

# Barton - Ross

## A Financial Services Firm

### Tax · Investments · Insurance

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## 2023 Income Tax Checklist

Our website is [www.barton-ross.com](http://www.barton-ross.com). On the website you can find a map and directions to your local office, make a referral, and find other helpful resources.

It is important that you fully complete this checklist (even if it seems redundant) to ensure proper filing of your returns while minimizing your income tax liability.

**PLEASE COMPLETE THE FOLLOWING AS THEY SHOULD APPEAR ON YOUR TAX RETURN:**

All names must be listed **EXACTLY** as shown on Social Security Cards

Name: \_\_\_\_\_ Occ: \_\_\_\_\_ Birth Date: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
 Spouse: \_\_\_\_\_ Occ: \_\_\_\_\_ Birth Date: \_\_\_\_\_ S.S.#: \_\_\_\_\_  
 Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Home Tel.: \_\_\_\_\_ Office Tel.: \_\_\_\_\_ Mobile Tel.: \_\_\_\_\_  
 # 1 E-mail: \_\_\_\_\_ Spouse O T: \_\_\_\_\_ Spouse M T: \_\_\_\_\_  
 Additional E-mail: \_\_\_\_\_ Additional E-mail: \_\_\_\_\_

**(PLEASE HIGHLIGHT ANY CHANGES ONLY COMPLETE IF NOT PREVIOUSLY PROVIDED)**

Dependents Name:	Birth Date	S.S. #	Relation	Months @ Home	F/T Student
_____	_____	_____	_____	_____	Y ___ N ___
_____	_____	_____	_____	_____	Y ___ N ___
_____	_____	_____	_____	_____	Y ___ N ___
_____	_____	_____	_____	_____	Y ___ N ___

(YOU MUST HAVE SOCIAL SECURITY NUMBERS FOR **ALL** DEPENDENTS & HAVE PROVIDED OVER 50% SUPPORT)

**BRING THE FOLLOWING ITEMS TO YOUR APPOINTMENT**

- A copy of your 2022 tax return, if not prepared by this office.
- Form(s) W-2 (wages, etc.), 1099 (interest, dividends, etc.), 1099K.
- Form(s) 1099B/1099DIV listing all stock, bond, or investment transactions.
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 mortgage interest and property tax statements.
- Closing statements pertaining to real estate transactions (Escrow Closing Summary).
- Form 1095-A, 1095-B, or 1095-C verifying health insurance coverage.
- All other supporting documents (schedules, checkbooks, etc.).
- Any tax notices received from the IRS or other taxing authorities.

**ALL TAXPAYERS PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Yes   No

- Did you receive any inheritances during 2023 or will you in 2024?
- Did you make any gifts to individuals of more than \$17,000.00?
- Did you make any purchases in which you did not pay any sales tax? If yes, enter amount. \_\_\_\_\_
- Did you receive any money from an installment sale? If yes, provide loan terms.
- Did you have any children under age 19 or full time students under age 24 at the end of 2023, with interest and dividend income in excess of \$1,250, or total investment income in excess of \$2,500?
- Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If yes, provide escrow closing summary statement.
- Did you pay any property taxes? If so, please provide a copy of ALL property tax bills.
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If yes, provide receipts.
- Did you purchase a new or used vehicle or boat for which you paid sales tax? If yes, provide receipt(s) verifying sales tax paid.
- Did you have any debts cancelled or forgiven?
- Did you receive a distribution from a retirement plan (401 (k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you make a contribution to a retirement plan (401 (k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- Did you transfer or rollover any amount from one retirement plan to another retirement plan?
- Did you convert part or all of your Traditional SEP, or SIMPLE IRA to a Roth IRA?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? If yes, provide account details.
- If you are filing a Schedule C, "Profit or Loss from Business" or a Schedule E, "Supplemental Income and Loss from Rental Real Estate", did you make any payments in '23 that would require you to file form(s) 1099?
- If you answered yes to the previous question, did you or will you file the required forms 1099?
- Were you notified or audited either by the Internal Revenue Service or the State taxing agency?
- Did you move in 2023? If yes, please provide date of move \_\_\_\_\_
- Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? If so, please provide all statement(s) associated with any transactions.

