling	ļ
Glasses and eye examinations		Other	
Hearing aids and batteries			
Amount of above reimbursed by insur			\$
Total mileage & parking for all trips for	r other medica	l expense listed above	mi.
Taxes	Amount		Amount
Resident real estate property taxes		Personal property taxes - Auto	
		(Licenses) - Auto	
Property taxes - 2nd home - explain		- Truck	
Property taxes on investment property		- Boat	
State and local income taxes		- Motorcycles	
Foreign income taxes		- Trailer/Motorhome	
Other			1

Interest Paid

- 1		П
	_	
	0	п

At the close of the year, by phone or letter, request mailing of a statement of the total interest paid during the year

from each lending institution. P	rovide names whe	re needed. Enclose contra	acts on purchases	he past year.
		Lender		Interest Paid
Mortgage - Primary Residence	- First			
	- Second			
If either paid to an individual, p	rovide name & add	Iress & Social Security nu	mber:	
Did you refinance your existing		ar? 🗆 Yes 🗅 No		
Bring settlement statement to t	ax appointment.	T		
Mortgage - Second Home		· · · · · · · · · · · · · · · · · · ·		
Property description:				
		·		
Home Equity Loan - Loan Amo	ount:			
Purpose:				
Home Equity Loan - Loan Amo	ount:			
Purpose:		·		·
Home Equity Loan - Loan Amo	ount:		 	
Purpose:				
		· · · · · · · · · · · · · · · · · · ·		
Prepayment charges (pay off	oan in advance)			
Points paid to acquire loan:	⊇New Loan □ R	efinance		
Purpose:				
Educational Loan Interest Pai	d For Student			
INVESTMENT OR BUSINES	S LOANS	Purpose	Lender	Interest Paid
Date proceeds rec'd	Date spent			
Date proceeds rec'd	Date spent			
Date proceeds rec'd	Date spent			
Date proceeds rec'd	Date spent			
Date proceeds rec'd	Date spent			
This information should agree	with Schedules C	(Pg. 11), D (Pg. 4), E (Pg	. 10) or F (Pg. 13)	in this book.

Contribution CODE COLUMNS: Indic	ns cate by -	for aifts of	rification from Charity \$250 or more.) ash or check, "NR" - Non-Receip		النا "		ployee Bu			ISE Husba	ınd □ Wi	-	8
of Property (attach desc detailed records of amou	cription), "I	M" - Merchandise whom and date.	ash or check, "NR" - Non-Receip (attach description). On cash	contribution	ns you must have	these b	ousiness expenses a	is outlined below.	. Need conter	mporaneous records	for amounts	s shown.	Юуппени. ⊏ине
	COD			CODE	AMOUNT	► AU	TOMOBILE EXPEN	SES (Use Au	itomobile Exp	penses section on Pag	ge 12.)		
Cancer Society		-	St. Vincent DePaul	1			ck if you have receipt						
CARE			United Way					, is personal use	in off-duty ho	ours permitted? Ye	s 🗆 No 🗆	l Have writte	en evidence?
Christmas & Easter Sea	als	1	Veteran's Organizations			► TR	AVEL EXPENSES	(while away fro	om home on	business) 🗅 Check it	f you have	receipts or k	og.
Heart Fund			Other			Auto Re	ental			Plane & Railroad Fa	ıres		
March of Dimes						Lodging	& Hotel			Taxi, Bus, Subway			
Red Cross						Meals 8				Other			
Salvation Army						▶ BU	SINESS ENTERTAI	NMENT AND SE	ELLING EXPE	ENSES — Local 🗅 C	heck if you	have receip	ots or log.
