

| Yes | No | <u>Purchases, Sales, Gains and Losses</u> | |
|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

| Yes | No | <u>Business and Rental Property Income & Deductions</u> | |
|--------------------------|--------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive income from raising animals or crops? |

| Yes | No | <u>Other Deductions</u> | |
|--------------------------|--------------------------|--------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you refinance a mortgage or take out a home equity loan during 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle? |

| Yes | No | <u>Miscellaneous</u> | |
|--------------------------|--------------------------|-----------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

Yes No

Return preparation and filing

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account: Checking Savings

3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's
name _____

Phone
Number _____

Personal identification
Number (5 digit PIN) _____

Name _____

SSN _____

Wages

W-2 Information

| "X" if spouse | Employer's Name | Box 1 Wages, Tips Other Comp | Box 2 Federal Income Tax Withheld | Box 16 State Wages | Box 17 State Income Tax Withheld |
|--|------------------------|---|--|---|---|
| <input type="checkbox"/> | 1 | | | | |
| <input type="checkbox"/> | 2 | | | | |
| <input type="checkbox"/> | 3 | | | | |
| <input type="checkbox"/> | 4 | | | | |
| <input type="checkbox"/> | 5 | | | | |
| <input type="checkbox"/> | 6 | | | | |
| <input type="checkbox"/> | 7 | | | | |
| <input type="checkbox"/> | 8 | | | | |
| <input type="checkbox"/> | 9 | | | | |
| <input type="checkbox"/> | 10 | | | | |
| <input type="checkbox"/> | 11 | | | | |
| <input type="checkbox"/> | 12 | | | | |
| <input type="checkbox"/> | 13 | | | | |
| <input type="checkbox"/> | 14 | | | | |
| <input type="checkbox"/> | 15 | | | | |
| <input type="checkbox"/> | 16 | | | | |
| <input type="checkbox"/> | 17 | | | | |
| <input type="checkbox"/> | 18 | | | | |
| <input type="checkbox"/> | 19 | | | | |
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| <input type="checkbox"/> | 35 | | | | |
| <input type="checkbox"/> | 36 | | | | |
| <input type="checkbox"/> | 37 | | | | |
| <input type="checkbox"/> | 38 | | | | |
| <input type="checkbox"/> | 39 | | | | |
| <input type="checkbox"/> | 40 | | | | |
| <input type="checkbox"/> | 41 | | | | |
| <input type="checkbox"/> | 42 | | | | |
| <input type="checkbox"/> | 43 | | | | |

Name _____

SSN _____

Retirement Income

1099-R Information

| "X" if spouse | | Payer's Name | Box 1 Gross Distribution | Box 4 Federal Income Tax Withheld | Box 16 State Distribution | Box 14 State Income Tax Withheld |
|--------------------------|----|---------------------|---|--|--|---|
| <input type="checkbox"/> | 1 | | | | | |
| <input type="checkbox"/> | 2 | | | | | |
| <input type="checkbox"/> | 3 | | | | | |
| <input type="checkbox"/> | 4 | | | | | |
| <input type="checkbox"/> | 5 | | | | | |
| <input type="checkbox"/> | 6 | | | | | |
| <input type="checkbox"/> | 7 | | | | | |
| <input type="checkbox"/> | 8 | | | | | |
| <input type="checkbox"/> | 9 | | | | | |
| <input type="checkbox"/> | 10 | | | | | |
| <input type="checkbox"/> | 11 | | | | | |
| <input type="checkbox"/> | 12 | | | | | |
| <input type="checkbox"/> | 13 | | | | | |
| <input type="checkbox"/> | 14 | | | | | |
| <input type="checkbox"/> | 15 | | | | | |
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| <input type="checkbox"/> | 18 | | | | | |
| <input type="checkbox"/> | 19 | | | | | |
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| <input type="checkbox"/> | 34 | | | | | |
| <input type="checkbox"/> | 35 | | | | | |
| <input type="checkbox"/> | 36 | | | | | |
| <input type="checkbox"/> | 37 | | | | | |
| <input type="checkbox"/> | 38 | | | | | |
| <input type="checkbox"/> | 39 | | | | | |
| <input type="checkbox"/> | 40 | | | | | |
| <input type="checkbox"/> | 41 | | | | | |
| <input type="checkbox"/> | 42 | | | | | |
| <input type="checkbox"/> | 43 | | | | | |

