Record Sa	ver											
INCOME & DEPE	NDENTS											
	•											
DIVIDENDS (Brir	ng 1099s)			II	NTEREST (I	Bring 1099	s)		RENTAL PROPERY	RENTAL PROPERY		
Corp. Name	Amount	Corp. Name	Amount				Rec'd From	Amount		Amount		
				Г					Gross Income			
				Г					Expenses			
				Г					Advertising			
				Г					Auto - Travel			
				Г					Cleaning & Maint			
				_		_	-		•			
OTHER INCOME									Supplies			
Type of Income			Amount	Т	Type of Inco	me		Amount	Equip Rental			
Alimony				₫	Tips				Yard Work/Snow Removal			
Pensions & Annu	ities			F	Prizes & Awards				Commissions			
Royalities				F	Hobby				Insurance			
Estates & Trusts (S	Scholarships & Fellowships				Interest					
Jury Duty					State Tax Refund				Legal & Acctg.			
Social Security		S	S Corporatio	ns (Bring K	-1s)		Office Supplies					
Unemployment C			Misc.				Repairs = R Improvements = I					
Partnerships (Bring K-1s)				0	Gambling				Carpentry			
			_						Decorating/Painting			
GAINS & LOSSES FROM SALE OF PROPER				RTY	(Bring Purc	hase and	Sales Documei	nts)	Electrical			
			Date Bough	ht Date Sold Sales PridCost					Plumbing			
									Roofing			
									Furnace, A/C			
									Taxes			
									Utilities			
			•			-	-		Heat			
			DEPEN	IDEN	NTS				Water			
Name		Social Security #	Birthdate	If	If over 18, Student?		Relationship	# Months lived w/ You	Electricity			
				T					Telephone			
								1				
				一								
				T					Bring documents for the			
								1	purchase or sale of fixtures			
	List amount	e for each item and	kaan racaints	or c	ancolod che	ocks	Potain those re	corde	4 <u>1'</u>	•		

Tax Year

ADJUSTMENTS Traditional IRA Contribution Roth IRA Contribution Self Employed Health Ins. Keogh, SEP, and SIMPLE Corfield Interest Almony Paid Moving Expenses Medical Insurance Premiums Drugs & Medical Insurance Premiums Drugs & Medical Insurance Premiums Classes & Contact Lenses Classes & Contact Lenses Classes & Contact Lenses Contribution State Quartely Estimate St.Income Tax Bal. Pd. (C) Canceled Check or Receipt (C) Church (C) Canceled Check or Receipt (C) Canceled Check or Receipt (C) Church (C) Amount (Check Receipt (C) Church (Cancer	Name Phone														
DEDUCTIONS & CREDITS Spouse's Social Security Number	Addings														
DEDUCTIONS & CREDITS TAXES	Address														
DEDUCTIONS & CREDITS TAXES	City/State/Zip Due Date														
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Heart Cancer Uniforms Business Entertainment Cancer Uniforms Business Entertainment Cancer Uniforms Cancer	Roth IRA Contribution	State Quartely Estimate	Amount Check	Receipt	Education										
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	Other	Student Loan Interest			Tuition Paid										
Transportation, Parking	Reimbursement														
	Transportation, Parking														
CHILD & DEPENDENT CARE															
Provider's Name I.D.# Anddress I.D.# Amt. Paid	Provider's Name	Address		I.D.#		Amt. Paid									