# TAX DEDUCTION LOCATOR & IRS TROUBLE MINIMIZER

#### YOUR TAX APPOINTMENT

Please complete and sign this organizer prior to your appointment.

Please call to schedule your appointment. Try to call early before the calendar is booked up.

Please mail the completed organizer along with the requested information to this office prior to your appointment.

Please mail the completed organizer along with the requested information to this office so the return can be prepared by correspondence.

Your tax appointment is scheduled for:

Day:	
Date:	
Time:	
Office Appointment	Virtual Appointment

Please notify this office promptly if you are unable to keep this appointment.

## REFERRALS ARE ALWAYS APPRECIATED

If you know someone who would like a tax appointment, please have them call this office. Do not be concerned that your business, personal or financial matters will be discussed with clients whom you refer. All client information is treated in the utmost confidence.

## IF YOU ARE A NEW CLIENT, BE SURE TO PROVIDE A COPY OF LAST YEAR'S TAX RETURN.

#### SAVE TIME - READ THIS FIRST

This organizer is designed to assist and remind you of information that is needed to prepare your tax return. The goal is to not overlook anything so you can maximize your legal deductions, comply with government reporting requirements, and avoid problems with the IRS after the return is filed.

Taxes are complicated and the rules change constantly. This organizer was designed specifically for the 2024 tax year and certain items may not apply to other years. Although care has been taken to accommodate most taxpayers' needs, please note questions that are related to issues not included here under "Questions You May Have" in Section D6.

#### **Section Categories**

To help you collect your information quickly, this organizer is organized into five general areas. Information required from:

- everyone Sections A1 A13 (Pages 2 & 3)
- those who itemize their deductions Sections B1 B11 (Pages 4 & 5)
- those not itemizing who made cash charitable contributions -Section B5 (Page 5)
- business owners Pass-through deduction -Section D1 (Page 6).
- those who have relocated (military only), sold their home, made home energy improvements, or have debt relief income -Sections D2 - D6 (Page 6)

The instructions provided in the header of each section will help you determine if you are required to complete the information in that section.

If you paid foreign taxes (entered at Sections A10 or A11) and are a partner in a partnership or a shareholder in an S-Corporation, it is important that you so notify whoever is responsible for the entity's tax returns

Before proceeding, please take a moment to review the purpose of the SPECIAL MARKERS used throughout this organizer.



Your tax information from the prior year is automatically transferred to this year's tax return. Therefore, not all taxpayer data and contact info needs to be recorded. The marker signifies that returning clients need only enter data in that section if it has changed since the prior year or if there is new information.



This marker notes areas where the IRS can match the entry in their computer and incomplete or incorrect information can trigger government correspondence or, worse yet, an office audit. Pay particular attention to sections or individual entries with this symbol.



This flag symbol denotes areas where a deduction or item of income is to be treated differently when computing the alternative minimum tax (AMT). The AMT is another way of computing your tax liability, which applies more restrictive limits on certain deductions and preference income. If higher than the regular tax, the AMT applies.



This marker indicates payments that may require the issuance of a 1099 if, in the course of a trade or business (including most rentals), the annual amount paid to an individual is \$600 or more. Failure to file 1099s can lead to a loss of the tax deduction for that expense and failure to timely file the forms with the IRS and furnish copies to payees can result in substantial penalties.

## A - TAXPAYER INFORMATION The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your

spouse or dependents.