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

| Expenses | | Current Year Amount | Prior Year Amount |
|--------------------------|--|---------------------|---|
| 29 | Advertising | 29 | |
| 30 | Contract labor | 30 | |
| 31 | Commissions and fees | 31 | |
| 32 | Depletion | 32 | |
| 33 | Employee benefit programs (other than on line 39) | 33 | |
| 34 | Insurance (other than health) | 34 | |
| Interest: | | | |
| 35 | Mortgage (paid to banks, etc.) | 35 | |
| 36 | Other | 36 | |
| 37 | Legal and professional services | 37 | |
| 38 | Office expense | 38 | |
| 39 | Pension and profit-sharing plans | 39 | |
| Rent or Lease: | | | |
| 40 | Machinery rental or lease | 40 | |
| 41 | Equipment rental or lease | 41 | |
| 42 | _____ | 42 | |
| 43 | _____ | 43 | |
| 44 | _____ | 44 | |
| | Other business property rental or lease | | |
| 45 | _____ | 45 | |
| 46 | _____ | 46 | |
| 47 | _____ | 47 | |
| 48 | Repairs and maintenance | 48 | |
| 49 | Supplies (not included in inventory cost of goods sold) | 49 | |
| 50 | Taxes and licenses | 50 | |
| Travel and Meals: | | | |
| Travel | | | |
| 51 | _____ | 51 | |
| 52 | _____ | 52 | |
| 53 | _____ | 53 | |
| 54 | _____ | 54 | |
| Meals | | | |
| 55 | Enter "X" in the box if subject to DOT hours of service limits | 55 | <input type="checkbox"/> <input type="checkbox"/> |
| 56 | _____ | 56 | |
| 57 | _____ | 57 | |
| 58 | _____ | 58 | |
| 59 | _____ | 59 | |
| 60 | Utilities | 60 | |
| 61 | Wages | 61 | |
| Other Expenses: | | | |
| 62 | _____ | 62 | |
| 63 | _____ | 63 | |
| 64 | _____ | 64 | |
| 65 | _____ | 65 | |
| 66 | _____ | 66 | |
| 67 | _____ | 67 | |
| 68 | _____ | 68 | |
| 69 | _____ | 69 | |
| 70 | _____ | 70 | |

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

| | | Vehicle - | | Vehicle - | |
|------------------------|---|---------------------|-------------------|---------------------|-------------------|
| | | Current Year Amount | Prior Year Amount | Current Year Amount | Prior Year Amount |
| 1 | Date vehicle was placed in service 1 | | | | |
| 2 | Cost of vehicle 2 | | | | |
| 3 | Total miles driven for the year 3 | | | | |
| 4 | Business miles driven during the year 4 | | | | |
| 5 | Commuting miles included on line 3 5 | | | | |
| 6 | Parking fees and tolls 6 | | | | |
| 7 | Vehicle Interest 7 | | | | |
| 8 | Vehicle Personal Property tax 8 | | | | |
| Actual Expenses | | | | | |
| 9 | Gasoline, oil and repairs 9 | | | | |
| 10 | Vehicle Insurance 10 | | | | |
| 11 | Vehicle registration fees 11 | | | | |
| 12 | Vehicle lease or rental 12 | | | | |
| 13 | _____ 13 | | | | |

| | | Vehicle - | | Vehicle - | |
|------------------------|---|---------------------|-------------------|---------------------|-------------------|
| | | Current Year Amount | Prior Year Amount | Current Year Amount | Prior Year Amount |
| 1 | Date vehicle was placed in service 1 | | | | |
| 2 | Cost of vehicle 2 | | | | |
| 3 | Total miles driven for the year 3 | | | | |
| 4 | Business miles driven during the year 4 | | | | |
| 5 | Commuting miles included on line 3 5 | | | | |
| 6 | Parking fees and tolls 6 | | | | |
| 7 | Vehicle Interest 7 | | | | |
| 8 | Vehicle Personal Property tax 8 | | | | |
| Actual Expenses | | | | | |
| 9 | Gasoline, oil and repairs 9 | | | | |
| 10 | Vehicle Insurance 10 | | | | |
| 11 | Vehicle registration fees 11 | | | | |
| 12 | Vehicle lease or rental 12 | | | | |
| 13 | _____ 13 | | | | |

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

- 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1
- 2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

- 3 Multiply days used for daycare during year by hours used per day 3
- 4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

- 5 Casualty losses 5
- 6 Excess mortgage interest 6
- 7 Excess real estate taxes 7
- 8 Insurance 8
- 9 Rent 9
- 10 Repairs and maintenance 10
- 11 Utilities 11
- 12 Other Expenses:

| Current Year Amount | Prior Year Amount |
|---------------------|-------------------|
| | |
| | |

| | |
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| | |

Business Allocation:

- Business 1: _____
- Business 2: _____
- Business 3: _____
- Business 4: _____

| Current Year Allocation % | Prior Year Allocation % |
|---------------------------|-------------------------|
| | |
| | |
| | |
| | |

Business: _____

Additional expenses related to business portion only (Direct)

- 13 Casualty losses 13
- 14 Excess mortgage interest 14
- 15 Excess real estate taxes 15
- 16 Insurance 16
- 17 Rent 17
- 18 Repairs and maintenance 18
- 19 Utilities 19
- 20 Other Expenses:

| Current Year Amount | Prior Year Amount |
|---------------------|-------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