Scouts & Campfire Girls	,						as Cards & Gifts			Lunches			
Out of pocket expenses	for work in	onnection with a	any charitable			Commis	ssions Paid			Theater & Sports Tid	ckets		
			nses). Explain on page 15.			Dinners	& Drinks			Other			
Cost of transportation or						► MIS	CELLANEOUS BUS	SINESS EXPEN	SES Che	eck if you have receipt	s or log.	<u></u>	
			ognized charities (attach list cost or note on page 15).				s Cards			Professional Service			
Churches and religious		 		+++		Busines	s Phone at Home			Required Education			
		 	physical or mental disorders			Outside	Phone & FAX			Stationery & Supplie	S		
			S □ Husband □ Wife (if bo	oth include	hroakdown)	Postage	!			Trade Journals & Su	bscriptions		
1411000112		AMOUNT	S CTIMODANO CTIMO (C. C.	Jui, monac	AMOUNT		ional Dues			Other			
Adoption expenses paid		74	Tax preparation costs		7	► REI	MBURSEMENT REC	C'D - included in	W-2? ☐ Yes	S □ No Portion Mea	uls	Other	r
Alimony Pd. to Name SSN			Tools & safety equipment			► BUS	SINESS USE OF HO	ME 🗆 Employe	e 🗆 Rental	☐ Self-employed ☐	Farming		
Employment agency fees	9		Transportation to second jo	ob		You may	qualify if your job ne	ecessitates work	ing at home.	Personal computer at	home?	Yes ☐ No	
Gambling losses (to extent			Uniforms – cost			Date Ac	quired Home			Utilities			
Job-seeking expenses			- maintenance			Cost of	Lot			Interest			
Safety shoes & protective	e clothing		Union dues			Cost of	Home			Taxes			
Separate Maintenance			Other			Cost of	Improvements			Insurance			
Educational – deductions	s/credits -	Explain	- fe	es paid		Sq. foots	age of living area			Rubbish & Maintenar	nce	i	
			- tv	uition paid		Sq. foota	age of office area			Other			
INVESTMENT: Supplies		Publications	Dues Sa	afe deposit l	box	Sq. foota	age business storage)		If Renting, Rent Paid			
Casualty Lo	sses						INESS EQUIPMEN	T & FURNITURI	E (give inform	nation outlined below o	on items pu	rchased the	past year)
LOSS	Date I	Date Claim Coquired Filed?	X' If not Fair Market Value Covered Before loss After loss	Insurance Amount Pa	ce Paid Remarks	Date Item							
Auto Accidents				<u></u>		Amount							
Fire				 		▶ EXP	PLANATIONS						
Theft				 									
Storm Vandalism					-								****
Other													

Moving Expense					9	Scn	eaules	tor Bu	JSINESS S	situations		10
If you moved your residence because o the cost of the move may be deductible Keep all receipts necessary to substant	a. The information	i delow is nece	ment or because essary to determine	you chang ne the amo	ed employers, unt allowable.				Expense (property.			
Date of move/	Arrival at new l	ocation	<i></i> .		: 	Enter bel expenses enclose i	ow, for each re paid, and the nformation. Us	ntal property y cost of equip e correspondir	rou own and actively ment and improven ng number for each	participate in manage ents in the past year rental property	gement decisions, the tota r. If property was acquire	l amount received, d or sold this year,
Distance of former residence to new bu	siness location				miles	>			OF PROPERTY		% Ownership	%Personal Use
Distance of former residence to former	business location				miles	Rent	al No. 1—					
						Rent	al No. 2					
Date new employment began/_		yed at this loc	auon?II NO			Rent	al No. 3					
Transportation of family:	AMOUNT				MOUNT	Rent	al No. 4			· · · · · · · · · · · · · · · · · · ·		<u> </u>
Fares—Train, Bus, Air Travel		Cost of ic	dging en route				Rental Nui		1	2	3	4
Auto expense or mileage (actual)							Rents rece					
Cost of moving furniture and personal						P		(If you reside	on property, do no	t include expenses	that apply to your reside	ence)
•							ortising & Travel (Use	Cahad Da 10)				
Other expenses							ning & mainte				 	
							missions	nance				
Amount reimbursed by employer (inclu	ded on W-2?	Yes 🗅 No)					lening & trash				-	
Child and Depende	ent Care	Credit		: 1		l ——	electric					
If had asmanage for core of one	or more qualifying	individuals (u	nder age 13) to e	nable vou	to be gainfully	Insur	ance '		· .			