A1 - TAX					₽ ↔	A6 - IN	COME	& ADJ	USTN	MENTS 😝	You	Spouse	
Returning clients: 6	enter first and last r	ame of filer and ar	ny changes on	ly.	·	W-2 Wages – P	lease provide	W-2 Forms (re	tain copy "	C" for your records)			
Filer Name (Must Match SS Admin)	•			Birthda /	ıy /	Partnership, Trust or S-Corporation K-1s (provide complete K-1 copies) and K-3s if issued					sued		
Social Security No						Were you the be executor or tru				se verify with	Yes	Yes	
(and IRS IP-PIN if issue			Occupation			State Tax Refur				,			
Driver's Licence (	DL)	,		State		Social Security		"					
DL Issued Date	/	/ [	OL Expires	/	/	Pension Incom				IDULIONS IN A7			
Contact Phone			· .	Day	Evening	Alimony Paid (p	•		,, ,				
Email Address					ally Blind	Paid to:				SSN:			
Spouse Name	0			Birthda		Tips (not include			20.6				
(Must Match SS Admin)				/	·' /	Unemployment Gambling Winr			99-G)				
Social Security No (and IRS IP-PIN if issue		(	Occupation			A7 - IR			ENT I	PLANS &	You	Spouse	
Driver's Licence (	DL)			State		Retirement pla	n with your ei	nployer?			☐ Yes	☐ Yes	
DL Issued Date	/	/ [	OL Expires	/	/	Did you or you	r spouse conv	ert a tradition	al IRA to a	Roth IRA in 2024?	☐ Yes	☐ Yes	
Contact Phone		,		Day	Evening	Traditional	Contribution	ıs					
Email Address				☐ Lega	ally Blind	IRA, Keogh	Withdrawals	(1099-R) <sup>(1)</sup>					
40 400	DECC				•	& SEP Plans	Rollovers(2)(3)						
A2 - ADD Returning clients of		except for change	S.		₽ ←	Plais	`	, , ,	non-deductib	le contributions)			
Street	<u>'</u>	<u> </u>	Apt/Unit N	0		Roth IRA	Contribution						
City			State	Zip	. 1	KOLITIKA	Rollovers(2)(3)	, ,					
,			State	219	<u></u>	(1) Show reason i			eported ever	if not taxable unless	ldirectly "tran	sferred"	
Home Phone Nur		·				(3) Rollovers from	Traditional to a	Roth IRA may be	taxable.				
A3 - STA Check any that app			R 2024	<u>4</u>		A8 - SI	PECIAI	. QUES	TION	S & INFO			
Married	/ /	Moved		,	/ /	Coverdell Educa		Contribution		Distribution - provi			
Separated	/ /	Home So	old		/ /	Sec 529 Tuition  HSA Contribut		Contribution		Distribution - provi			
Divorced			Deceased			1 '				Educator Expenses	ribution - provide 1099-SA		
Retired			ent Deceased	1 /	/ /	Adoption Expen	here are severe	penalties with fa	iling to repo	rt an interest in or sig	erest in or signature authority over		
		<u>'</u>			8	foreigr	n bank account. (	all our attention	to any forei	gn accounts, dealings,	or inheritanc	e.	
A4 - EST I This office cannot as				scheduled	Y	CHECK ALL THAT APPLY TO YOU (AND OR YOUR SPOUSE)  Exercised substantial control or 25% of the ownership interest in a corporation, LLC, or							
time. Therefore, plea	se enter the amount	s and dates of payn	nent or provide	proof of		any other entity created by filing with a secretary of state or similar office in the U.S.							
Payment & Due I		Date Paid	Federal		ate	Have signature authority or are named as a co-owner on a bank account in a foreign country even if the funds are not yours.					foreign		
Applied from Las		Date Faiu	reuerat	36	ale	Received	an inheritanc	e from someo	ne in a fore	eign country.			
· · ·		/ /				Have a fo	oreign bank ac	count (over \$1	.0,000 at a	ny time in 2024)			
First Quarter (Apr	• •					Received	a distribution	from, or were	the granto	or, or transferor to, a	foreign tru	ıst	
Second Quarter (	•	/ /				At any tin	ne during the y	ear hold an int	erest in a f	oreign financial asse	et		
Third Quarter (Se	, ,	/ /				Receive, the year.	sell, exchange	or otherwise	acquire a fi	nancial interest in	digital asse	ts during	
Fourth Quarter (J	an. 15, 2025)	/ /				Invest in a Qualified Opportunity Fund during the year							
A5 - REF				vour ban	ak account	☐ Been der	nied Earned In	come Credit b	y the IRS				
Complete this secti Doing so will speed	l up the refund and	eliminate the dang	ger of a check	being los	t or	☐ Been re-o	certified for th	e Earned Incon	ne, Child Ta	x, or American Opp	ortunity Cre	dit	
	stolen. Direct deposit can be allocated to up to 3 separate accounts. Entries for only one account are provided below. If you wish to make multiple deposits, please provide the					☐ Bought, s	sold, or gifted	real estate in 2	2024. If so,	please call in adva	nce.		
additional account						☐ Made a g	ift of money o	or property to a	any individ	ual in excess of \$1	3,000 (\$36,0	000 for	
Bank Name							nousehold wor						
Bank Routing Nu	mber (Exactly 9 Digit	s)				<del>-                                   </del>			cious meta	ls during the year			
Account Number	(include hyphens - om	t spaces & special ch	aracters – 17 dig	jits max)		1 <del></del>		- Explain sour					
						<del>-</del>	] Spouse	•		o the Presidential c	ampaion fu	ınd	
Account Type	Checking	Savings	Allocatio	on:	%			323 13 6					

## A - TAXPAYER INFORMATION The information on this page is required for every taxpayer. Please review each section on this page and report items that are applicable to you, your

spouse or dependents.