- a _____ 20a
- b _____ 20b
- c _____ 20c
- d _____ 20d
- e _____ 20e

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____

Address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

| | Current Year Info | Prior Year Info |
|--|--------------------------|--------------------------|
| 1a Owner of property (Enter Filer, Spouse, or Joint) | | |
| 1b Enter property type number (1 to 8) | <input type="text"/> | <input type="text"/> |
| (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other | | |
| 2 Enter "X" if you actively participated? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a If entered ("X"), enter the number of days of personal use? | <input type="text"/> | <input type="text"/> |
| 3b If entered ("X"), enter the number of days rented? | <input type="text"/> | <input type="text"/> |

| Income | Current Year Amounts | Prior Year Amounts |
|--|----------------------|--------------------|
| 4 Royalty received | | |
| 5 Rent received | | |
| a If rental real estate, enter the percent of ownership if less than 100% | | |
| b Rental use percentage for property used partially for personal use only | | |
| 6 Other Income | | |

| Property Expense | Current Year Amounts | Prior Year Amounts |
|---|----------------------|--------------------|
| 7 Advertising | | |
| 8 Cleaning and maintenance | | |
| 9 Commissions | | |
| 10 Insurance | | |
| 11 Legal and other professional fees | | |
| 12 Management fees | | |
| 13 a Qualified mortgage interest paid to banks, etc. | | |
| b Other mortgage interest paid to banks, etc. | | |
| 14 Other interest | | |
| 15 Repairs | | |
| 16 Supplies | | |
| 17 a Real estate taxes | | |
| b Other Taxes | | |
| 18 Utilities | | |

| Assets Placed in Service This Year | Date Placed In Service | Purchase Amount |
|------------------------------------|------------------------|-----------------|
| A Description: _____ | | |
| B _____ | | |
| C _____ | | |
| D _____ | | |
| E _____ | | |
| F _____ | | |
| G _____ | | |

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____
20 _____
21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

| | Current Year | Prior Year |
|----|--------------|------------|
| 19 | | |
| 20 | | |
| 21 | | |
| 22 | | |
| 23 | | |
| 24 | | |
| 25 | | |
| 26 | | |

Travel Expenses:

27 _____
28 _____
29 _____
30 _____
31 _____
32 _____
33 _____
34 _____

| | Current Year | Prior Year |
|----|--------------|------------|
| 27 | | |
| 28 | | |
| 29 | | |
| 30 | | |
| 31 | | |
| 32 | | |
| 33 | | |
| 34 | | |

Meals Expenses:

35 _____
36 _____
37 _____
38 _____
39 _____
40 _____
41 _____
42 _____

| | Current Year | Prior Year |
|----|--------------|------------|
| 35 | | |
| 36 | | |
| 37 | | |
| 38 | | |
| 39 | | |
| 40 | | |
| 41 | | |
| 42 | | |

Name _____

SSN _____

K-1 Income

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J Entity Name

| | |
|----|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |
| 4 | _____ |
| 5 | _____ |
| 6 | _____ |
| 7 | _____ |
| 8 | _____ |
| 9 | _____ |
| 10 | _____ |
| 11 | _____ |
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| 37 | _____ |
| 38 | _____ |
| 39 | _____ |
| 40 | _____ |
| 41 | _____ |
| 42 | _____ |
| 43 | _____ |

Enter "S" if K1 (1120S)
Enter "P" if K1 (1065)
Enter "E" if K1 (1041)

| | | Unreimbursed Partnership Exp. Current Year |
|----|-------|--|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |
| 4 | _____ | _____ |
| 5 | _____ | _____ |
| 6 | _____ | _____ |
| 7 | _____ | _____ |
| 8 | _____ | _____ |
| 9 | _____ | _____ |
| 10 | _____ | _____ |
| 11 | _____ | _____ |
| 12 | _____ | _____ |
| 13 | _____ | _____ |
| 14 | _____ | _____ |
| 15 | _____ | _____ |
| 16 | _____ | _____ |
| 17 | _____ | _____ |
| 18 | _____ | _____ |
| 19 | _____ | _____ |
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| 22 | _____ | _____ |
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| 24 | _____ | _____ |
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| 34 | _____ | _____ |
| 35 | _____ | _____ |
| 36 | _____ | _____ |
| 37 | _____ | _____ |
| 38 | _____ | _____ |
| 39 | _____ | _____ |
| 40 | _____ | _____ |
| 41 | _____ | _____ |
| 42 | _____ | _____ |
| 43 | _____ | _____ |

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

| (a) Name and Address of the Donee Organization | | (b) Description of Donated Property |
|--|--|-------------------------------------|
| 1 | Name Address City State Zip Code | |
| 2 | Name Address City State Zip Code | |
| 3 | Name Address City State Zip Code | |
| 4 | Name Address City State Zip Code | |
| 5 | Name Address City State Zip Code | |

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

| | (c) Date of the Contribution | (d) Date Acquired mm/dd/yyyy | (e) How Acquired | (f) Cost or Adjusted Basis | (g) Fair Market Value F. M. V. | (h) Method Used to Determine the F. M. V. |
|----------|------------------------------|------------------------------|------------------|----------------------------|--------------------------------|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |