

INCOME TAX ORGANIZER and DEDUCTION FINDER

with BUSINESS SCHEDULES

ENLARGED PRINT FORMAT

Taxable Year _____

Use this booklet to assemble and maintain your tax information and ensure that you are taking advantage of all allowable deductions. To save tax dollars, fill in the pages that pertain to you as completely as possible. Begin assembling your tax data early to avoid the last minute rush that may result in costly omissions. Information listed may be subject to some limitations because of tax law changes. Our office will apply the current law when your return is prepared.

For: _____
My income tax appointment is:

DATE	DAY OF WEEK	TIME
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To the best of my knowledge, the enclosed information is correct and includes all income, deductions and other information necessary for the preparation of this years Income Tax Returns, for which I have adequate contemporaneous records.

Please sign _____ Date

PROVIDED BY



DR. BRYCE T. BRADLEY
& ASSOCIATES
Certified Public Accountants, P.L.L.C.

Tax and Financial Consultants
Serving All States

6103 West State Street
Boise, Idaho 83703

Phone: (208) 342-3733
Fax: (208) 345-9021

VOICE/FAX/CommuniKate™ (888) 267-7997
E-mail: info@bradleycpas.com
www.bradleycpas.com

Personal Information

Check box if no change from last year

1

Your Name _____ Date of Birth _____

Occupation _____ Soc. Sec. No. _____

Single Joint Head of Household Married, filing separately

Widow(er) with dependent child

Spouse's Name _____ Date of Birth _____

Occupation _____ Soc. Sec. No. _____

Phone: Home (____) _____ Business: Yours (____) _____ Spouse's (____) _____

Cell Phone # Yours (____) _____ Spouse's (____) _____

Fax # _____ E-mail _____

Home Address _____ Own? Date Purchased _____

City _____ Township _____

County _____ State _____ Zip Code _____

Rental Information Rent? Date Rented _____ Rent paid this year \$ _____

Dependents

Check box if no change from last year. All U.S. Citizens? Yes No. Include Soc. Sec. No. for dependents who are age 1 or over. Complete below. Dependent children under age 17 may be entitled to a tax credit

Names of Children at Home	Relationship	Social Security No.	Birth Date
1.		- -	
2.		- -	
3.		- -	
4.		- -	
5.		- -	
6.		- -	

▶ Other dependents: Furnish first and last name & address (Use back page if needed)	Relationship and Age	Income	Months lived w/you	% Support from you
1. _____ Soc. Sec. No. - -				
2. _____ Soc. Sec. No. - -				
3. _____ Soc. Sec. No. - -				

Other Income

4

Check your sources of income and provide names of payers and amounts received. (T) if ownership by Taxpayer, (S) Spouse, (J) Joint ownership.

TSJ	Include Form 1099's where applicable.	AMOUNT
1.	Alimony received from	
2.	Annuity and pension income (includes Forms W-2P and 1099)	
3.	Barters & Exchanges (explain on back page)	
4.	Bonuses and commissions (not reported on W-2)	
5.	Disability income (if any) may qualify for exclusion	
6.	Hobby income and expense (enclose information)	
7.	Jury duty, election board fees or other public service	
8.	Lottery, contest & gambling winnings (explain on back page)	
9.	Mutual fund withdrawals (enclose information)	
10.	Partnerships, estates and trusts (use Schedule E, page 20)	
11.	Prizes and awards (explain on back page)	
12.	Royalty income and expense (enclose schedule)	
13.	Scholarships & fellowships (may be partially taxable) (explain - back page)	
14.	State Tax Refund – 1099G	
15.	Tips and gratuities (not reported on W-2)	
16.	Uncollectible non-business bad debts (loss) (explain back page)	
17.	Unemployment compensation received	
18.	Other income (explain on back page or enclose schedule)	
19.	Tax withheld on any of above (explain on back page)	

Installment Sales

Provide the information outlined below and the sales contract.
Enclose all escrow papers.

Property description			
Property location			
Date acquired		Date sold	
Gross sales price		Original cost	
Improvements added		Depreciation taken to date	
Fixing-up expenses		Expense of sale	
Principal rec'd prior year's sale		Mortgage assumed by buyer	
		Interest earned prior year's sale	

If more than one sale, provide information or outline on back page.

Itemized Deductions

6

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 deductions 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.

Medical Insurance	Amount Paid by You
Hospital, medical & dental premiums	
Long term health care premiums	
Group health plan payroll deductions	
Self-Employed health plan (limited)	
List insurance company name(s) & amounts – use back page	
Prescription Drugs	Amount Paid by You
Prescriptions (prescribed by doctor only)	
Insulin (over-the-counter drugs not deductible)	
Total mileage – Trips for these purchases	
Doctors, Dentists, Nurses, Hospitals	Amount Paid by You
Total mileage for these trips	
Medicare deductions or payments	

Medical Fix-up Costs <small>(For handicapped or other medical reason. May not increase fair market value of your home).</small>		Amount Paid by You 7
Alterations for better access		
Lowering kitchen cabinets		
Elevator installation		
Relocating or altering electrical		
Modifying alarm system		
Other:		
Other Medical		Amount Paid by You
Acupuncture services		
Ambulance, taxi & bus for med. care		
Artificial limbs and teeth		
Chiropractor		
Christian Science Practitioners		
Drug or Alcohol Treatment		
Glasses and eye examinations		
Hearing aids and batteries		
Special schooling and transportation for physically or mentally handicapped		
Lab tests		
Lodging		
Medical care in home for aged		
Medical or Convalescent equipment		
Support or corrective devices		
Therapy and X-ray		
Psychoanalysis, therapy, counseling		
Other		
Amount of above reimbursed by insurance if amounts entered above are gross figures		\$
Total parking & mileage for all trips for other medical expense listed above		mi.
► EXPLANATIONS		

Taxes	Amount	8
Residential real estate property taxes		
Property taxes – 2nd home – explain below		
Property taxes on investment property		
State and local income taxes		
Foreign income taxes		
Other		
Personal property taxes – Auto		
(Licenses) – Auto		
– Truck		
– Boat		
– Motorcycles		
– Trailer/Motorhome		
► EXPLANATIONS		
Interest Paid		
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. Provide names where needed. Enclose contracts on purchases the past year.		
	Lender	Interest Paid
Mortgage – Primary Residence – First		
– Second		
If either paid to an individual, provide name, address & Social Security number.		
Did you refinance your existing mortgage this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bring settlement statement to tax appointment.		
Mortgage – Second Home		
Property description:		

Interest Paid – continued

9

Home Equity Loan – Loan Amount:		
Purpose:		
Home Equity Loan – Loan Amount:		
Purpose:		
Home Equity Loan – Loan Amount:		
Purpose:		

Prepayment charges (pay off loan in advance)		
Points paid to acquire loan: <input type="checkbox"/> New Loan <input type="checkbox"/> Refinance		
Purpose:		

Educational Loan Interest Paid For Student	
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INVESTMENT OR BUSINESS 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			

Casualty Losses

LOSS	Date of Loss	Date Acquired	Claim Filed?	'X' If not Covered	Fair Market Value		Insurance Amount Paid
					Before loss	After loss	
Auto Accidents							
Fire							
Theft							
Storm							
Vandalism							
Other							

► EXPLANATIONS

Contributions

10

(Written verification or a receipt from Charity is necessary.)

CODE COLUMNS: Indicate by – “R” - Received cash or check, “NR” - Non-Received Cash, “P” - Contributions of Property (attach description), “M” - Merchandise (attach description). On cash contributions you must have detailed records of amounts paid to whom and date.

	CODE	AMOUNT
Cancer Society		
CARE		
Christmas & Easter Seals		
Heart Fund		
March of Dimes		
Red Cross		
Salvation Army		
Schools		
Scouts		
St. Vincent DePaul		
United Way		
Veteran's Organizations		
YMCA & YWCA		
Other		
	CODE	AMOUNT
Out of pocket expenses for work in connection with any charitable organization (i.e., special clothing, out-of-town expenses). Explain.		
Cost of transportation or mileage for charitable work (_____ mi)		
Fair market value of merchandise or property to recognized charities. Need charity names, property description and original cost - back page		
Churches and religious organizations (name) - back page		
Non-profit organizations specializing in research for physical or mental disorders		
▶ EXPLANATIONS		

Employee Business Expense Taxpayer Spouse 11

For outside salespeople and other employees who have business expenses as a condition of employment. Enter these business expenses as outlined below. Need contemporaneous records for amounts shown.

► AUTOMOBILE EXPENSES (Use Automobile Expenses section on Page 17) Check if you have receipts and/or mileage log.If employer provided vehicle, is personal use in off-duty hours permitted? Yes No**► TRAVEL EXPENSES** (away from home on business) Check if you have receipts or log.