ampleused or colf ampleyed you may be	e entitled to a tay o	redit It navme	nt was made to an	i individual i	who performed	Inter	est to institution	ons				
services in your home, have appropriat	te tax returns on w	rages for service	ces in the nome of	een filed?		and the same of the same	& Other Pro	. Fees				
☐ Yes ☐ No If "Yes," enter employ	er's identification	number here.	<u> </u>			Othe	r interest paid					
Name of qualifying children or individu	als Bi	rthdate	Relationship	Period in y Months	our household Days	Mana	agement fees		***************************************			
						Repa	uirs					
						Plum	bing					
						Elect	rical					
						Pain			1444			
							lies & replace	ments				·
					-		s - property					
							s - other (expla	in on pg. 15)			<u> </u>	
Individual(s) or organization(s) to whor	m child care exper	ses were paid	. Enter information	n below:		1	hone				 	
	Social Security		From	To	Amount	Wate	es & salaries	4				
Name and Address	or Employer ID#	Relationship	Month-Day M	Ionth-Day	Allount	- Train		ES OE ELIDM	ITIDE CAHOME	MT & DDODEDTY II	MPROVEMENTS (enci-	oca contracts)
						Date	Rental No.	LO OF FORM		tion of Purchase	MPHOYEMENIS (BIICH	Amount
						1	Tiorital 140.		Descrip	doll of the discussion		Amount
		 				╂──						
		-			****	11	1					
		-				1						
Rec'd tax-free reimbursement under e	mployer-provided	child care prod	gram? If Yes (H	low much?	Page 15) 🗆 No	1			***************************************			
Earned Income Cr												
lineame below a cortain level s	ivilleun e aved hae	na child who lit	ved in vour home i	in the U.S. 1	this vear. To det							
the credit you must file a tax return, e	even if you do not o	we any tax or y	ou did not earn en	ough mone	y to file a return.	(IF YOU	USE SPACE	IN YOUR HO	ME THAT QUALIF	IES FOR BUSINES	SS USE) — use schedu	ile on Page 8.

Self-Emplo	ved Inc	ome and Ex	pense (Schedule C) 11	Self-Employed Expe	INSES – Continue	d	1:
Skip this section if you are in	not self-employed. July own and have	e income and expense from hobby, such an activity is pequate records and be able	m a business o	r sideline. Own	nership □H □W □J	Check the box that describes your investr Any change determining quantities or value Did you "materially participate" in the opera Do you have losses, credits, deductions, in	ations in opening and cloation of this business du	osing inventory? ring the past year?	☐ Yes ☐ No
➤ Business name	···					► AUTOMOBILE EXPENSES (AIRPLAN			
Business address						Answer as completely as possible	VEHICLE #1	VEHICLE #2	VEHICLE #3
		Dr.	oduct			Make & Type of Vehicle			
Principal activity						Model Year			
When purchased?	Still Own	? Employee	iD No.			Date Purchased (leased)	//	//	
► INCOME—Cash re	eceipts	▶ C0	OST OF SALES	Merchandis	e	Date sold if sold this year		_ / /	
Returns and refun		Co	st of items for p	ersonal use		Purchase price	\$	\$	\$
Uncollectible bad		Me	rchandise inver	ntory start of ye	ear	Sales price Auto Expenses (detail all expenses for full	Voar per vehicle for tote	at miles driven) 🗆 Chack	if you use mileage les
		Me	rchandise inve	ntory end of ye	ar	(a) Fuel/oil/lubrication/etc.	\$	g miles driveri) — Crieck	t you use mileage log
Method of invento						(b) Repairs/tune-ups	\$	\$	\$
Indicate method of		1)		EXPENSES	Amount	(c) Insurance	\$	\$	\$
EXPENSES	Amount	EXPENSES	Amount		Amount	(d) Tires/batteries/accessories	\$	\$	\$
Accounting & Legal		Insurance		Supplies—		(e) Licenses/registration	\$	\$	\$
Advertising		Insurance/Health Plan		Taxes — pa	yroll	(f) Lease payments	\$	\$	\$
Bad Debts		Interest — Mortgage		— sales		(g) Sales tax on purchase price if purchased this year	s	\$	\$
Bank Charges		- Other interest		— bus. prop	perty	(h) Interest payments on auto this year	\$	\$	\$
Business credit card syc. charges		Janitorial		— other		Lender name (i) Tolls/parking fees (business use only)	\$	\$	\$
Commissions		Laundry		Telephone -	- bus.	(i) Washing/waxing	\$	\$	\$
	+	Licenses		Temporary I	Help	Mileage at end of the year	- 4	Ψ	Ψ
Delivery & Freight	 	Office Expense		Meals & Ent. Detail on page !		Less Mileage at beginning of year	() () (
Dues & Subscr.		Outside Services	<u> </u>	Travel		Total Miles driven during the year			
Educational	 		 	Detail on page I	8	Miles driven for self-employed business purpos	es		
Equipment Leasing		Rent — Property				For Farm business purposes (Sch. F, Pg. 13)			
Auto Leasing		Repairs & Maint.		Wages — g	ross	For Rental business purposes (Sch. E, Pg. 10)			<u>.</u>
Fax Service		Other		Other		For Employee Bus. Expense purposes (Pg. 8)			
► BUSINESS USE	OF HOME (may	qualify if a principal place of	of business) Pers	onal computer a	at home? 🗀 Yes 🗀 No	How many miles driven for commuting purposes	<u>?</u>		
(IF YOU USE SPACE	E IN YOUR HO	ME THAT QUALIFIES FO	R BUSINESS L	JSE) — use so	chedule on Page 8.	There than y shilles differ for percental dec.			
► BUSINESS FOU	IPMENT & FUF	RNITURE (enclose contrac	ts on items pur	chased the pas	st year)	Retirement Plan Information If you made contributions to a qualified retirement		v be entitled to the deduction	as a self-employed person
Date		Description of Purchase			Amount	or as an individual in a qualified retirement saving of plan, past year's activity, status of account at a linclude information on employees covered, if an deduction is subject to some restrictions.	end of year, and other pertir	ent information, so that pro-	per schedules may be file
						Total amount contributed for the past year on you		person	
						Total amount contributed for the past year on ber Total amount you contributed for the past year to		avings program	
						Total amount your spouse contributed for the past year to			
						Total amount of distribution, if any, received during Are you or your spouse an active participant in a			
						□ Pension □ Profit Sharing □ S □ Did you or your spouse receive any lump sum dis □ Poid you or your spouse receive any lump sum dis □ Yes □ No (explain on page 15 □ Did you convert any existing IRAs to a Roth IRA ■ Were any Roth IRA contributions made or planne is an IRA planned for nonworking spouse? □ Y	Siock Bonus	Simple 401K ng or Pension Plan?	

