

## **Tax Deduction Recorder**

2018 **Certified Public Accountant Taxable Year** 888 County Road D # 101 New Brighton MN 55112 Filing Status: During the last taxable year: 651-631-1717 Single I was married date Head of Household fax 651-636-5467 Divorced, Date Suffered death of Email: MurrayCPA@juno.com **Joint** Married Separate Spouse, Date **Your Personal Information Your Spouse** Your Spouse Name **Your Name** Date of Birth Home Address, City State Zip Home Address, City State Zip Bus phone # Home Phone # Occupation Social Sec Number Occupation Social Security Number Date of Birth Bus phone # Home Phone # **Dependents** % of support Dependent's Date of Resides in Name Social Sec # Birth your home you paid 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 **Dividend Income** Enclose W-2's Include 1099 forms List names of employers Name of payer Amount Amount Interest Income Include 1099 forms Name of payer Other Amount **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	2018	for 2018		
June 15th	2018	for 2018		
Sept 15th	2018	for 2018		
Jan 15th	2019	for 2018		

**Medical Deductions Amount paid** Amount by you paid by you # Miles Amount paid by you **Company Name** Medicine & Drugs # Miles Misc Medical # Miles Wheelchair or special equipment Prescriptions Artificial teeth or limbs Eyeglasses Hearing aids and batteries Crutches Therapy, X-rays and similar services Nursing Services Face lift operation Payment for acupuncture Total: Total: Purchase or rental of medical/healing equip. **Medical Insurance & Medicare** by you Special Schooling Ambulance service Medical supplies Lab tests other: Total: No Yes Total: Do you have medical insurance? **Stock or Property Sales** Date **Amounts** Date

		24.0	- 4.0	7		
	Name of Stock	Acquired	Sold	Sale Price	Puchase Price	Gain /Loss
1						
2						
3						
4						
5						
			1			

**Tax & Interest Deductions Interest Expense Taxes Contributions** Amount **Amount** Amount Mortgage interest Hospitals/Schools Percentage points paid to acquire Ioan Churches/Synagogues Mortgage prepayment penalties State Income Tax Veteran's organizations Payments over fair market value for banquets/balls/shows Fair market value of donated Other taxes paid articles to charity Forfeited interest penalty for early withdrawal Life insurance loan Transportation or mileage for interest Real Estate tax charitable work Expenses incurred as duly other: Sales Tax elected delegate to convention **United Way** Auto License Tabs **Scouts** Heart Cancer **Diabetes** Miscellaneous Other Amount Other miscellaneous deductions Employment firm fees Employee--tools Protective clothing Dues--professionsal association or union Uniforms Subscriptions Tax Counsel Investment expenses **Publications** Supplies Safe deposit box

Property damage and theft	Alimony paidname			
other Total:	 Soc Sec # Amount		J	
Child Care Expense				
Name of Provider	Address	SS#	Amount	
		Total		

## **Profit or Loss from Sole Proprietorship**

		_		_	
Name of Pro	priotorchin	]	Soc Sec #	] [	Employer ID #
Name of Pro	prietorsnip	1	Soc Sec #		Employer ID #
		J			
Main Business Ac	ctivity or Product			0:1	710
		-	Business Address	City , State	ZIP
Income		]		]	
Deductions	Sales or Receipts		Returns or Allowances	6	Net Sales
		]	Office Supplies		
Freight		1	Rental Property		
Materials		1	Rental Equip		
		1	Repairs & Maint		
		1	Supplies		
Car/Truck Exp			Taxes		
Bus. Miles		1	Travel & Lodging		
Total Miles		1	Meals		
		1	Utilities		
Advertising		1	Wages		
		1	Postage		
Commissions		1	Storage		
Subcontracts		1	Telephone		
		1	Seminars		
		1	Dues		
Employee Benefits		1	Laundry/ Cleaning		
Insurance		1	Bad Debts		
Interest on Bus debt			Bank Charges		
Accounting			Itemized Auto Expenses		
Legal			Gas		
			Oil		
			Repair & Maint		
Equipment Purchases	5	=	Insurance		
Description	Date		Washes		
		Amount	*Mileage @ 0.54	# miles	
			Business mileage		
			Total mileage		
			1		
Other Information				-	
		1			