**SCHNEIDER, LARCHE, HAAPALA & COMPANY, PLLC**

**CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS**

**401 LUDINGTON STREET, ESCANABA, MICHIGAN 49829**

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**www.slh-cpa.com**

**INDIVIDUAL TAX INFORMATION ORGANIZER FOR 2020 RETURN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Information***- If you are a new client, please provide copies of last year’s tax return.* | | | | | | | | | | | | | | | | |
|  | | Taxpayer | | | | | | | Spouse | | | | | | | |
| Social Security Number | |  | | | | | | |  | | | | | | | |
| First Name | |  | | | | | | |  | | | | | | | |
| Last Name | |  | | | | | | |  | | | | | | | |
| Address | |  | | | | | | |  | | | | | | | |
| City, State Zip | |  | | | | | | |  | | | | | | | |
| Occupation | |  | | | | | | |  | | | | | | | |
| Email Address | |  | | | | | | |  | | | | | | | |
| Phone Number | | Home ( ) Cell/Work ( ) | | | | | | | Home ( ) Cell/Work ( ) | | | | | | | |
| Birthdate | |  | | | | | | |  | | | | | | | |
| Are you | | Legally Blind? □Yes □No Permanently disabled? □Yes □No | | | | | | | Legally Blind? □Yes □No Permanently disabled? □Yes □No | | | | | | | |
| Filing status: □Single □Married filing jointly □Married filing separately □Widow(er) □Head of household  Did/have you celebrate(d) marriage to a same-sex spouse in a state that legally recognized same-sex marriage? □Yes □No  Were you divorced or separated during the year? □Yes □No Were there any deaths in the family? □Yes □No | | | | | | | | | | | | | | | | |
| **Names of dependent children**  *First and last* | | | | *Social Security #* | | *Date of birth* | | | *Relationship* | | *Months lived*  *In home in 2020* | | *College Student* | | *Care expenses paid for dependent* | |
|  | | | | - - | |  | | |  | |  | |  | |  | |
|  | | | | - - | |  | | |  | |  | |  | |  | |
|  | | | | - - | |  | | |  | |  | |  | |  | |
|  | | | | - - | |  | | |  | |  | |  | |  | |
|  | | | | - - | |  | | |  | |  | |  | |  | |
| *Note: Social Security Number is mandatory (subject to penalty) for each dependent.*  Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent or the child will claim themselves? □Yes □No  Are any children disabled? □Yes □No Did any children have unearned income above $1,100 for the year for filing requirements? □Yes □No | | | | | | | | | | | | | | | | |
| **Other dependents or people who lived with you** | | | | | | | | | | | | | | | | |
| *Name* | | | | | *Social Security #* | | | *Date of birth* | | | *Relationship* | | | *Income* | | |
|  | | | | | - - | | |  | | |  | | |  | | |
|  | | | | | - - | | |  | | |  | | |  | | |
| **Quarterly Tax Estimates Paid – Federal and State** | | | | | | | | | | | | | | | | |
|  | | | | | | | ***Federal*** | | | | | ***State*** | | | | |
|  | | | | | | | *Date paid* | | | *Amount* | | *Date paid* | | | | *Amount* |
| 1st quarter 2020 | | | | | | |  | | |  | |  | | | |  |
| 2nd quarter 2020 | | | | | | |  | | |  | |  | | | |  |
| 3rd quarter 2020 | | | | | | |  | | |  | |  | | | |  |
| 4th quarter 2020 | | | | | | |  | | |  | |  | | | |  |
| Other: | | | | | | |  | | |  | |  | | | |  |
| TOTAL estimates paid for 2020 | | | | | | | | | | $ | |  | | | | $ |
| **Direct Deposit/Electronic Funds Withdrawal Information** | | | | | | | | | | | | | | | | |
| If you are due a refund and would like it directly deposited into your bank account? *Name of bank* | | | | | | | | | | | | | | | | |
| *Checking □ Savings □* | | | *Routing transit number* | | | | | | | | *Account number* | | | | | |
| Ask your tax preparer for information about depositing a refund into an IRA account, or splitting the deposit into more than one account. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information for the preparation of this year’s income tax returns for which I have adequate records. Please provide a copy of your (and your spouses, if applicable) driver’s license (front and back). This information may be needed to electronically file your tax return. | | | | | | | | | | | | | | | |
| Signature | | | | | | Date | | | | | | | | | |
| Signature | | | | | | Date | | | | | | | | | |

**Restricted Tax Season Hours: Monday – Friday 9:00am – 5:00 pm Saturday 9:00am – 12:00pm**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State Information** | | | | |
| □ Full-year resident □ Part-year resident □ Non-resident | | | | |
| States of residence during 2020: | | Dates: | | |
|  | |  | | |
|  | |  | | |
| School District: | | Did you own or rent your home? □ Own □ Rent | | |
|  | | | | |
| Are you or your spouse a veteran with a service-connected disability? □Yes □No | | | % | % |
| Are you or your spouse a “resident tribal member” of a federally recognized Indian Tribe? □Yes □No If yes, what tribe? | | | | |
| Contributions made to: | *Michigan Education Trust* | | *Michigan Education Savings Plan(MESP)*  *Including MI 529 Advisor Plan(MAP)* | |
| Payments made in 2020 | $ | | $ | |
| Did you purchase tangible personal property items that you did not pay Michigan sales tax on? | | | | □Yes □No |
| *If yes, what was purchased and how much was spent including shipping and handling?* | | | | $ |

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| --- | --- | --- |
| **PERSONAL INFO** | □Yes □No | Did your marital status change during the year? If yes, explain |
| □Yes □No | Did your address change from last year? If yes, new address |
| □Yes □No | Can you be claimed as a dependent by another taxpayer? |
| □Yes □No | Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authorities during the year? |
| □Yes □No | CARES ACT: Did you qualify for paid sick leave because you had COVID-19 or were caring for someone who did? |
| □Yes □No | CARES ACT: Did you qualify for paid expanded family and medical leave while caring for a child due to a school or childcare closing? |
| **DEPENDENT**  **INFO** | □Yes □No | Do any of your dependents have unearned income in excess of $2,200? (Kiddie tax) |
| □Yes □No | Did you pay for child care while you worked or looked for work? |
| □Yes □No | Did you pay any expenses related to the adoption of a child during the year? |
| □Yes □No | If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? |
| □Yes □No | Did any births, adoptions, marriages, separations, divorces or deaths occur related to you, your spouse or any of your  dependents in 2020? |
| **PURCHASES, SALES AND DEBT INFORMATION** | □Yes □No | Did you start a new business or purchase rental property during the year? |
| □Yes □No | Did you purchase or sell a principal residence during the year? |
| □Yes □No | Did you acquire or dispose of any stock during the year, or have it become worthless? |
| □Yes □No | Did you foreclose or abandon a principal residence or real property during the year? |
| □Yes □No | Did you sell an existing business, rental or other property this year? |
| □Yes □No | Did you lend money with the understanding of repayment in this year and it became totally uncollectable? |
| □Yes □No | Did you have any debts canceled or forgiven this year, such as home mortgage or student loans? |
| **INCOME INFORMATION** | □Yes □No | Do you own a business or an interest in a partnership, corporation, LLC, or other venture? |
| □Yes □No | Were you granted, or did you exercise, any employer stock options during 2020? |
| □Yes □No | Do you engage in any farming activities? |
| □Yes □No | Did you pay or receive alimony in 2020? Date of divorce agreement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Paid/received $ Recipient SSN#* |
| □Yes □No | Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? |
| □Yes □No | Did you receive any income from an installment sale? |
| □Yes □No | Did you receive any unemployment benefits during the year? |
| □Yes □No | Did you receive any disability income during the year? |
| □Yes □No | Did you receive tip income not reported to your employer this year? |
| □Yes □No | Did any of your life insurance policies mature, or did you surrender any policies? |
| □Yes □No | Did you receive any awards, prizes, hobby income, gambling or lottery winnings? |
| □Yes □No | Do you expect a large fluctuation in income, deductions, or withholding next year? |
| **RETIREMENT INFO** | □Yes □No | Are you an active participant in a pension or retirement plan? |
| □Yes □No | Did you receive any Social Security benefits during the year? |
| □Yes □No | Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401K, or other qualified retirement plan? |
| □Yes □No | Did you make any contributions to an IRA, Roth, Keogh, SIMPLE, SEP, 401K, or other qualified retirement plan? |
| □Yes □No | Did you take a *coronavirus-related distribution* from your retirement funds? |

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| --- | --- | --- |
| **EDUCATION INFORMATION** | □Yes □No | Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? |
| □Yes □No | Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? |
| □Yes □No | Did you make any withdrawals from an education savings or 529 Plan account? |
| □Yes □No | Did you pay any student loan interest this year? |
| □Yes □No | Did you cash any Series EE or I U.S. Savings bonds issued after 1989? |
