

CONTRIBUTIONS

Cash, check, or charge

<u>Donee</u>	<u>Gross amount</u>	<u>FMV services or merchandise received in return</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: you may include any credit card charges made in December even if they are not paid until January.

Individual contributions equal to or greater than \$250 must be substantiated in writing by donee.

- Contribution carryover from prior years
Please provide support and details.

Charitable mileage and expenses _____

Non-cash contributions

<u>Donee</u>	<u>Address of donee</u>	<u>Description of gift</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

	<u>Date of purchase</u>	<u>Date of contribution</u>	<u>Original cost</u>	<u>FMV of gift</u>	<u>How property was acquired (see Table A)</u>	<u>Method used to determine FMV (see Table B)</u>
1.	___/___/___	___/___/___	_____	_____	_____	_____
2.	___/___/___	___/___/___	_____	_____	_____	_____
3.	___/___/___	___/___/___	_____	_____	_____	_____
4.	___/___/___	___/___/___	_____	_____	_____	_____
5.	___/___/___	___/___/___	_____	_____	_____	_____
6.	___/___/___	___/___/___	_____	_____	_____	_____

Acquisition of property
Table A
1 = Gift
2 = Purchase
3 = Exchange
4 = Inheritance

Determination of FMV
Table B
1 = Comparable sales
2 = Thrift shop value
3 = Appraisal
4 = Catalog

- Any gifts over \$5,000?

**NON-CASH
CONTRIBUTION
WORKSHEET**

	<u>Quantity</u>	<u>FMV</u>	<u>Total</u>
LADIES' CLOTHING			
Blouses	_____	_____	_____
Bathrobes	_____	_____	_____
Boots	_____	_____	_____
Bathing suits	_____	_____	_____
Coats	_____	_____	_____
Dresses	_____	_____	_____
Evening dresses	_____	_____	_____
Fur coats	_____	_____	_____
Handbags	_____	_____	_____
Jackets	_____	_____	_____
Suits	_____	_____	_____
Shoes	_____	_____	_____
Skirts	_____	_____	_____
Sweaters	_____	_____	_____
Slacks	_____	_____	_____
MEN'S CLOTHING			
Jackets	_____	_____	_____
Coats	_____	_____	_____
Pants/shorts	_____	_____	_____
Slacks	_____	_____	_____
Shirts	_____	_____	_____
Sweaters	_____	_____	_____
Shoes	_____	_____	_____
CHILDREN'S CLOTHING			
Blouses	_____	_____	_____
Boots	_____	_____	_____
Coats	_____	_____	_____
Dresses	_____	_____	_____
Jackets	_____	_____	_____
Jeans	_____	_____	_____
Pants	_____	_____	_____
Snowsuits	_____	_____	_____
Shoes	_____	_____	_____
Skirts	_____	_____	_____
Sweaters	_____	_____	_____
Slacks	_____	_____	_____
Shirts	_____	_____	_____
OTHER			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	<u>Quantity</u>	<u>FMV</u>	<u>Total</u>
DRY GOODS			
Blankets	_____	_____	_____
Bedspreads	_____	_____	_____
Curtains	_____	_____	_____
Drapes	_____	_____	_____
Pillows	_____	_____	_____
Sheets	_____	_____	_____
Throw rugs	_____	_____	_____
Towels	_____	_____	_____
FURNITURE			
Rugs	_____	_____	_____
Radios	_____	_____	_____
Portable TVs (B&W)	_____	_____	_____
Portable TVs (color)	_____	_____	_____
Typewriters	_____	_____	_____
Vacuum cleaners	_____	_____	_____
Baby furniture	_____	_____	_____
HOUSEHOLD ITEMS			
Bric-a-brac	_____	_____	_____
Small appliances	_____	_____	_____
Toaster	_____	_____	_____
Coffee maker	_____	_____	_____
Electric frypan	_____	_____	_____
Pots/pans	_____	_____	_____
Utensils	_____	_____	_____
Dishes	_____	_____	_____
Glassware	_____	_____	_____
Lamps	_____	_____	_____
Rugs	_____	_____	_____
Luggage	_____	_____	_____
Sewing machines	_____	_____	_____
Mirrors	_____	_____	_____
Clocks	_____	_____	_____
Chairs	_____	_____	_____
Tables	_____	_____	_____
TOTAL			0