A9 - DEPE	NDENTS  only enter first names ar	nd any changes Enter	all the informat	ion for nev	w denende	onts							₽
Recarming elleries need	Last Name		_		F, M, G,		nths in Home				If ov	er the	e age of 18
First Name	(If Different)	Social Securit (and, if issued, IRS I			or HOH*	1	(Your Home)	ı	Birth Dat	:e	Incon		Student
									/ /	′			☐ Yes
									/ /	/			☐ Yes
									/ /	′			☐ Yes
* Enter S-Son, D-Daugh	ter, F-Father, M-Mother, G	-Grandchild, or enter	other relationsh	ip. Enter H	OH for no	n-depe	endent Head of	Household	d qualifier	S.			
	REST INCOL		n 1099 even if no	ot the origi	nal source			Caution	: All inter	est must	be reported	even i	if tax-free!
Please provide all form	of Payer s 1099INT and 1099OID when 1099s are provided)	Banks, Credit Union, Corp Bonds, Seller Financed Mortgages, etc.	Foreign Tax or With		Savi	ng Bond	<b>Obligations</b> ds, T-Bills, etc. Tax-Free)	Home		<b>Junicipa</b> ly Tax-Fre	al Bonds e)		Other State ederal Tax-Free)
Forfeited Interest (ea	rly withdrawal penalty)						Witholding or	Interest	& Divid	ends			
		Note: Sel	Selle ler financed mortga		ed Mortga the name, S	_	address of the pa	yer.					
Payer Name:		SSN:			Addres	s:							
IRS matches payer and	DEND INCOL I amount. Always use pay vidends. Please bring bro	er name listed on 10	99 even if not th	e original	source. Soi	ne inst	titutions use su	bstitute 10	099s and	caution r	must be used	d in se	parating
Please provide	of Payer all forms 1099DIV I when 1099s are provided)	Foreign Taxes Paid or Withheld	Ordinary Dividends	Qualif Divider		Capi Gaiı		99A dends	Source Obligati		Taxable State Or		Non-Taxable State & Federal
(1) Qualified dividends	receive special tax treatn	ment and are include	d in the "Ordinar	v Dividend	ls" total. (2)	Includ	des income fror	n savings l	bonds, T-B	ills. etc	which are st	tate ta	x-free.
	STMENT SA			y Dividend		· · · · · · · · · · · · · · · · · · ·	acs medine nor						
	ceeds from sales using th		tions must be re	ported eve	en if there	is no p	orofit. If broker p	orovides a	summary	of transa	actions, bring	g it and	d skip
(Please provide all forms 1	<b>Description</b> 099-B and any gain/loss state	ements provided by brok			e Acquired	t	Date Sold	Sellin	g Price		st or Other Basis <sup>(1)</sup>		<b>Profit</b> (Memo Only)
			Yes	/	-	+	/ /						
			Yes	/		+	/ /	-				-	
(1) The basis from which	ch gain is determined may	y not be the original	Cost and must a		•	rever	• •	ore reinves	ted divide	ands was	sh sales etc		
		-				5,16761	se spiits, merge		iteu uiviu	ilus, was	311 38163, 616.		
	D OR DEPEI					ador a	go 17 or an ind	ividual wh	o is physi	cally or r	montally inc	anablo	of self
	nt, also see section C4. IR								o is priysi	catty of f	TICILIALLY IIIC	араріс	or seti
☐ Employer ¡	provides dependent ca	re services 😌	Provider	's SSN or E	mployer II	) #	Pay	ments M	UST BE	Allocate	ed by Child/	/Depe	ndent
Paid To	Address & Ph	one Number			t is an exem EO, check bo		Child/Depnd.	s Name:	Child/I	Depnd.'s	Name: C	hild/D	epnd.'s Name:

### **B** - ITEMIZED DEDUCTIONS

4

Taxpayers may choose between itemized or standard deductions. This page and the adjoining page are for recording your expenses, which are needed when itemizing your deductions. If you are certain that you cannot itemize your deductions for either federal or state, you can skip this page and the next one **except B10.** 

CAUTION: If you are married and filing separately and either you or your spouse itemize your deductions, then the other spouse must also itemize their deductions. The law does not allow one to itemize and the other to take the standard deduction.

