

# Tax Year \_\_\_\_\_

## Record Saver

### INCOME & DEPENDENTS

DIVIDENDS (Bring 1099-DIV)			
Corp. Name	Amount	Corp. Name	Amount

INTEREST (Bring 1099-INT)			
Received From	Amount	Received From	Amount

RENTAL PROPERTY	
	Amount
GROSS INCOME	
EXPENSES	
Advertising	
Auto - Travel	
Cleaning & Maintenance	
Supplies	
Equipment Rental	
Yard Work, Snow Removal	
Commissions	
Insurance	
Interest	
Legal & Accounting	
Office Supplies	
Repairs = R Improvements = I	
Carpentry	
Decorating, Painting	
Electrical	
Plumbing	
Roofing	
Furnace, Air Conditioning	
Taxes	
Utilities	
Heat	
Water	
Electricity	
Telephone	
Other	
Bring documents for the purchase or sale of equipment, furniture & fixtures, etc.	

OTHER INCOME			
Type of Income	Amount	Type of Income	Amount
Alimony (not taxable for divorces commencing after 12/31/18)		Tips	
Pensions/Annuities/IRAs (Bring 1099-Rs)		Prizes & Awards	
Royalties		Hobby	
Estates & Trusts (Bring K-1s)		Scholarships & Fellowships	
Jury Duty		State Tax Refund (Bring 1099-Gs)	
Social Security (Bring 1099-SSAs)		S Corporations (Bring K-1s)	
Unemployment Compensation (Bring 1099-Gs)		Canceled Debt (Bring 1099-Cs)	
Partnerships (Bring K-1s)		Miscellaneous	

GAINS & LOSSES FROM SALE OF PROPERTY (Bring Purchase and Sales Documents)				
Description	Date Bought	Date Sold	Sales Price	Cost

DEPENDENTS					
Name	Social Security Number	Birthdate MM/DD/YY	If over 18, student?	Relationship	# of months lived with you

List amounts for each item and keep receipts or canceled checks in this envelope. Retain these records.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Due Date \_\_\_\_\_

Taxpayer's Social Security Number \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

### DEDUCTIONS & CREDITS

ADJUSTMENTS			
Traditional IRA Contribution			
Roth IRA Contribution			
Self Employed Health Insurance			
Keogh, SEP, and SIMPLE			
Forfeited Interest			
Alimony Pd. <small>(not deductible for divorces commencing after 12/31/18)</small>			
Moving Expenses – Active Military			
HSA			
FEDERAL TAXES			
Fed. Income Tax Bal. Pd.			
FEDERAL QUARTERLY ESTIMATE			
1st	2nd	3rd	4th
MEDICAL			
Drugs & Medicines			
Medical Insurance Premiums			
Doctors, Dentists, Etc.			
Hospitals, Clinics, Etc.			
Hearing Aids & Batteries			
Glasses & Contact Lenses			
Transportation, Parking			
Other Medical Expenses			
Reimbursements			

STATE AND LOCAL TAXES				
State Income Tax Bal. Pd.				
STATE QUARTERLY ESTIMATE				
1st	2nd	3rd	4th	
Local Income Tax				
Personal Property - State				
Personal Property - City				
Real Estate - State				
Real Estate - City				
Sales Tax				
Other				
INTEREST				
Home Mortgage to Bank				
Home Mortgage to Individuals <small>(Bring name, address, and SS# of individual)</small>				
Deductible Points				
Investment Interest				
Student Loan Interest				

CONTRIBUTIONS			
(✓) Canceled Check or Receipt			
	Amount	CK	Receipt
Church			
Heart			
Cancer			
United Fund			
CONTRIBUTIONS OTHER THAN CASH (receipts and records required)			
Clothing			
Furniture			
Transportation			

EDUCATION CREDITS	
<small>(Bring 1098-T)</small>	
Tuition Paid	
Enrollment Fees	
Course Materials	
CASUALTY LOSSES	
<small>Taxpayers may only claim losses occurring in a presidentially declared disaster area</small>	

CHILD & DEPENDENT CARE			
Provider's Name	Address	Federal I.D. #/SSN	Amount Paid

### PROOF OF HEALTH INSURANCE

1095A     1095B     1095C     Other \_\_\_\_\_