| **HEALTH CARE INFORMATION** | □Yes □No | Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (I.E. Medicare/Medicaid) for every month of 2020 for your family? "Your family" for health care overage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. |
| □Yes □No | Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any **Form(s) 1095-A** you received. |
| □Yes □No | Did you make any contributions to a Health saving account (HSA) or Archer MSA? |
| □Yes □No | Did you receive any distributions from a Health savings account (HSA)? Include **Forms 1099-SA and Form 5498-SA** |
| □Yes □No | Did you pay long-term care premiums for yourself or your family? |
| **ITEMIZED DEDUCTION INFO** | □Yes □No | Did you pay any interest on a loan for a boat or RV that has living quarters? |
| □Yes □No | Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement. |
| □Yes □No | Did you incur any business casualty or theft loss or any condemnation awards during the year? |
| □Yes □No | Do you have evidence to substantiate all of your charitable deductions? |
| □Yes □No | Did you make any major purchases during the year (cars, boats, motorhomes, etc.)? |
| **MISCELLANEOUS INFORMATION** | □Yes □No | Did you make any gifts of more than $15,000 to any individual? |
| □Yes □No | **Did you acquire, use, dispose of or hold any virtual currency (such as bitcoin)?** |
| □Yes □No | Did you pay any individual as a household employee during the year? |
| □Yes □No | Did you make any solar energy improvements to any property you own? |
| □Yes □No | Did you make energy efficient improvement to your main home this year? |
| □Yes □No | Did you incur expenses as an elementary or secondary educator? If so, how much? |
| □Yes □No | Have you paid alternative minimum tax (AMT) in previous years? |
| □Yes □No | Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? |
| □Yes □No | Did you have a financial interest in or signature authority over a financial account such as bank account, securities account, or brokerage account, located in a foreign country? |
| □Yes □No | Do you have any foreign financial accounts, foreign financial assets, or hold an interest in a foreign entity? |
| □Yes □No | Did you receive correspondence from the State or the Internal Revenue Service?  If so, explain |
| □Yes □No | Did you receive an Identity Protection PIN from the Internal Revenue Service or have you been a victim of identity theft? If yes, attach the IRS letter. |
| □Yes □No | Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. |
| □Yes □No | Would you like the IRS and State to discuss your tax return with your tax preparer if any questions should arise? |
| □Yes □No | Are you a member of the Military? |
| □Yes □No | Has your will or trust been updated in the last three years? |
| □Yes □No | **Did you receive your two stimulus checks? Amounts received \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Income Information** | | | | | | | | | | | |
| Please bring in all supporting documentation such as W-2’s, 1099’s, 1095 from Marketplace healthcare, K-1’s from employers, partnerships, S corporations, estates and trusts, brokerage houses, mutual funds, banks and credit unions, etc. for the following: | | | | | | | | | | | |
| * Wages, salaries and tips * Interest income * Tax exempt interest income received (attach year-end statement) * Dividends * Stock sales * Retirement income including pensions and IRA’s \* * Debt Forgiveness | | | | * Annuities * Unemployment compensation (Form 1099-G) * Social Security (attach Social Security report   Form SSA-1099)   * Railroad retirement * State income tax refund * Gambling winnings | | | | | | | |
| ***\* You were not required to take your RMD’s for 2020. The whole year is a grace period. If you did, please provide form 1099-R****.* | | | | | | | | | | | |
| *Please provide a total amount for (if applicable):* | | | | | | | | | | | |
| Public assistance | | $ | | | | Strike benefits | | | | $ | |
| Prizes/award | | $ | | | | Scholarships | | | | $ | |
| Education grants | | $ | | | | Tips/gratuities not reported on W-2 | | | | $ | |
| Veterans disability | | $ | | | | Workers compensation | | | | $ | |
| Bartering | | $ | | | | Other | | | | $ | |
| Alimony received | | $ | | | |  | | | |  | |
| *If any of the following apply, please attach detail of receipts and expenditures. Did you obtain a PPP or EIDL loan? Contact us if you need additional help:*   * Business (Schedule C) * Rental (Schedule E) including type of property and full address * Farm (Schedule F) * Installment sale payments received on a previously reported transaction | | | | | | | | | | | |
| *Interest $* | *Principal $* | | | | *Payor* | | | | *Social security #* | | |
|  |  | | | |  | | | |  | | |
