

# Traphagen CPAs

## Tax Data Sheet

**Name** \_\_\_\_\_  
 Income - W-2 Wages, Rents, Stock Transactions, Partnership - Sch K-1, Interest, Dividends - All 1099 Forms  
 Dependents Name/Age \_\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_ \_\_\_\_\_/\_\_\_\_  
 (Circle Dependents in College)  
 Dependent's Social Security # \_\_\_\_\_  
 Telephone No. (H) (\_\_\_\_) \_\_\_\_\_ (B) (\_\_\_\_) \_\_\_\_\_

### DEDUCTIONS

#### MEDICAL

Medicine and Drugs (include birth control pills) \_\_\_\_\_  
 Doctors, dentists, therapy etc. \_\_\_\_\_  
 Weight reduction program (prescribed by Dr.) \_\_\_\_\_  
 Alcohol, drug & smoking (prescribed by Dr.) \_\_\_\_\_  
 Hospitals, homecare & nursing care \_\_\_\_\_  
 Health insurance premiums \_\_\_\_\_  
 Long term health care insurance \_\_\_\_\_  
 Auto travel \_\_\_\_\_ miles \_\_\_\_\_  
 Parking & tolls, taxi, bus \_\_\_\_\_  
 Lodging cost \$50 per night \_\_\_\_\_  
 Eyeglasses, contacts, laser surgery \_\_\_\_\_  
 Support stockings, corrective shoes \_\_\_\_\_  
 Medical conferences \_\_\_\_\_  
 Travel cost for courses \_\_\_\_\_  
 Lab fees, X-rays \_\_\_\_\_  
 Fertility enhancement \_\_\_\_\_  
 Vasectomy \_\_\_\_\_  
 Air conditioner/purifier for allergies \_\_\_\_\_  
 Life line cost \_\_\_\_\_  
 Cost of operation-utilities, etc \_\_\_\_\_  
 Hearing aid & batteries \_\_\_\_\_  
 Insulin, acupuncture \_\_\_\_\_  
 Corrective devices, thermometers \_\_\_\_\_  
 Vaporizers, humidifiers \_\_\_\_\_  
 Special foods (if prescribed) \_\_\_\_\_  
 Cosmetic surgery (if medically necessary) \_\_\_\_\_  
 Special ed cost (dyslexia, ADD, autism) \_\_\_\_\_  
 Insurance Reimbursement \_\_\_\_\_

#### TAXES

Real estate taxes \_\_\_\_\_  
 Rebate-Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Federal quarterly estimates paid \_\_\_\_\_  
 State quarterly estimates paid \_\_\_\_\_

#### INTEREST

Mortgage interest \_\_\_\_\_  
 Home equity debt to \$100,000 \_\_\_\_\_  
 Mortgage points \_\_\_\_\_  
 Margin interest expense \_\_\_\_\_  
 Investment interest expense \_\_\_\_\_  
 Alimony(SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_) \_\_\_\_\_

#### CONTRIBUTIONS

Charities \_\_\_\_\_  
 Church/Temple \_\_\_\_\_  
 Auto Travel \_\_\_\_\_ miles \_\_\_\_\_  
 Clothing & furniture to Goodwill, etc.; expenses for contributing services etc to Scouts, Church \_\_\_\_\_

#### OTHER DEDUCTIONS

Union, professional dues \_\_\_\_\_  
 Tax preparation fee \_\_\_\_\_  
 Publications & periodicals \_\_\_\_\_  
 Education (related to occupation) \_\_\_\_\_  
 Safety equipment \_\_\_\_\_  
 Work tools, briefcase, calculator, etc \_\_\_\_\_  
 Uniforms & special clothing \_\_\_\_\_  
 Laundry & cleaning \_\_\_\_\_  
 Business telephone, fax, cell phone \_\_\_\_\_  
 Office supplies, Bus. related software \_\_\_\_\_  
 Business entertainment & gifts \_\_\_\_\_  
 1st & 2nd job mileage \_\_\_\_\_  
 Job-hunting expense \_\_\_\_\_  
 Other-resume, type, telephone, etc \_\_\_\_\_  
 Job hunt miles \_\_\_\_\_  
 Investment expenses \_\_\_\_\_  
 Investment travel expenses \_\_\_\_\_  
 Safe deposit box \_\_\_\_\_  
 Gambling losses(to extent of winnings) \_\_\_\_\_  
 Moving expenses \_\_\_\_\_  
 Child care expenses (see page two) \_\_\_\_\_  
 Keogh contribution \_\_\_\_\_  
 IRA deductible contribution \_\_\_\_\_  
 IRA Roth contribution \_\_\_\_\_  
 IRA non deductible contribution \_\_\_\_\_  
 Date Contributed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Home office (Bus. Use \_\_\_\_\_ %) \_\_\_\_\_  
 Teachers travel cost for courses \_\_\_\_\_  
 Bank charges \_\_\_\_\_  
 Estate planning expenses \_\_\_\_\_  
 Retirement & Financial planning \_\_\_\_\_  
 Adoption expenses \_\_\_\_\_  
 Rent Paid \_\_\_\_\_

