



TAX DEDUCTION RECORDER ----- 2009

PERSONAL DATA:

YOUR NAME
S.S. NUMBER
BIRTHDATE
WORK PHONE
BLIND OR DISABLED

SPOUSE'S NAME
S.S. NUMBER
BIRTHDATE
WORK PHONE
BLIND OR DISABLED

ADDRESS
CITY, STATE, ZIP
HOME PHONE

FILING STATUS:

(circle only one)

SINGLE
HEAD OF HOUSEHOLD
JOINT
SEPARATED

DEPENDANTS:

Table with 4 columns: Name, S.S. Number, Birth Date, Relationship & % of Support

HEALTH INSURANCE INFORMATION:

WHO PROVIDES YOUR HEALTH INSURANCE?
IF SELF INSURED, HOW MUCH DID YOU PAY FOR HEALTH INSURANCE \$

PENSION / IRA INFORMATION:

DO YOU HAVE A PENSION PLAN AT WORK? YES / NO DOES YOUR SPOUSE? YES / NO
DID YOU CONVERT A REGULAR IRA TO A ROTH IRA? YES / NO DID YOUR SPOUSE? YES / NO
IF YES, PLEASE PROVIDE DOCUMENTATION.

REGULAR IRA CONTRIBUTION FOR YOURSELF \$ DATE PAID
REGULAR IRA CONTRIBUTION FOR YOUR SPOUSE \$ DATE PAID
ROTH IRA CONTRIBUTION FOR YOURSELF \$ DATE PAID
ROTH IRA CONTRIBUTION FOR YOUR SPOUSE \$ DATE PAID

ESTIMATED TAXES PAID :
OVERPAYMENT APPLIED FROM PRIOR YEAR
PAYMENT - APRIL 15TH
PAYMENT - JUNE 15TH
PAYMENT - SEPTEMBER 15TH
PAYMENT - JANUARY 15TH

Table with 2 columns: FEDERAL, STATE

<u>ORDINARY INCOME:</u>	<u>HUSBAND</u>	<u>WIFE</u>
Salaries & Wages (attach W-2 forms)	\$	\$
Interest Income for U.S. Treasury (attach 1099 forms)	\$	\$
Other Interest Income (attach 1099 forms)	\$	\$
Interest received on mortgage held (If from an individual, attach Name and S.S. number)	\$	\$
Dividend Income (attach 1099 forms)	\$	\$
Business Income (attach schedule of income and expenses)	\$	\$
Tips not reported on W-2 forms	\$	\$
Commissions and Bonuses not reported on W-2 Forms	\$	\$
Alimony Income (Not Child Support)	\$	\$
State Refund from prior tax return	\$	\$
Prizes & Awards	\$	\$
Gambling Winnings	\$	\$
Pension Income (attach W-2p forms)	\$	\$
Annuities	\$	\$
IRA / Keogh / Simple Plan Distributions	\$	\$
Partnerships, Estates, Trusts (attach K-1 forms)	\$	\$
Farm Income (attach details)	\$	\$
Rental Income (attach details)	\$	\$
Unemployment Compensation (attach 1099 form)	\$	\$
Social Security Benefits (attach SSA-1099 form)	\$	\$
Railroad Retirement Tier One (attach 1099 form)	\$	\$
Railroad Retirement Tier Two (attach 1099 form)	\$	\$
Other Income (attach details)	\$	\$
Other Income (attach details)	\$	\$

<u>CAPITAL GAINS INCOME:</u>	Purchase	Sale	Sale	Purchase
Description of transaction	Date	Date	Amount	Amount
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

TAX - FREE INCOME: List Below.....

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

<u>OTHER DEDUCTIONS:</u>	
TUITION PAID FOR SELF	\$
TUITION PAID FOR DEPENDENTS	\$
INTEREST PAID ON STUDENT LOAN	\$
MEDICAL SAVINGS ACCOUNTS	\$
HEALTH SAVINGS ACCOUNTS	\$
TEACHERS SUPPLIES DEDUCTION	\$
	\$

What level of education? _____

What level of education? _____

<u>BUSINESS DEDUCTIONS:</u>	
Advertising	\$
Car and Truck expenses	\$
Commissions and Fees	\$
Insurance	\$
Interest	\$
Professional Fees	\$
Office Expense	\$
Computer Expenses	\$
Rent Expense	\$
Repairs and Maintenance	\$
Supplies	\$
Licenses	\$
Taxes	\$
Travel	\$
Meals and Entertainment	\$
Utilities	\$
Telephone	\$
Cell Phone	\$
Internet Access	\$
Pagers	\$
Tolls and Parking	\$

Do you keep a Log _____.

Do you keep a Log _____.

<u>OFFICE IN HOME:</u>	
Square Feet of entire Home	_____
Square Feet of Business Part of Home	_____
Rent Paid	\$
Interest Paid	\$
Property Taxes Paid	\$
Insurance	\$
Repairs	\$
Maintenance	\$
Utilities	\$

<u>VEHICLE INFORMATION:</u>		<u>VEHICLE EXPENSES:</u>	
Total Mileage for all traveling	_____miles	INTEREST	\$
Business Mileage	_____miles	FUEL	\$
Date vehicle placed in service		INSURANCE	\$
Cost of vehicle	\$	REPAIRS	\$
Do you have another vehicle for personal use?	YES / NO	MAINTENANCE	\$
Do you have evidence to support your deduction?	YES / NO	PARKING	\$
Is this evidence in writing?	YES / NO	TOLLS	\$

<u>ITEMIZED DEDUCTIONS: (cont.)</u>	
DONATIONS - Cash**	\$
DONATIONS - Non-Cash less than \$ 500.	\$
DONATIONS - Non-Cash more than \$ 500.*	\$
DONATIONS - Out of Pocket Volunteering	\$
DONATIONS - Mileage***	_____ miles

Ask for a copy of the Charitable Donations Rules.

*Please give detail.

***Please give total miles and name of Charitable Organization.

MISCELLANEOUS ITEMIZED DEDUCTIONS-	
Tax Preparation	\$
Financial Planning Services	\$
Safe Deposit Box	\$
Union Dues	\$
Professional Dues	\$
Trade Journals	\$
Uniforms & Upkeep	\$
Job Hunting Expenses	\$
Business Telephone	\$
Education Expenses	\$
Investment Expenses	\$
Brokers Commissions	\$
Casualty & Theft Losses	\$
Employee Business Expenses -	
Vehicle expenses	\$
Tolls & parking	\$
Travel away from home	\$
Meals & Entertainment	\$
Supplies	\$
Office Expenses	\$
Office in Home Expenses	\$
Other - Explain	\$

DEPENDANT CARE EXPENSES:

NAME OF DEPENDANT _____

RELATIONSHIP _____

AMOUNTS \$

Name, Address, and I.D. Number of Organization providing Care: _____

IF YOU NEED FURTHER ASSISTANCE, PLEASE CALL US AT 410-825-5120 OR EMAIL US AT BRIANCHREST@MYCOMCAST.COM

THANK YOU FOR YOUR CONTINUED LOYALTY, IT IS VERY MUCH APPRECIATED!

<u>TAX CREDITS:</u>	
Foreign Tax Credits	\$
Adoption Credits	\$
Pension Start-Up Credit	\$
Solar/Geothermal Credit	\$
Electric Vehicle Credit	\$
Energy Efficient Home Credit	\$

Questions:

Did you Buy/Sell a Principal Residence? yes/no
Did you Buy a new Car? yes/no
Did you do any Home Improvements? yes/no

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