Date of gift _____ Receipt enclosed
 Donee _____
 Donee's address _____
 City _____ State _____ Zipcode _____

MISCELLANEOUS DEDUCTIONS

TAXPAYER

SPOUSE

- 1. Job-hunting expenses
1a. Travel/airfare/lodging
1b. Food
1c. Agency fees
1d. Resumes

Other:

Description

- 1e.
1f.
1g.
1h.
1i.
1j.
2. Union dues and expenses
3. Professional society dues
4. Board of trade/real estate
5. Trade associations
6. Professional journals
7. Tools
8. Uniforms
9. Maintenance and cleaning of uniforms
10. Protective clothing
11. Tax preparation fees
12. Estate planning fees, tax portion
13. Legal fees related to tax advice
14. Legal fees related to producing or collecting taxable income
15. IRA trustee fees billed and paid separately
16. Excess deduction of estate or trust
17. Service charges on dividend reinvestment plans
18. Investment fees and expenses
19. Investment journals and publications
20. Malpractice insurance
21. Safe deposit box
22. Other:
22a.
22b.
22c.
22d.
22e.
22f.
22g.

MEDICAL EXPENSES

TAXPAYER

SPOUSE

1. Medicare B premiums	1.	_____	_____
2. Other insurance premiums	2.	_____	_____
3. Doctors and dentists	3.	_____	_____
4. Hospitals and nursing homes	4.	_____	_____
5. Transportation and lodging	5.	_____	_____
6. Miles driven for medical treatment	6.	_____	_____
7. Parking for medical treatment	7.	_____	_____
8. Eyeglasses	8.	_____	_____
9. Equipment and supplies	9.	_____	_____
10. Prescriptions and drugs	10.	_____	_____
11. Laboratory exams	11.	_____	_____
12. Insurance reimbursement on above amounts	12.	_____	_____

TAXES PAID

	<u>Name</u>	<u>Amount</u>
Prior year 4th quarter state estimate paid this year	_____	_____
Prior year 4th quarter other state estimate paid this year	_____	_____
Prior year 4th quarter local estimate paid this year	_____	_____
Prior year state extension payment	_____	_____
Prior year other state extension payment	_____	_____
Prior year local extension payment	_____	_____
Paid with prior year state return	_____	_____
Paid with prior year other state return	_____	_____
Paid with prior year local return	_____	_____
State taxes paid in current year for prior year	_____	_____
Local taxes paid in current year for prior year	_____	_____
Real estate taxes, principal residence *	_____	_____
Real estate taxes, second residence *	_____	_____
Real estate taxes, investment property *	_____	_____
Personal property taxes	_____	_____
Auto license fees, if based on value	_____	_____
Foreign income taxes paid (if not withheld on interest or dividends)	_____	_____

* Include closing statement for any properties bought or sold

INTEREST EXPENSE

Home mortgage

Payee	Principal home (P) Second home/vacation residence (S) Home equity (HE)	Reported on Form 1098 Yes/No	Amount	
			Taxpayer	Spouse

Points paid on refinancing, current year _____

Points paid previously and being amortized _____

Prior points paid _____

Date paid ____ / ____ / ____

Life of loan financed _____

If previously refinanced, what was balance
of debt owed prior to refinancing? _____

If second home is a boat, motor home, etc:

Has kitchen YES NO

Has sleeping quarters YES NO

Has toilet facilities YES NO

If home equity loan(s), what was (were) the
outstanding balance(s) as of the end
of the year? _____

Investment interest

Payee

Related investment