**MINISTERS PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Yes   No

- Do you live in a parsonage?
- Do you own your primary residence?
- Have you filed a form 4361 to withdraw from Social Security?
- Does your employer reimburse your out of pocket ministry expenses?
- Do you participate in an employer sponsored retirement plan?

## **AFFORDABLE CARE ACT (ACA)**

The federal penalty for failure to comply with the ACA was eliminated in 2019. However, any taxpayer that received financial assistance through a government health insurance exchange must still include the 1095-A (Health Insurance Marketplace Statement) figures on their personal tax return.

Did you or anyone in your household purchase health insurance through Covered California or any other government exchange? Yes  If Yes, please provide form 1095-A.

If you or anyone in your household purchased health insurance through Covered California please provide form 3895.

**Taxpayers can view their online account** . . . allowing them to access the latest information available about their federal tax account and most recently filed tax return through a secure and convenient tool on IRS.gov. This can help taxpayers if they need information from last year's return.

In the coming weeks, individuals with an account on IRS.gov/account will be able to view the latest information available about their federal tax account.

Visit "Secure Access: How to Register for Certain Online Self-Help Tools\*" for more information about how to create an account or how to reset the username or password.

\*(<https://www.irs.gov/individuals/secure-access-how-to-register-for-certain-online-self-help-tools>)

<u>Income</u>	<u>Provide</u>
Wages Received	W-2
Pension and Annuity Income	1099-R
State Tax Refund	1099-G
Unemployment Benefits	1099-G
Social Security Benefits	SSA-1099
Distributions from 529/ESA	1099-Q
Partnership Income	K-1
Health Savings Accounts (HSA) or Medical Savings Accounts (MSA)	1099-SA

	<u>Self</u>	<u>Spouse</u>
Alimony Received	_____	_____
Prize/Lottery Winnings	_____	_____
Disability Benefits	_____	_____

**Sales of Stocks, Bonds, Mutual Funds & Real Estate**

Provide all Purchase and Sales documents: 1099B & Cost Basis Statements. Provide detail on stocks or other investments which became "worthless" during the year. **Complete the following ONLY for accounts for which you did not receive a 1099 which provided cost basis.**

Description of Property	Date Acquired	Date Sold	Selling Price	Purchase Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PENSIONS:** Are you or your spouse a participant in a pension plan through your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

	<u>Personal Contributions</u>		<u>Value of Combined Accounts</u>	
	Self For 2023	Spouse For 2023	Self 12/31/2023	Spouse 12/31/2023
IRA	_____	_____	_____	_____
ROTH IRA	_____	_____	_____	_____
403(b)/TSA	_____	_____	_____	_____
Keogh-SEP IRA	_____	_____	_____	_____

**Health Savings Account (HSA): Personal Contribution for 2023:** \_\_\_\_\_

**Medical Savings Account (MSA): Personal Contribution For 2023:** \_\_\_\_\_

**Estimated Tax Payments:**

	Federal	State	City/County	Date Paid
2022 over payment applied to 2023	_____	_____	_____	_____
Estimated Payment #1 (4/18/2023)	_____	_____	_____	_____
Estimated Payment #2 (6/15/2023)	_____	_____	_____	_____
Estimated Payment #3 (9/15/2023)	_____	_____	_____	_____
Estimated Payment #4 (1/16/2024)	_____	_____	_____	_____

**For CA Residents, Renter's Credit Information**

Did you rent for at least 6 months during the year of 2023?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Non-CA State Information**

County of Residence: \_\_\_\_\_  
School District: \_\_\_\_\_ # \_\_\_\_\_

**Interest Income**

(Credit Unions, Banks, and Tax Exempt)  
**PROVIDE ALL 1099s Complete the following ONLY for accounts for which you did not receive a 1099:**  
\_\_\_\_\_  
\_\_\_\_\_