	Taxpayer	Spouse
Auto Rental		
Lodging & Hotel		
Meals & Tips		
Plane & Railroad Fares		
Taxi, Bus, Subway		

► BUSINESS ENTERTAINMENT & SELLING EXPENSES – Local Check if you have receipts or log.

Cards & Gifts		
Commissions Paid		
Meals & Tips		
Event & Sports Tickets		
Other		

► MISCELLANEOUS BUSINESS EXPENSES Check if you have receipts or log.

Business Cards		
Business Phone at Home		
Outside Phone & FAX		
Postage		
Professional Dues		
Professional Services		
Required Education		
Office Supplies		
Trade Journals & Subscriptions		
Utilities		
Other		

► REIMBURSEMENT REC'D – included in W-2? Yes No

Employee Business Expense Taxpayer Spouse – Continued 12

▶ **BUSINESS USE OF HOME** Employee Rental Self-employed Farming

You may qualify if your job necessitates working at home. Computer at home? Yes No

	Taxpayer	Spouse
Date Acquired Home		
Cost of Lot		
Cost of Home		
Cost of Improvements		
Sq. footage of living area		
Sq. footage of office area		
Sq. footage business storage		
Utilities		
Interest		
Taxes		
Insurance		
Rubbish & Maintenance		
Other		
If Renting, Rent Paid		

▶ **BUSINESS EQUIPMENT & FURNITURE** (give information outlined below)

Date	Item	Amount

▶ **EXPLANATIONS**

Moving Expenses

13

If you moved your residence because of transfer to new place of employment, or because you changed employers, the cost of the move may be deductible. The information below is necessary to determine the amount allowable. Keep all receipts necessary to substantiate these expenditures.

Date of move ____/____/____. Arrival at new location ____/____/____.

Distance of former residence to new business location miles

Distance of former residence to former business location miles

Date new employment began ____/____/____ Still employed at this location? _____

Transportation of family:	AMOUNT
Fares – Train, Bus, Air Travel	
Auto expense or mileage (actual)	
Cost of moving furniture and personal effects	
Cost of lodging en route	
Amount reimbursed by employer (included on W-2? <input type="checkbox"/> Yes <input type="checkbox"/> No)	

Child and Dependent Care Credit

If you had expenses for care of one or more qualifying individuals (under age 13) to enable you to be gainfully employed or self-employed, you may be entitled to a tax credit. If payment was made to an individual who performed services in your home, have approximate tax returns on wages for services in the home been filed?

If "Yes," enter employer's identification number here.

Name of qualifying individuals	Birthdate	Relationship	Period in your household	
			Months	Days

Individual(s) or organization(s) to whom child or dependent care expenses were paid. Enter below:

Name and Address	Social Security or Employer ID#	Relationship	From Month-Day	To Month-Day	Amount

Rec'd tax-free reimbursement under employer-provided child care program? Yes No

Miscellaneous Deductions Taxpayer Spouse (if both, include breakdown)

14

	AMOUNT
Adoption expenses paid	
Alimony Pd. to <small>Name</small> _____ <small>SSN</small> _____	
Employment agency fees	
Gambling losses (to extent of winnings)	
Investment Expenses	
– Supplies	
– Publications	
– Dues	
– Safe Deposit Box	
Job-seeking expenses	
Safety shoes & protective clothing	
Student Loan Interest paid	
Educational – deductions/credits – Explain	
– fees paid	
– tuition paid	
Tax preparation costs	
Tools & safety equipment	
Separate Maintenance	
Transportation to second job	
Uniforms – cost	
– maintenance	
Union dues	
Other	

Overnight travel expenses of National Guard and Reserve members

Reservists who stay overnight more than 100 miles away from home while in service (e.g., a drill or meeting) may deduct unreimbursed travel expenses (transportation, meals and lodging) as an above-the-line deduction. The deduction is limited to the rates for such expenses authorized for federal employees, including per diem in lieu of subsistence.

Transportation _____ Meals _____ Lodging _____

Earned Income Credit

Contact our office. You may be entitled to this credit if you work, have earned income below a certain level, and have a qualifying child who lived in your home in the U.S. this year. To get the credit **you must file a tax return**, even if you do not owe any tax or you did not earn enough money to file a return.

Schedules for Business Situations

15

Rental Income and Expense (Schedule E)

Skip this section if you do not own a rental property.