| **Sales and Exchange Worksheet – Please bring 1099’s you received** | | | | | | | | | | | |
| Provide information about sales of stock, real estate or other property, along with Forms 1099-B, 1099-S, or other supporting statements. | | | | | | | | | | | |
| *Description* | | | *Purchase date* | | | | *Cost* | *Selling date* | | | *Sale price* |
|  | | |  | | | | $ |  | | | $ |
|  | | |  | | | | $ |  | | | $ |
|  | | |  | | | | $ |  | | | $ |
|  | | |  | | | | $ |  | | | $ |
| *We need exact purchase and sale dates and cost including reinvestments, if applicable, to determine the capital gain rate which applies. Electronic spreadsheets can be imported into our tax package. Your statements from your broker (Form 1099-B) sometimes provide the cost/basis information necessary to compute gain or loss.* ***If the statement does not contain this information, you must provide it.*** | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other Adjustment/Credits** | | | | | | | | | | | | | |
| **Retirement Plans** | | | | | | | | | | | | | |
| IRA Maximum $6,000 for 2020 (additional $1,000 if 50 years or older) | | | | | | | | | | | | | |
| *Traditional or Roth IRA* ***(indicate which):*** | | | | | *Date made* | | | | Amount | | | | |
| Taxpayer | | | | |  | | | | $ | | | | |
| Spouse | | | | |  | | | | $ | | | | |
| If amount listed is not the maximum, do you want to contribute the maximum? | | | | | | | | | □Yes □No | | | | |
| Did you make a retirement plan rollover to a traditional or Roth IRA in 2020? If yes, amount | | | | | | | | | $ | | | | |
| Do you or your spouse actively participate in an employer plan? | | | | | | | Self: □Yes □No | | Spouse: □Yes □No | | | | |
| Did you make contributions for a self-employed SEP, Simple and/or qualified plan? | | | | | | | | | $ | | | | |
| *Some contributions for 2020 can be made in 2021* | | | | | | | | | | | | | |
| **Child Care Credit** | | | | | | | | | | | | | |
| *Child care expenses paid to allow parent to work or go to school (please estimate for each child):* | | | | | | | | | | | | | |
| The following information is needed for each provider in order to claim the credit/totals should agree to dependent totals: | | | | | | | | | | | | | |
| *Provider name* | | | | | | *Provider name* | | | | | | | |
| *Address* | | | | | | *Address* | | | | | | | |
| *Social security or ID number* | | | | | | *Social security or ID number* | | | | | | | |
| *TOTAL PAID $* | | | | | | *TOTAL PAID $* | | | | | | | |
| Amount you elected to defer through your payroll to a cafeteria or flex plan for child care in 2020 – *should agree to W-2 box 10* | | | | | | | | | | | $ | | |
| **Higher Education Deductions and/or Credits** | | | | | | | | | | | | | |
| Qualified tuition and course fees paid for student attending eligible education institutions post high school. Please attach your **tuition settlement statements and 1098T’s.**  We need the institutions EIN, name and address. | | | | | | | | | | | | | |
| □Yes □No | Were any children  attending college? | | *Year in*  *college* | Paid by You: *Tuition* $ | | | | *Student loan interest* $ | | | | | *Books* $ |
| Paid by student: *Tuition* $ | | | | *Student loan interest* $ | | | | | *Books* $ |
| *Other expenses:* | | | | | | | | | | | | |
| □Yes □No | Did you pay any tuition for a private school for a dependent child or take classes yourself? | | | | | | | | | | | | |
| *Student* | | | | | | | | | *Amount paid* $ | | | |
| *Name and address of school* | | | | | | | | | | | | |
| Qualified Student Loan Interest Paid in 2020 for you, spouse or dependent  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □Taxpayer □Spouse □Dependent  *$2,500 Maximum per year – Income Limits Apply* | | | | | | | | | | | | | |
| Education Savings Account (ESA) - *maximum $2,000 for 2021* | | | | | | | | | | | | | |
| Contributions made in 2020 | | $ | | | | Distributions received in 2020 | | | $ | | | | |
| **Adjustments Worksheet** | | | | | | | | | | | | | |
| Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum $250 each ($500 joint) | | | | | | | | | | | | $ | |
| Are you covered by a Health Savings Account (HSA)? Amount of deductible contributions | | | | | | | | | | | | $ | |
| Self-employed SEP, Simple, and qualified plans. Some contributions for 2020 may be made in 2021. | | | | | | | | | | | | $ | |
| Self-employed health insurance deduction. (Sole proprietors) | | | | | | | | | | | | $ | |
| Penalty on early withdrawal of savings. | | | | | | | | | | | | $ | |
| Moving expenses. Job-related move and at least 50-mile increase in commuting distance. **ARMED FORCES ONLY** | | | | | | | | | | | | Ask preparer | |