**MILAGE INFORMATION FOR BUSINESS USE:**

Please complete all of the following questions, if not applicable note N/A

Date auto purchased/leased \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year Purchase Price \$ \_\_\_\_\_

Total of all mileage \_\_\_\_\_

Miles used for business \_\_\_\_\_ miles

Percent of business use \_\_\_\_\_ %

Average daily round trip commuting distance (A) \_\_\_\_\_

Total commuting days (B) \_\_\_\_\_

Miles auto used for commuting (A) x (B) \_\_\_\_\_

**AUTO OPERATING EXPENSES**

Gasoline & oil \_\_\_\_\_

Repairs \_\_\_\_\_

Regular & snow tires \_\_\_\_\_

Insurance \_\_\_\_\_

Car washes \_\_\_\_\_

Towing charges \_\_\_\_\_

Other expenses \_\_\_\_\_

Licenses & registration \_\_\_\_\_

Interest on car loan \_\_\_\_\_

Total operating expenses \_\_\_\_\_

**TRAVEL EXPENSES**

Parking & tolls \_\_\_\_\_

Public transportation & taxi expense \_\_\_\_\_

Travel expenses away from home \_\_\_\_\_

Luggage, laundry \_\_\_\_\_

Maps, postage, internet fees \_\_\_\_\_

Incidentals \_\_\_\_\_ days away @ \_\_\_\_\_

**LEASING EXPENSES**

Lease payments \_\_\_\_\_

Value of employer provided vehicle \_\_\_\_\_

Initial cap reduction fee \_\_\_\_\_

Lease term \_\_\_\_\_

**YES**

**NO**

**N/A**

Did the employer provide the auto? \_\_\_\_\_

Were you permitted personal use of an employer \_\_\_\_\_

Provided auto during off hours? \_\_\_\_\_

Was another auto available for personal use? \_\_\_\_\_

Does evidence exist to support the auto deduction? \_\_\_\_\_

Is such evidence written? \_\_\_\_\_

**CHILD CARE EXPENSES**

Individual or Institution \_\_\_\_\_

Address \_\_\_\_\_

ID. No (SSN/EIN) \_\_\_\_\_

Amount Paid \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were any of the above Employer-paid dependent care benefits? \_\_\_\_ Yes \_\_\_\_ No

If yes, enter the amount \_\_\_\_\_.

Enter the number of qualifying children (under age 13) and disabled dependents cared for \_\_\_\_\_.

**EDUCATION CREDITS AND DEDUCTIONS**

School Paid Tuition, Books, Fees \_\_\_\_ Yes \_\_\_\_ No

Related To Occupation \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Attendee \_\_\_\_\_ Amount \$ \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Attendee \_\_\_\_\_ Amount \$ \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

**HOME OFFICE SCHEDULE**

- A) Rooms Used For Office
  
- B) Total # of Rooms
  
- C) Divide Line A by Line B  %

Mortgage Interest	\$	_____		
Real Estate Taxes		_____		
Rent		_____		
Heat		_____		
Other Utilities		_____		
Insurance		_____		
Repairs		_____		
Maintenance		_____		
Other		_____		
<b>Total</b>	<b>\$</b>	<b>_____</b>	<b>X</b>	<b>_____ % (Line C) = \$ _____</b>

**OTHER EXPENSES DIRECTLY RELATED TO THE HOME OFFICE**

**Business Portion Only**

<b>Shelving</b>	\$	_____		
<b>File Cabinets</b>		_____		
<b>Telephone Exp.(separate line)</b>		_____		
<b>Internet Charges</b>		_____		
<b>Other</b>		_____		
<b>Total</b>	<b>\$</b>	<b>_____</b>	<b>X</b>	<b>100% = _____</b>

<b>BUSINESS ASSETS</b>	<b>COST</b>	<b>DATE PLACED IN USE</b>
Computer (Business____%)	\$ _____	____/____/____
Software	_____	____/____/____
Equipment	_____	____/____/____
Furniture	_____	____/____/____
Fixtures	_____	____/____/____
Other	_____	____/____/____
	<b>\$</b>	<b>_____</b>