**Dividend Income**

(Stocks, Bonds, and Mutual Funds, Municipal Bond Funds)  
**PROVIDE ALL 1099s.**

## MINISTER'S INCOME AND BUSINESS EXPENSES ONLY

### MINISTER'S ACTUAL HOUSING EXPENSES:

Rent or Mortgage Payments	_____
Prop. Taxes (paid separately)	_____
Insurance (paid separately)	_____
Homeowner's Association Fees	_____
Electric/Gas/Trash/Water/Cable	_____
Gardening/Pool Service	_____
Decorations & Furnishings	_____
Appliances	_____
Maintenance & Repairs	_____
Cleaning Supplies	_____
Telephone (base rate x 12)	_____
Yard Supplies	_____
Other _____	_____
Other _____	_____
<b>TOTAL HOUSING EXPENSES</b>	_____

### MINISTER'S INCOME (List all Ministerial Income)

	Self	Spouse
Taxable Wages (W-2, Box 1)	_____	_____
Housing Allowance (W-2, Box 14)	_____	_____
Utilities (paid by church)	_____	_____
Social Security Allowance (Only if not included in taxable wages)	_____	_____
Auto Allowance <sup>1</sup>	_____	_____
Auto Reimbursement <sup>2</sup>	_____	_____
Expense Allowance <sup>3</sup>	_____	_____
Expense Reimbursement <sup>4</sup>	_____	_____
<b>TOTAL COMPENSATION</b>	_____	_____
<b>RECEIVED FROM CHURCH</b>		
Honoraria	_____	_____
Fair Rental Value of Parsonage:	_____	_____
Fair Rental Value of Residence (that you own):	_____	_____

<sup>1</sup> Defined as funds paid "up front" by your employer to cover automobile expenses.

Has your employer included the auto allowance as a part of your taxable wages;

is it included on the W-2 in Box 1? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

<sup>2</sup> Defined as funds reimbursed by your employer after providing mileage logs or receipts.

<sup>3</sup> Defined as funds paid "up front" by your employer to cover professional out-of-pocket expenses.

Has your employer included the professional expense allowance as a part of your taxable wages;

is it included on the W-2 in Box 1? \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

<sup>4</sup> Defined as funds reimbursed by your employer after providing professional related receipts.

### PROFESSIONAL EXPENSES FOR MINISTERS ONLY (Both self-employed and employees)

	Self	Spouse	
Professional Dues	_____	_____	Did you refinance your home or take out an equity loan since 1991? Yes _____ No _____
Clergy Garments & Robes	_____	_____	If yes, how much of your new loan was <b>not</b> used for home improvements? _____
Cleaning Clergy Garments	_____	_____	New Loan Amount? _____
Legal & Professional fees	_____	_____	
Office Expenses	_____	_____	
Postage	_____	_____	Complete the following if you entered the ministry within the last 7 years (unless previously provided).
Printing	_____	_____	Current Value of your Professional Library _____
Office Rent	_____	_____	Current Value of your Professional Equipment _____
Repairs	_____	_____	
Supplies, Tapes, CDs, Software	_____	_____	
Telephone (Bus. Long Distance)	_____	_____	
Cellular Phone (Bus. Use Only)	_____	_____	
Travel Fares & Lodging	_____	_____	
Travel Meals & Entertainment	_____	_____	
Books & Subscriptions	_____	_____	
Conferences & Education	_____	_____	
Professional Gifts	_____	_____	
Other _____	_____	_____	

#### **Professional Equip. & Furnishing over \$500**

ITEM	COST	DATE
_____	_____	_____
_____	_____	_____

**SELF-EMPLOYED INCOME AND EXPENSES (MINISTER'S SEE OTHER PAGE)**

(IF YOU ARE AN EMPLOYEE WITH UNREIMBURSED BUSINESS EXPENSES, ITEMIZE BELOW UNDER OTHER PROFESSIONAL EXPENSES)

Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Business Tax ID # \_\_\_\_\_

Type of Business \_\_\_\_\_  
 City, State, & Zip \_\_\_\_\_

**INCOME**

	Self	Spouse
Gross Income	_____	_____
Other Fees Collected	_____	_____
Returns and Allowance	_____	_____

**BUSINESS USE OF HOME**

(Only if claiming the home office deduction)

Total Square Footage of Home	_____
Square Footage of Business Area	_____
Total Hours used as Daycare Center	_____
Rent Paid	_____
Insurance	_____
Repair and Maintenance	_____
Utilities	_____
Other	_____
Other	_____

**INVENTORY AND COST OF GOODS SOLD**

Inventory on hand as of 12/31/2022	_____
Cost of goods purchased in 2023	_____
Amount withdrawn for personal use	_____
Inventory on hand as of 12/31/2023	_____

**OTHER PROFESSIONAL EXPENSES**

(**DO NOT** complete the following section if this information has already been generated in Quickbooks or similar accounting. Instead, provide Profit & Loss statement and Balance Sheet.)