railli Name and	Address					investment credit, and self-employed retirement or Trust. Enclose your copies of returns or other	er data.	isinp, conti ventore,	o oorporalic	n, Lou
Ownership			Employer ID No.					SHOLOVED ID I	44401	11.17
FARM INCOME	- CASH RECEI	TS > Sales of pu	rchased livestock an	d other items purcha	ased for resale.	NAME AND ADDRESS	TYPE OF ACTIVITY	EMPLOYER ID#	AMOU	IN I
DESC	RIPTION	DATE ACQ. AMOU	NT REC'D COS		terially participate"					
Livestock:				in this busine	ess this year?			,		
					act pre-productive					
				period expen	ises?					,
Other:					tment in this activity					
				☐ All at risk	☐ Some not at risk	IT IS IMPORTANT THAT YOU ENCLOSE ALL	VOLID K 1/2 FOR OUR DE	7/15/4/		
Sales of mai	rket livestock and	produce raised and	held primarily for sal	9			TOUR K-13 FOR OUR RE	AIEAA		
KIND	AMOUNT	KIND	AMOUNT	KIND	AMOUNT	Final Check List				
Calves		Fruits		Soybeans		1. Your completed Tax Organizer (includi	ng signature)			
Cattle		Hay		Straw		The front name & address label page	of the tax forms & envelopes	s received from the	IRS, state or	r city.
Com	1	Nuts		Swine		3. All W-2 forms.	,			-
Cotton		Other grains		Tobacco		 Estimated (ES) Tax forms and mailing Copies of returns for partnerships, join 	envelopes. t ventures S comorations F	Estates or Trusts		
Dairy Products		Poultry		Vegetables		All 1099 forms indicating Dividend, Interest	erest, Pension & IRA income) .		
Eggs		Sheep		Wool		7. Buy and sell statements to cover stock	sales, real estate transaction	ons and installment	sales.	
OTHER FARM	NCOME	Amount	OTHER FARM I	NCOME	Amount	 Copies of sales contracts to determine Trustee reports showing IRA values or 				
Agricultural prog	ram payments		Gasoline tax refu	ind		10. If you are a new client, provide copies	of last vear's tax returns.	•		
in cash			Custom hire (ma	chine work)		11. Check if you wish to designate \$3 on t	his year's taxes to the President	dential Campaign Fo	und.	
-in material & s	services		Merchandise rec	eived for produce		12. If joint return, your spouse wishes to d	esignate \$3. This will not inc	crease your tax or re	educe your re	efund.
CCC loans repo	4 - 4									
	nea		Crop insurance	proceeds		13. Note State check-offs below and dedu	ctions allowed by your state	not listed in this boo	ok.	
CCC loans forfe			Crop insurance p	proceeds		13. U Note State check-offs below and dedu	ctions allowed by your state	not listed in this boo	ok.	
CCC loans forfe	ited	sement-Do not includ	Other		luction of farm income.					
CCC loans forfe	ited	sement—Do not includ	Other		luction of farm income.	Questionnaire If you answere	ed Yes to any of the question	ns below, explain on	page 15.	
CCC loans forfer FARM EXPENS	ited ES — Cash disburs		Other de personal expense n			Questionnaire If you answerd 1. Were you notified by the IRS or STATE of	ed Yes to any of the question	ns below, explain on	page 15.	
CCC loans forfer FARM EXPENS ITEMS	ited ES — Cash disburs unting fees		Other de personal expense n	ot attributable to prod		Questionnaire If you answerd 1. Were you notified by the IRS or STATE of 2. Were you audited during the past year? (B	ed Yes to any of the question any change to any prior yea Enclose results.)	ns below, explain on ar tax return?	page 15.	□ N
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CCC loans forfer FARM EXPENS ITEMS Attorney & accord Auto & truck (use	ited ES — Cash disburs unting fees a Schedule, Pg. 12)		Other le personal expense n ITEMS Machine hire Meals for employ	ot attributable to prod /ees - postage		1. Were you notified by the IRS or STATE of 2. Were you audited during the past year? (8 3. Did you or your spouse make any gifts of 4. Did you perform volunteer service away from 5. Did you own a mobile home or boat that no	and Yes to any of the question any change to any prior yea Enclose results.) over \$12,000 to any individu om home on behalf of chariti nay qualify for second home	ns below, explain on ar tax return? ual? ties?	page 15. Yes Yes Yes Yes Yes Yes	
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