

John Murray

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Tax Deduction Recorder

Taxable Year 2018

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
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Home Address, City State Zip		
<input style="width: 100%;" type="text"/>		Bus phone #
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Occupation	Social Sec Number	Home Phone #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Your Spouse

Your Spouse Name		
<input style="width: 100%;" type="text"/>		
Home Address, City State Zip		
<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>		
Occupation	Social Security Number	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Date of Birth	Bus phone #	Home Phone #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Dependents

Name	Social Sec #	Date of Birth	Resides in your home	% of support you paid	Dependent's Income
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Dividend Income		Include 1099 forms
Name of payer	Amount	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Interest Income		Include 1099 forms
Name of payer	Amount	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Other	
Social Security	<input style="width: 100%;" type="text"/>
Social Security	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

	Federal	State
Credit Prior year	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Paid Jan 15th for prior year	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Paid/w extension Apr 15 for prior year	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Apr 15th 2018 for 2018	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
June 15th 2018 for 2018	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sept 15th 2018 for 2018	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Jan 15th 2019 for 2018	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Medical Deductions

Company Name	Amount paid by you	# Miles	Medicine & Drugs	Amount paid by you	# Miles	Misc Medical	Amount paid by you	# Miles
1			Prescriptions			Wheelchair or special equipment		
2						Artificial teeth or limbs		
3						Eyeglasses		
4						Hearing aids and batteries		
5						Crutches		
6						Therapy, X-rays and similar services		
7						Nursing Services		
8						Face lift operation		
9						Payment for acupuncture		
Total:				-				
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					

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	
		Other taxes paid		Fair market value of donated articles to charity	
Forfeited interest penalty for early withdrawal					
Life insurance loan interest		Real Estate tax		Transportation or mileage for charitable work	
				Expenses incurred as duly elected delegate to convention	
other:		Sales Tax			
				United Way	
		Auto License Tabs		Scouts	
				Heart	
				Cancer	
				Diabetes	
				Other	

Miscellaneous	Amount	<i>Other miscellaneous deductions</i>	
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	Address	SS#	Amount
Name of Provider			
Total			