	Self	Spouse		Self	Spouse
Accounting	_____	_____	Office Rent	_____	_____
Advertising	_____	_____	Repairs	_____	_____
Bank Charges	_____	_____	Supplies	_____	_____
Dues and Subscriptions	_____	_____	Employer Payroll Taxes	_____	_____
Employee Health Insurance	_____	_____	Business License/Tax	_____	_____
Business Interest	_____	_____	Telephone and Pager	_____	_____
Laundry & Cleaning	_____	_____	Tools	_____	_____
Legal and Professional Fees	_____	_____	Travel Fares & Lodging	_____	_____
Office Expense	_____	_____	Entertainment/Travel	_____	_____
Outside Services	_____	_____	Meals	_____	_____
Postage	_____	_____	Utilities	_____	_____
Printing	_____	_____	Wages	_____	_____
Software	_____	_____	Other	_____	_____
			Other	_____	_____

**CAPITAL EXPENDITURES**

Professional equipment, furnishings, etc., purchased in 2023 over \$500.00

Item	Cost	Date Purchased
_____	_____	_____
_____	_____	_____

## **AUTOMOBILE EXPENSES**

**BUSINESS AUTOMOBILE:**

	Auto #1	Auto #2	Auto #3
Primary Driver <sup>1</sup>	_____	_____	_____
Make & Year	_____	_____	_____
Purchase Price <sup>2</sup>	_____	_____	_____
Date of Purchase <sup>2</sup>	_____	_____	_____
Date of Sale	_____	_____	_____
Total Mileage <sup>3</sup>	_____	_____	_____
Business Mileage <sup>4</sup>	_____	_____	_____
Reimbursed? Yes/No <sup>5</sup>	_____	_____	_____
Round Trip Commute <sup>6</sup>	_____	_____	_____
Total Commuting <sup>7</sup>	_____	_____	_____
Parking & Tolls	_____	_____	_____

**STOP HERE** If you wish to claim the 2023 standard mileage deduction (65.5 cents/mile). Provide the following **ONLY** if you wish to calculate your automobile deduction based on actual vehicle operating expenses.

Gas, Oil, & Wash	_____	_____	_____
Repairs & Maintenance	_____	_____	_____
Insurance & Auto Club	_____	_____	_____
License - Reg. Portion	_____	_____	_____
License - Tax Portion	_____	_____	_____
Interest paid on loan	_____	_____	_____
LEASE Payments	_____	_____	_____

**PLEASE ANSWER THE FOLLOWING AS THEY APPLY TO THE YEAR 2024**

	Self	Spouse
Wages & Salaries	_____	_____
Pensions/Retirement Accounts	_____	_____
Minister's Housing Allowance	_____	_____
Interest & Dividends	_____	_____
Potential Capital Gains (or Losses)	_____	_____
Social Security Benefits	_____	_____
Other Income	_____	_____
Professional Expenses (Unreimbursed)	_____	_____
Projected Housing Expenses	_____	_____
IRA Contributions	_____	_____
TSA / 403(b) Contributions	_____	_____
Charitable Contributions	_____	_____

Will the number of dependents change? \_\_\_\_\_

Will there be a change in the amount of tax withheld? \_\_\_\_\_

**GENERAL NOTES AND QUESTIONS**

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WERE YOU REIMBURSED FOR ANY OF YOUR AUTOMOBILE EXPENSES BY YOUR EMPLOYER?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes how much? \_\_\_\_\_

I HAVE ADEQUATE WRITTEN RECORDS TO JUSTIFY THESE DEDUCTIONS.

Yes \_\_\_\_\_ No \_\_\_\_\_

Please Initial \_\_\_\_\_

<sup>1</sup> Taxpayer for whom deductible vehicle information applies

<sup>2</sup> Only complete if not previously provided.

<sup>3</sup> Total of all miles driven for all purposes.

<sup>4</sup> Total number of business miles driven throughout the year.

<sup>5</sup> Were any of the miles listed reimbursed by the employer

<sup>6</sup> Total miles of one roundtrip daily commute to and from the office.

<sup>7</sup> Total of all commuting miles to and from the office for the full year.

**FOR OFFICE USE ONLY:**

Total Housing Costs	_____
Total Compensation	_____
Percent Housing	_____
Total Bus. Expense	_____
Section 265 Adj.	_____

**ADDITIONAL INFORMATION RELATED TO 2024 PROJECTED INCOME & EXPENSES**

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**RENTAL PROPERTY AND ROYALTIES**

Kind and Location of Property	# of Days Used as	
	Rental	Personal
#1 _____	_____	_____
#2 _____	_____	_____

**Gross Income** \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_

**Expenses (DO NOT include Capital Improvements):**

Advertising	_____	_____
Association Dues	_____	_____
Auto (# of miles)	_____	_____
Travel Expenses	_____	_____
Cleaning & Maintenance	_____	_____
Commissions	_____	_____
Gardening and Landscaping	_____	_____
Insurance	_____	_____
Legal & Professional	_____	_____
Licenses & permits	_____	_____
Management Fees	_____	_____
Bank Mortgage Interest	_____	_____
Non-Bank Interest	_____	_____
Painting & Decorating	_____	_____
Pest Control	_____	_____
Plumbing & Electrical	_____	_____
Repairs	_____	_____
Supplies & Misc. Expense	_____	_____
Real Estate Taxes	_____	_____
Telephone	_____	_____
Utilities	_____	_____
Wages	_____	_____
Other _____	_____	_____
Other _____	_____	_____

**2023 Capital Improvements:** Provide detailed listing of each capital improvement including the date of each expenditure. (A capital expenditure represents any permanent improvement to the property which: 1) Has a useable life of greater than one year and 2) Increases the value of the property.)

**ADOPTION EXPENSES**

Child's Name	_____
Date Adoption Finalized	_____
Fees paid to Dept. of Social Services	_____
Travel Expenses	_____
Unreimbursed Medical Expenses	_____
Attorney Fees	_____
Other Adoption related expenses	_____
Special Needs Child	Yes _____ No _____

**MOVING EXPENSES (State Deduction Only)**

(Only if claiming a moving deduction. Move must exceed 50 miles.)

Date of Move: \_\_\_\_\_  
 Distance from former home to new job: \_\_\_\_\_  
 Distance from former home to former job: \_\_\_\_\_  
 Cost of moving furnishings and personal effects \_\_\_\_\_  
 Travel and Lodging (no meals): \_\_\_\_\_

**SALE OF RESIDENCE:**

Original Cost of Residence Sold \_\_\_\_\_  
 Total Sum of Permanent Improvements while owned \_\_\_\_\_  
 Date Purchased \_\_\_\_\_  
 Date Sold \_\_\_\_\_  
 Did you reside in this home 2 of the previous 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

PROVIDE ALL ESCROW PAPERS RELATED TO THE PURCHASE OF THE HOME YOU SOLD, AND THE PURCHASE OF THE NEW HOME.

**COLLEGE TUITION AND LOAN INTEREST PAID (Provide Form 1098-T)**

1. Tuition and Fees Paid \_\_\_\_\_  
 Student's Name \_\_\_\_\_  
 Undergrad \_\_\_\_\_ Post Grad \_\_\_\_\_

2. Tuition and Fees Paid \_\_\_\_\_  
 Student's Name \_\_\_\_\_  
 Undergrad \_\_\_\_\_ Post Grad \_\_\_\_\_

**(Provide Form 1098-E)**

Loan incurred on behalf of \_\_\_\_\_  
 Interest Paid in 2023 \_\_\_\_\_

**ALIMONY PAID:**

Amount Paid \_\_\_\_\_  
 To Whom Paid \_\_\_\_\_  
 Social Sec. # \_\_\_\_\_



## DEDUCTIONS AND CREDITS

### INTEREST (Provide 1098 Forms)

Mortgage Interest Paid to Financial Institutions for Residence and Second Home \_\_\_\_\_  
Mortgage Int. Paid to Individuals \_\_\_\_\_  
(List name, S.S. # and address)  
\_\_\_\_\_  
\_\_\_\_\_  
Points Paid on New Home Loan \_\_\_\_\_  
Home Equity Line of Credit \_\_\_\_\_  
Investment Property \_\_\_\_\_  
Qualified Mortgage Ins. Premiums \_\_\_\_\_

### CHILD AND DEPENDENT CARE EXPENSES:

Employer Childcare Assistance \_\_\_\_\_  
Dependent Child \_\_\_\_\_  
Provider's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Federal Tax I.D. #: \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Amount \_\_\_\_\_  
\_\_\_\_\_  
Dependent Child \_\_\_\_\_  
Provider's Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Federal Tax I.D. #: \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Amount \_\_\_\_\_

### FOR DIRECT DEPOSIT OF REFUNDS

Unchanged Information: Yes \_\_\_\_\_ No \_\_\_\_\_

#### **If new or changed information please provide**

Name of Bank \_\_\_\_\_  
Bank Routing # \_\_\_\_\_  
Bank Account # \_\_\_\_\_  
Type of Account checking \_\_\_\_\_ savings \_\_\_\_\_

### **PROVIDE VOIDED CHECK**

**TAXPAYER ACKNOWLEDGEMENT:** I certify that the income and expenses information recorded on this checklist are true and accurate to the best of my knowledge, and that I have satisfactory records and documentation to support it.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

### MEDICAL

Prescription Medicines \_\_\_\_\_  
Doctors, Dentists, & Nurses \_\_\_\_\_  
Hospitals and Clinics \_\_\_\_\_  
Non Deducted Medical Ins. Prem. \_\_\_\_\_  
Long Term Care Premiums \_\_\_\_\_  
Insurance Reimbursements \_\_\_\_\_  
Medical Travel (# of miles) \_\_\_\_\_  
Other Medical (dentures, glasses, etc) \_\_\_\_\_  
*Combined medical expenses must exceed 7.5% of your adjusted gross income (AGI) to become deductible.*

### TAXES (IRS Maximum Deduction - \$10,000)

Real Estate Property Taxes \_\_\_\_\_  
Auto License Tax \_\_\_\_\_  
Personal Property Tax on boats, trailers, etc. \_\_\_\_\_  
Income Tax Paid to Other States \_\_\_\_\_  
State Tax Paid Prior Years \_\_\_\_\_  
Real Estate Property Taxes on non rental investment property \_\_\_\_\_  
Sales Tax: Vehicles, Boats, & RV's \_\_\_\_\_  
State Sales Tax Rate \_\_\_\_\_

### MISCELLANEOUS (No IRS Deduction. Possible State Deduction)

Tax Preparation & Consultation Fees \_\_\_\_\_  
Union Dues \_\_\_\_\_  
Safe Deposit Box \_\_\_\_\_  
Gambling or Lottery Losses \_\_\_\_\_  
(list only to the extent of winnings)

### CONTRIBUTIONS

(Provide 1098C for donated cars, etc.. You must have receipts for all contributions. Exclude contributions made in cash.)

Charitable Miles (# of miles) \_\_\_\_\_  
Churches \_\_\_\_\_  
Charitable Organizations \_\_\_\_\_  
Out of Pocket Expenses while performing Charitable Service \_\_\_\_\_  
Non-Cash Contributions<sup>1</sup> \_\_\_\_\_  
Contributions made from an IRA \_\_\_\_\_

<sup>1</sup> If your total NON-CASH contributions exceed \$500.00 attach a list showing TO WHOM DONATED, DATE PURCHASED, COST, DATE DONATED & PRESENT VALUE **FOR EACH ITEM DONATED**. Please provide copies of receipts. (For estimated valuation guide see [www.satruck.com](http://www.satruck.com))