

John Murray

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Tax Deduction Recorder

Taxable Year 2016

Filing Status:

- Single
- Head of Household
- Joint
- Married Separate

During the last taxable year:

- I was married date _____
- Divorced, Date _____
- Suffered death of _____
- Spouse, Date _____

Your Personal Information

Your Name		Date of Birth
Home Address, City State Zip		Bus phone #
Occupation	Social Sec Number	Home Phone #

Your Spouse

Your Spouse Name		
Home Address, City State Zip		
Occupation	Social Security Number	
Date of Birth	Bus phone #	Home Phone #

Dependents

Name	Social Sec #	Date of Birth	Resides in your home	% of support you paid	Dependent's Income

Note: The dependent exemption goes to the parent if they provided more than 50% of support

This section need not be filled out if all W-2's for wages and 1099's for interest and dividends are attached

Wage & Salary Income	Enclose W-2's
List names of employers	Amount

Dividend Income	Include 1099 forms
Name of payer	Amount

Interest Income	Include 1099 forms
Name of payer	Amount

Other	
Social Security	
Social Security	

Estimated Tax payments- not withheld on W-2's

	Federal	State
Credit Prior year		
Paid Jan 15th for prior year		
Paid/w extension Apr 15 for prior year		
Apr 15th 2016 for 2015		
June 15th 2016 for 2016		
Sept 15th 2016 for 2016		
Jan 15th 2017 for 2016		

Medical Deductions

	Company Name	Amount paid by you	# Miles	Medicine & Drugs	Amount paid by you	# Miles
1				Prescriptions		
2						
3						
4						
5						
6						
7						
8						
9						
Total:		-		Total:		-

Misc Medical	Amount paid by you	# Miles
wheechair or special equipment		
Artificial teeth or limbs		
Eyeglasses		
Hearing aids and batteries		
Crutches		
Therapy, X-rays and similar services		
Nursing Services		
Face lift operation		
Payment for acupuncture		
Purchase or rental of medical/healing equip.		
Special Schooling		
Ambulance service		
Medical supplies		
Lab tests		
other:		
Total:	-	-

Medical Insurance & Medicare	by you
Total:	-

Do you have medical insurance ?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Stock or Property Sales

	Name of Stock	Date Acquired	Date Sold	Amounts	Purchase Price	Gain /Loss
1						
2						
3						
4						
5						
6						
7						
8						
9						

Tax & Interest Deductions

Interest Expense		Amount	Taxes		Amount	Contributions		Amount
Mortgage interest						Hospitals/Schools		
Percentage points paid to acquire loan						Churches/Synagogues		
Mortgage prepayment penalties			State Income Tax			Veteran's organizations		
						Payments over fair market value for banquets/balls/shows		
			City/County tax			Fair market value of donated articles to charity		
Forfeited interest penalty for early withdrawal						Transportation or mileage for charitable work		
Life insurance loan interest			Real Estate tax			Expenses incurred as duly elected delegate to convention		
1 other:			Sales Tax			United Way		
2						Scouts		
3			Auto License Tabs			Heart		
						Cancer		
						Diabetes		
						Other		

Miscellaneous		Amount	Other miscellaneous deductions	
Employment firm fees				
Employee--tools				
Protective clothing				
Dues--professionals association or union				
Uniforms				
Subscriptions				
Tax Counsel				
Investment expenses				
Publications				
Supplies				
Safe deposit box				
Property damage and theft				
IRA-Keogh			Alimony paid--name	
other			Soc Sec #	
Total:	-		Amount	

Child Care Expense			
Name of Provider	Address	SS#	Amount
Total			