Enter below, for each rental property you own and actively participate in management decisions, the total amount received, expenses paid, and the cost of equipment and improvements in the past year. If property was acquired or sold this year, enclose information. Use corresponding numbers for each rental property.

KIND AND LOCATION OF PROPERTY	% Ownership	% Personal Use	
Rental No. 1 –			
Rental No. 2 –			
Rental No. 3 –			
Rental Number	1	2	3
Rents received			

Expenses (if you reside on property, do not include expenses that apply to your residence)

Advertising			
Association Dues			
Auto & Travel (Use Sched. Pg. 17)			
Bank Service Charges			
Cleaning & Maintenance			
Commissions			
Gardening & Lawn			
Gas, Electric			
Insurance			
Interest to institutions			
Legal & Other Prof. Fees			
Office Supplies			
Other interest paid			
Management fees			
Repairs/Plumbing/Painting			
Electrical			
Supplies & Replacements			
Taxes – property			
Taxes – other (explain back page)			
Telephone			
Wages & Salaries			
Water/Sewer/Trash			

► PURCHASES OF FURNITURE, EQUIPMENT & PROPERTY IMPROVEMENTS (enclose contracts)

Date	Rental No.	Description of Purchase	Amount

IF YOU USE SPACE IN YOUR HOME THAT QUALIFIES FOR BUSINESS USE – use schedule on Page 12

Self-Employed Income and Expense (Schedule C)

16

Skip this section if you are not self-employed

Use this schedule if you own and have income and expense from a business or sideline. Ownership T S J
 If you had income the past year from a hobby, such an activity is presumed not to be a hobby if it is profitable in 3 of 5 consecutive years. You must maintain adequate records and be able to substantiate information outlined below.

▶ **Business Name**

Business activity

Principal activity Product

When purchased? Still own? Employee ID No.

▶ INCOME – Cash receipts		▶ COST OF SALES – <small>Merchandise Purchases</small>	
Returns and refunds		Cost of items for personal use	
Uncollectible bad debts		Merchandise inventory start of year	
Method of inventory		Merchandise inventory end of year	

▶ Indicate method of accounting: (1) Cash (2) Accrual (3) Other

EXPENSES	Amount	EXPENSES	Amount	EXPENSES	Amount
Accounting & Legal		Insurance		Supplies	
Advertising		Insurance/Health Plan		Taxes – payroll	
Bad debts		Interest – Mortgage		– sales	
Bank Charges		– Other interest		– bus. property	
Business credit card svc. charges		Janitorial		– other	
Commissions		Laundry		Telephone – bus.	
Delivery & Freight		Licenses		Temporary Help	
Dues & Subscr.		Office Expense		Meals & Ent. Detail on page 11	
Educational		Outside Services		Travel Detail on page 11	
Equipment Leasing		Rent – Property		Utilities	
Auto Leasing		Repairs & Maint.		Wages – gross	
Fax Service		Other		Other	

▶ **BUSINESS USE OF HOME** (may qualify if a principal place of business) Personal computer at home? Yes No

IF YOU USE SPACE IN YOUR HOME THAT QUALIFIES FOR BUSINESS USE – use schedule on Page 12.

▶ **BUSINESS EQUIPMENT & FURNITURE** (enclose contracts on items purchased the past year)

Date	Description of Purchase	Amount

REMARKS

Self-Employed Expenses – Continued

17

Check the box that describes your investment in this self-employed activity. All is at risk. Some is not at risk.
 Any change determining quantities or valuations in opening and closing inventory? Yes No
 Did you "materially participate" in the operation of this business during the past year? Yes No
 Do you have losses, credits, deductions, income, or other tax benefits relating to a tax shelter? Yes No

▶ AUTOMOBILE EXPENSES (AIRPLANE/MOTORHOME) Use also for employee, rental and farm auto expense.

Answer as completely as possible	VEHICLE #1	VEHICLE #2	VEHICLE #3
Make & Type of Vehicle			
Model Year			
Date Purchased (leased)	___/___/___	___/___/___	___/___/___
Date sold if sold this year	___/___/___	___/___/___	___/___/___
Purchase price	\$	\$	\$
Sales price	\$	\$	\$

Auto Expenses (detail all expenses for full year per vehicle for total miles driven) Check if you use mileage log.