 $\square$  If filing married separate and your spouse is itemizing deductions.

B1 - MEDICAL EXPENSES		P	В3	- TAXES	PAID				P
Although for Federal purposes medical expenses for 2024 are only deductible to the extent they exceed 7 ½% of your adjusted gross income (AGI) for the year, some			Do not list any taxes associated with a business or rental activity. Taxes are not deductible for AMT purposes.						
states, such as Arizona, have no or a different limitation. If your limitation be sure to list your medical expenses. Do NOT list expenses are to list your medical expenses.			Real Estate – Primary Residence Do not						
insurance or expenses and premiums paid with pre-tax funds of			Real	Estate – 2nd Hor	ne			clude rest and	
INSURANCE PREMIUMS for Medical, Dental, Vision & H	lospital <sup>(1)</sup>		Real	Estate – Investm	ent Property (Land,	etc.)		nalties	
Medicare Insurance Premiums (Not payroll tax)			CAUT	ON – Some tax bills in	nclude non-deductible s	pecial servic	es. Please pro	ovide copies	of the tax bills.
	Filer		Vehic	le License Fees	(Tax portion only):	(1)	(2)		(3)
Long-Term Care Insurance	Spouse			Personal Property Tax (Boat, plane, etc.)					
Doctors, Dentists <sup>(2)</sup> (No discretionary cosmetic surgery)					(Leave blank for standars, Home, Etc. (Do not				
Acupuncture & Chiropractic Care				ne Taxes Paid to		. include abo	State:		
Hospital <sup>(3)</sup>			City,	County, Local Tax	es (not listed in anothe	r category)			
Prescription Drugs (No over-the-counter drugs except insulin)			Othe	r:					
Nursing Care	ı-home care				ne Tax Paid During	**			,
Eye Exam, Glasses, Contact Lenses, Contact Lens Solution			Balan	ce Due	e taxes withheld; they a	Other Yea		arce docume	nts.
Hearing Aids & Batteries			-	Return		Or Adjust			
Ambulance & Paramedics				sion Payment Return		2023 4th Paid Jan.	Qtr. Estima 2024	ite	
Auto Travel (To and from medical treatment)		miles	В4	- HOME	MORTGAG	EIN	TERE	ST	₽ №
Parking & tolls (For medical treatment)					ans secured by your p				
Taxi, Uber, Lyft, Shuttle, Air Fare, Etc. (To reach medical treatme	ent)		debts	incurred after 12/2	15/2017) of home ac	quisition de	ebt on your	primary or	r designated
Lodging (For medical treatment) No. of days:			spou	se. Equity debt inter	ebt limit applies sepa rest is not federally d	eductible f	or years 20	18 thru 20	25 unless loan
Telephone (Medical-related toll charges only)			Some	states allow a ded	e home improvement luction for interest pa	aid on up to	\$100,000		
Therapy & Special Schooling <sup>(4)</sup>					erest paid on home i				Amount
Supplies & Equipment			enter p	ayee's name. If paid to	eceived, check "Paid To" l o a person from whom yo	ou bought	2nd Home	Equity Loan	Amount Provide Form
Handicapped Placard					ved, also complete <b>Box A</b>	below.			1098
Handicapped Home Modifications				aid To:					
Rentals (crutches, wheelchair, walker, oxygen equipment, etc.)			☐ Pa	aid To:					
Other:			☐ Pa	aid To:					
Other:				aid To					
(1) Include only amounts you paid. (2) Includes Christian Science practitioner and psychological co	ounselina			aid To:					
(3) Includes nursing homes for individuals medically incapable	_	so includes	CAU		was issued using a co-ov	vner's SSN, e	nter that indi	vidual's nam	e, address & SSN
hospital or nursing home meals.  (4) Includes physical therapy and psychotherapy; special schoo	oling for physica	ally or mentally	Вох	Name:					
handicapped.			SSN: Address:						
B2 - INVESTMENT INTEREST			If your		a qualified motor home,	boat, etc., lis	st the name o	of the payee l	here:
Interest paid on loans to acquire investments. This interest is of net investment income.	only allowable 1	to the extent	CHE	CK ALL THAT A	PPLY.				
Brokerage Margin Accounts					home loan ever bee	n refinance	ed?		
Vacant Land				Did you refinanc	e any of these loans	this year? (	lf so, provide	escrow closi	ing statements)
				Have you exceed	ded the \$100,000 (ap	plies for so	me states)	equity deb	t limit?
Other:					f all your home loan	balances e	xceed \$1 m	illion (\$75	0,000 for post-
Other:			_	12/15/2017 loar	ns)?				

### **B** - ITEMIZED DEDUCTIONS

7	•
1	

#### **B5 - CASH CHARITABLE CONTRIBUTIONS**

If you made cash donations in 2024, complete this section. All cash contributions MUST be documented with either a bank record or written verification from the charity. Personal benefits must be excluded from the donation.

House of Worship		
Payrall Doduction	Filer	
Payroll Deduction	Spouse	
Other:		
Other:		
Other:		

#### **B6 - NON-CASH CONTRIBUTIONS**

Household and clothing items must be in good or better condition. Items of minimal value such as underclothing are not counted. A written receipt is required for donations of \$250 or more. An itemized list should be included with your return if the total exceeds \$500. Deductions are limited to the lesser of your cost or the fair market value (FMV) for each item contributed.

Clothing & Household Items	
Automobile Travel	miles
Volunteer Expenses - Explain:	
Vehicle Donation (Provide Form 1098-C)	
Other:	
Other:	

#### **B7 - OTHER DEDUCTIONS**

The expenses listed in this section are part of the "miscellaneous" itemized deductions but are listed separately because they are not subject to the 2% of AGI limit.

Gambling Losses (Only to the extent of gambling winnings)	
Impairment (Handicapped) Related Work Expenses	
Unrecovered Pension Basis (Deceased taxpayer)	

#### **B8 - CASUALTY LOSSES**

For years 2018 thru 2025 personal casualty losses are only deductible to the extent of casualty gains (although some states may still allow personal casualty losses) unless incurred in a presidentially declared disaster area. Generally, after insurance reimbursement, must exceed 10% of your adjusted gross income (AGI) and then only the amount that exceeds the 10% is deductible.

The loss was in a presidentially declared disaster area

	The toss was in a presidentially declared disaster area		
	The loss was from theft or embezzlement		
	The loss was the result of a Ponzi scheme		
Casu	alty Description:		
Date	of Casualty	/	/
Insui	rance Reimbursement		

<b>Property Damaged</b> – or provide a list in the same format									
Description of	Date	Original Cost	Fair Market Value						
Property	Acquired or Other I	or Other Basis	Before Casualty	After Casualty					
,	/ /								
,	/ /								
	/ /								

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#### **B9 - MISCELLANEOUS**

The expenses listed in this section and section B10 are not deductible for federal in 2018 thru 2025. Some states allow them only to the extent they exceed 2% of your AGI.

2010 8.11 6 2023.	Joine State.	s allow them only to the extent they exceed	270 01 9001	,
<b>DO NOT</b> enter list them in Se	You	Spouse		
Employee Busi				
Don't include amou				
all travel expenses				
Auto Travel				
Business Gifts Must be ordinary ar		25 per recipient per year.		
Continuing Edu	ucation	See Section <b>C4</b>		
Employment S	eeking & I	Resume Fees		
Entertainment	& Meals			
Equipment – Ind Section B11.	clude individu	al items with a useful life of one year or more in		
Insurance – Ma	alpractice,	E&O, Etc.		
Occupational L	_icenses, F	ees, Credentials, Etc.		
Publications &	Journals (	Not general interest publications)		
Telephone (Busi				
Tools – Include in B11.	ndividual item	s with a useful life of one year or more in Section		
Supplies				
Uniform Purch	ases (Not i	ncluding street wear)		
Uniform Clean	ing			
Union & Profe	ssional Du	es		
Other:				
Attorney Fees				
IRA or SE Plan	By You (Not deducted from the plan)			
Tax Preparation	n & Consu	lting Fees		
Credit/Debit Ca	ard Fees to	Make Tax Payments		
Other:				

#### **B10 - INVESTMENT EXPENSES**

For years 2018 thru 2025 investment expenses are not deductible for federal purposes. But are still allowed in some states.

**Investment Expenses** – DIRECTLY connected with the production of TAXABLE INCOME ONLY! Do not include purchase or sales costs. Include interest in Section B2.

Investment Advisory Fees	
Safe Deposit Box Fees	
Legal & Accounting (Related to investments)	
Other:	

## B11 - ITEMS WITH A USEFUL LIFE OF ONE YEAR OR MORE

Equipment, tools, computers, etc., purchased this year and used in business having a useful life of more than one year must be treated differently for tax purposes.

Description of Property	Date Acquired	Cost
	/ /	
	/ /	
	/ /	

#### D1 - SEC 199A DEDUCTION

Income passed through from a business activity via a K-I may qualify for a special tax deduction.

The information needed to compute this deduction is included on **the K-1 and a separate K-1 statement** where the business income or loss is from partnerships, S-corporations and trusts Please be sure to provide the supplemental statement along with any K-1 form you've received.

#### **D2 - HOME SALE**

Form 2119 for the year of sale.

Sales Expenses

If you sold your home, abandoned it, or lost it to foreclosure, the disposition may need to be reported. If you received a 1099-S, it is very important that you provide it. If you abandoned the home or lost it to foreclosure, see Section D5.

CHECK ALL BOXES THAT APPLY					
Address of Home Sold					
Date Purchased		/	/		
Purchase Price (please provide purchase escrow	statement)				
You deferred gain from a home sale made prior to 5/7/1997. If so, please provide the					

Improvements to Home Sold (			
Date of Sale	(Please bring FINAL closing escrow statement. This	/	/
Sales Price	document will have the		

these entries.)

(counting back from the sale date)		You owned and used t		r primary residence	e for two of th	e prior five y	/ears
------------------------------------	--	----------------------	--	---------------------	-----------------	----------------	-------

_	Your spouse (if married) owned and used the home as his/her primary residence for
ш	two of the prior five years

If owned and used less than two years, give reason for sale:

→ center)	r day car	_dit
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- Any of the business use in the prior question was before 5/7/97
- ☐ The home was acquired by tax-deferred (Sec 1031) exchange after 10/22/04
- You (and spouse if married) have excluded gain from the sale of a prior residence within two years of the date of sale of this residence
- ☐ The home was inherited (including from a deceased spouse)
- ☐ The home was not used as your primary residence for any period after 2008
- You claimed the first-time home buyer credit in 2008

#### **D3 - ENERGY CREDITS**

Enter only items certified by the manufacturer to meet Government energy standards.

- Did you have solar electric or solar water heating installed on your main or second home in 2024?
- Did you pay for an energy audit of or make energy savings improvements to your main home in 2024?
- Did you purchase a new or previously-owned electric vehicle in 2024?
- If you entered a written binding contract between January 1, 2022, and before August 16, 2022, to purchase a new EV and placed that vehicle in service in 2024, form 15400 Clean Vehicle Seller's Report from the dealer is required to claim the credit.

#### **D4 - MOVING DEDUCTIONS**

For federal for years 2018 - 2025, allowed only for active duty members of the Armed Forces who move pursuant to a military order. There are no distance requirements for military change of station.

Check if employer reimbursed any amount of moving expense or home sale assistance and provide the reimbursement statement from the employer (Form 3903 or a substitute statement)
substitute statement)

A - Miles from Old Residence t	o New Job			miles
B - Miles from Old Residence t	miles			
A minus B – if less than 50 miles, stop: no deduction allowed				miles
Commercial Mover		Truck Rental		
Temporary Storage (up to 30 days)		Lodging en route (no meals)		
Trailer Rental		Highway Tolls		
Rental Fuel Costs		Airfare		
# of owned vehicles driven to new home		Auto Travel		miles
Boxes/Tape/Supplies		Other:		

#### **D5 - DEBT RELIEF & FORECLOSURE**

If you had debt totally or partially forgiven, you may be required to report debt relief income. This includes real estate mortgages, credit card debt, vehicle loans, etc. Debts discharged in bankruptcy and most forgiven student loans are not included. Please call the office in advance to discuss what additional documentation may be required.

#### **CHECK ALL THAT APPLY**

- You had any amount of credit card debt forgiven and provide a copy of the 1099-C you received from the financial institution
- You abandoned your home and provide a copy of the 1099-A and/or the 1099-C you received from the financial institution (also complete Section D2 home sale information)
- $\hfill \square$  Your home was foreclosed upon or you sold it under a "short sale" agreement with the lender and provide a copy of the 1099-A and/or the 1099-C you received

#### D6 - QUESTIONS YOU MAY HAVE

If you need more space please include a separate note.

Filer Signature	Date	Spouse Signature	Da	te
/	/		/	/
To the best of my knowledge, all the information contained within this documen	nt is true, correct	and complete.		
D8 - SIGNATURE				