| Business expenses of reservists, performing artists, and fee-based government officials. | | | | | | | | | | | | Ask preparer | |
| Charitable contributions for year (up to $300 deduction even if you do not itemize). | | | | | | | | | | | | $ | |

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| **Questions to Be Discussed During Your Tax Return Interview:** | | | | | | | | | | | |
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|  | | | | | | | | | | | |
| **Itemized Deductions paid during 2020** | | | | | | | | | | | |
| *Deductions must generally exceed $12,400 for single; $24,800 for MFJ; $18,650 HOH; or $12,400 MFS to be a benefit.* | | | | | | | | | | | |
| **Medical** *– Must exceed 7.5% of AGI* | | | | | | | | | | | |
| Prescription medicines and drugs | $ | | | | Doctor, dentist, etc. | | | | $ | | |
| Medical insurance premiums paid | $ | | | | Hospitals/Nursing Home fees | | | | $ | | |
| Medicare insurance paid (SSA-1099) | $ | | | | Lab fees/X rays | | | | $ | | |
| Long-term care insurance premiums | Taxpayer $ | | | | Eyeglasses and contacts | | | | $ | | |
|  | Spouse $ | | | | Hearing aids | | | | $ | | |
| Ambulance | $ | | | | Medical Supplies | | | | $ | | |
| Number of medical miles: @ 17.0 cents per mile | | | | | | | | | | |
| Lodging - *limit of $50 per day per person* | $ | | | | | | | | | |
| Total insurance and HSA reimbursement if not netted in above figures | | | | $ | | | | | | |
| **Taxes – Do not include taxes paid for full or partial business or rental-use property.** | | | | | | | | | | |
| *Real estate taxes on personal residence:* | | | | | *Amount* | | | | | *Date paid* | |
| Taxable value of residence Township/City | | | | | *$* | | | | | | |
| 2019 Winter | | | | | *$* | | | | |  | |
| 2020 Summer | | | | | $ | | | | |  | |
| 2020 Winter | | | | | $ | | | | |  | |
| Other real estate taxes on land, camp, etc.: | | | | | $ | | | | | | |
| Licenses fees on vehicles | | | | | $ | | | | | | |
| □Yes □No Did you keep receipts for sales tax paid during 2020? Amount $ | | | | | | | | | | |
| □Yes □No Did you purchase a car, plane, boat, motorcycle or home in 2020? | | | | | | | | | | |
| *Sales tax paid $* | | *Purchase paid $* | | | | | *Date / /* | | | |
| **Interest Expense** | | | | | | | | | | |
| *Principal residence and one vacation residence (boat or recreational vehicle with living accommodations)* | | | | | | | | | | |
| House mortgage paid to financial institution (attach Form 1098 received from lender) | | | | | | $ | | | | |
| Home equity or home improvement loan | | | | | | $ | | | | |
| House mortgage or contract paid to individual: | | | | | | $ | | | | |
| *Name Social Security #* | | | | | | | | | | |
| *Address* | | | | | | | | | | |
| New mortgage or refinance? For how many payments? Date / / | | | | | | | | | | |
| Points Paid | | | | | | | | | | |
| *If you refinanced a mortgage or purchased a new residence – please bring in closing papers* | | | | | | | | $ | | |
| Investment Interest - *i.e., on debt to carry stocks, bonds or investments:* | | | | | | | | | | |
| List: | | | | | | | | $ | | |
| **Charitable** | | | | | | | | | | | |
| Cash to church and charities \* | | | $ | | | | | | | | |
| Noncash contribution - Fair market value of items given | | | $ | | | | | | | | |
| *If over $500, provide details of contributions. Items must be in good used condition or better* | | | | | | | | | | | |
| Out-of-pocket expenses for charities | | | $ | | | | | | | | |
| Charitable miles *(14 cents per mile)* | | | | | | | | | | | |
| Did you or your spouse make a contribution from an IRA directly to a charitable organization? | | | □Yes □No | | | | | | | | |
| *\* Current tax law requires taxpayers to have the following for all tax deductions to a charitable contribution of cash, check, or any other monetary gift:*  *(1) a bank record or (2) a written communication from the charity that adequately documents the donation. If the donation is $250 or more, you must*  *Have the appropriate written communications from the charity.* | | | | | | | | | | | |
| **Casualty and Theft Loss** | | | | | | | | | | |
| If you suffered any sudden, unexpected damage or loss of property or a theft, provide details to your preparer. (Federally declared disaster area only) | | | | | | | | | | |
| **Miscellaneous Deductions** - *Attach detail if applicable:* Were any expenses reimbursed by your employer □Yes □ No | | | | | | | | | | |
| Gambling losses *(Deductible only up to the amount of gambling winning reported. A log must be kept to verify losses.)* | | | | | | | | $ | | |
|  | | | | | | | | $ | | |