(a) Fuel/oil/lubrication/etc.	\$	\$	\$
(b) Repairs/tune-ups	\$	\$	\$
(c) Insurance	\$	\$	\$
(d) Tires/batteries/accessories	\$	\$	\$
(e) Licenses/registration	\$	\$	\$
(f) Lease payments	\$	\$	\$
(g) Sales tax on purchase price if purchased this year	\$	\$	\$
(h) Interest payments on auto this year	\$ _____	\$ _____	\$ _____
Lender name	_____	_____	_____
(i) Tolls/parking fees (business use only)	\$	\$	\$
(j) Washing/waxing	\$	\$	\$
Mileage at end of the year			
Less Mileage at beginning of year	(_____)	(_____)	(_____)
Total Miles driven during the year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Miles driven for self-employed business purposes			
For Farm business purposes (Sch. F, Pg. 18)			
For Rental business purposes (Sch. E, Pg. 15)			
For Employee Bus. Expense purposes (Pg. 11-12)			
How many miles driven for commuting purposes?			
Number of years you intend to keep vehicle			

Farm Income and Expense (Schedule F) Skip this section if you are not engaged in farming. **18**

Use this schedule if you have income and expense from farming. Enclose 1099 forms.

Farm Name and Address

Ownership Employer ID No.

FARM INCOME – CASH RECEIPTS ▶ Sales of purchased livestock and other items purchased for resale

	DESCRIPTION	DATE ACQ.	AMT. REC'D	COST	
Livestock:					Did you "materially participate" in this business this year? <input type="checkbox"/> Yes <input type="checkbox"/> No Elect to deduct pre-productive period expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your investment in this activity <input type="checkbox"/> All at risk <input type="checkbox"/> Some not at risk
Other:					

▶ Sales of market livestock and produce raised and held primarily for sale

KIND	AMOUNT	KIND	AMOUNT	KIND	AMOUNT
Calves		Fruits		Soybeans	
Cattle		Hay		Straw	
Corn		Nuts		Swine	
Cotton		Other grains		Tobacco	
Dairy products		Poultry		Vegetables	
Eggs		Sheep		Wool	

OTHER FARM INCOME	Amount	OTHER FARM INCOME	Amount
Agricultural program payments		Gasoline Tax refund	
– In cash		Custom hire (machine work)	
– In materials & services		Merchandise received for produce	
CCC loans reported		Crop insurance proceeds	
CCC loans forfeited		Other	

FARM EXPENSES – Cash disbursement – Do not include personal expense not attributable to production of farm income.

ITEMS	AMOUNT	ITEMS	AMOUNT
Attorney & accounting fees		Machine hire	
Auto & truck (use Schedule, Pg. 17)		Meals for employees	
Breeding fees		Office supplies – postage	
Conservation expenses		Poultry purchased	
Employee benefit program		Rent of farm, pasture	
Farm organization & papers		Repairs, maintenance	
Feed purchase		Seeds, plants purchased	
Fertilizer, lime, chemicals		Storage, warehousing	
Freight, trucking		Supplies purchased	
Gasoline, fuel, oil		Taxes	
Insurance – farm portion		Utilities – farm portion	
Interest and bank charges		Veterinary fees, medicine	
Labor hired		Other	

▶ **BUSINESS, EQUIPMENT, ANIMALS & IMPROVEMENTS** – Detail below business property purchased or improvements made the past year. Enclose copy of contract on financed items and information on sale of business property the past year.

Date	Item	Amount	Amount	Amount	Amount

(IF YOU USE SPACE IN YOUR HOME THAT QUALIFIES FOR BUSINESS USE) – use schedule on Page 12.

Retirement Plan Distributions

20

Name	Type	Total Distribution	Non-Taxable	Taxable	Fed Tax W/H	State Tax W/H

IT IS IMPORTANT THAT YOU ENCLOSE ALL YOUR 1099-Rs FOR OUR REVIEW

► EXPLANATIONS

Partnerships, Estates and Trusts (Schedule E)

Enter Name, Address, Federal employer identification number, your share of earnings, losses, 1st year depreciation, investment credit, and self-employed retirement deduction from any Partnership, Joint Venture, S Corporation, Estate or Trust. Enclose your copies of returns or other data.

NAME AND ADDRESS	TYPE OF ACTIVITY	EMPLOYER ID#	AMOUNT

IT IS IMPORTANT THAT YOU ENCLOSE ALL YOUR K-1s FOR OUR REVIEW

