



PARAKLETOS  
One Called Alongside To Help

**EMPLOYEE WAGES OR SALARIES:** You must provide all W-2 forms with your completed TIP. We cannot file your tax return without them!

**PARTNERSHIPS, ESTATES, TRUSTS, LLC's and S-CORPORATIONS:**  
Please provide all Schedule K-1 forms and associated instructions

**INTEREST INCOME:** Provide all Form 1099-INT, Interest Income Statement.

**DIVIDENDS/CAPITAL GAINS DISTRIBUTION:** Provide all Form 1099-DIV, Dividend Income Statement and end of year brokerage statement

**IRA, PENSION, or ANNUITY DISTRIBUTION:** Please provide all Form 1099-R's

**SALE OF STOCK, MUTUAL FUNDS, REAL ESTATE, AND PERSONAL PROPERTY:** Please provide all Form 1099-B's It's critical that you get the original cost of stocks, mutual funds, real and personal property sold.

**OTHER TAXABLE INCOME FORMS:** Please provide all income statements.  
State & local tax refunds (1099-G)

Unemployment Compensation (1099-G)

Alimony received/Alimony Paid

Commission/Bonus (not on Form W-2)

Social Security received (1099-SSA)

Gambling/prize winnings (Form W-2G)

**ADJUSTMENTS TO INCOME:**

Mortgage interest statements for all home(s) (1098)

Student loan interest (1098-E)

Tuition and fees deduction (1098-T)

## PERSONAL INFORMATION

Your Name:		Your SSN:		Date of Birth:	
Occupation:		Email:			
Home Phone:		Work Phone:		Cell Phone:	
Address:			City:		State:
Zip Code:		County:		School District:	
Spouse Name:		Spouse SSN:		Date of Birth:	
Occupation:		Email:			
Home Phone:		Work Phone:		Cell Phone:	

## DEPENDENT CHILDREN AND OTHER DEPENDENTS

First name:		Middle initial:		Last name:		SSN:	
Relation:		Birthdate:		Months in home:		Childcare paid:	
First name:		Middle initial:		Last name:		SSN:	
Relation:		Birthdate:		Months in home:		Childcare paid:	
First name:		Middle initial:		Last name:		SSN:	
Relation:		Birthdate:		Months in home:		Childcare paid:	
First name:		Middle initial:		Last name:		SSN:	
Relation:		Birthdate:		Months in home:		Childcare paid:	

## OTHER TAXABLE INCOME / ADJUSTMENTS TO INCOME

**PLEASE PROVIDE ALL PROOF OF INCOME WITH INCOME STATEMENTS.  
1099-G, Housing allowance statement, Court decree for alimony**

Are you a teacher?	Yes:	No:	Did you receive commission or bonus not reported on your w2?		
Alimony received:			Alimony paid:		
Student loan interest:			Unused housing allowance:	Jury Duty:	
				Name SSN:	

## ESTIMATED PAYMENTS

Estimated tax payments made:	
Amount applied from prior year return:	
Payment with extension to file:	

**BRING DOCUMENTATION FOR MEDICAL COVERAGE:  
1095-A,B,C**

## MEDICAL EXPENSES

Medical, vision & Dental Insurance: ( <i>Not paid by employer</i> ):		Nursing home/private care:	
Long term medical insurance:		Lab MRI & X-ray expenses:	
Medical miles:		Hospital or emergency room:	
Prescription medication:		Ambulance:	
Doctors & Chiropractors:		Medical equip. & supplies:	
Dental expenses:		Travel ( <i>airfare, lodging, meals</i> ):	
Glasses, Contacts, Solution		Hearing aids & batteries	
Prescribed supplements:		Other healthcare professionals:	

## Taxes paid

State income tax paid for last year:		First mortgage interest:	
City/county taxes paid last year:		Second mortgage interest:	
Home real estate taxes:		Home equity loan interest:	
Real estate taxes on lot/vacation home:		Mortgage interest points:	
Personal property:		Interest paid to an individual:	
Tags for vehicles and motorcycles:		Individual's name:	
Boat/motor/trailer tags:		Address:	
Tags for RV/camper/snow mobile:		SSN:	

## AS AN EMPLOYEE: UNREIMBURSED BUSINESS EXPENSES

Hand tools & equipment:		Office supplies:	
Union & professional dues:		Publication, books, tapes, CD's, DVD's:	
Employee related education:		Business gifts:	
Travel ( <i>airfare, lodging, meals</i> ):		Travel local business meals:	
Taxi, Uber, tolls, tips, parking, shuttle:		Uniforms purchased ( <i>with company name on them</i> ):	
Cell phone:		Laundrying, dry cleaning of uniforms:	
Internet & website services:		Freight, postage, shipping:	
Malpractice & disability insurance:		Planner briefcase and storage cases:	
Licenses, fees, credentials:		Materials & supplies:	
Other:		Other:	

## CHARITABLE CONTRIBUTIONS

Church:		Heart Fund & Cancer:	
Church:		Arthritis Foundation:	
Ministry:		Easter Seals & DAV:	
Ministry:		YMCA & YWCA:	
Ministry:		Police & Firefighters:	
Ministry:		Volunteer school expenses:	
Sunday school material, food, drinks:		School fund raising giving:	
Mission trip expenses:		Building & Yard maintenance:	
Cell phone used for ministry:		Boys and Girl scouts:	
United way:		Muscular dystrophy and AMVETS:	
Red Cross & Christmas Seals:		Parking, tolls and taxis:	
Deacon & usher expenses:		Children ministry expenses:	
Feed, house, clothe street people:		Youth ministry expenses:	
Charitable miles:		Educational T.V.& Radio stations:	
Unregistered cash giving:		Sheet music, tapes, CD's, DVD's:	
Special cash offerings:		Diabetes:	
Salvation Army:		Cash giving to Goodwill:	
Prison ministry:		Other:	

## NON-CASH CONTRIBUTIONS

NAME OF ORGANIZATION	ITEMS DONATED	DATE	VALUE
			\$
			\$

## BUSINESS INCOME

What is your company's classification?	LLC	S CORPORATION	C CORPORATION	PARTNERSHIP	Sole-Proprietor
<b>Gross receipts/sales:</b>					
<b>Returns and allowances:</b>					
<b>Other income:</b>					

## BUSINESS EXPENSES

<b>Accounting:</b>	
<b>Advertisement:</b> <i>(business cards, flyers, brochures, TV, radio, car decals, promotional materials, etc.)</i>	
<b>Bad debt:</b> <i>(BUSINESS loans not collectible, bounced checks previously reported as income)</i>	
<b>Bank charges:</b> <i>(monthly service charge, cost of checks, NSF charges, ATM charges)</i>	
<b>Cell phone:</b> <i>(cost of cellular phone and/or pager, activation fee, &amp; monthly charges)</i>	
<b>Commissions:</b> <i>(fees paid out to others for services rendered)</i>	
<b>Computer</b>	
<b>Consulting</b>	
<b>Contributions</b>	
<b>Credit and collection cost</b>	
<b>Discounts</b>	
<b>Dues and subscriptions:</b> <i>(annual renewal fee, credit card fee, Sam's Club, associations, AAA)</i>	
<b>Education and training</b>	
<b>Employee benefits program</b>	
<b>Equipment rental/lease:</b> <i>(vehicles, machinery, and equipment office equipment, copiers, etc.)</i>	
<b>Freight:</b> <i>(UPS, Fed Ex, Airborne, Express Mail, bus, trucks, train, ship)</i>	
<b>Fuel</b> <i>(equipment)</i>	

<b>Gifts:</b> <i>(gifts for prospects, customers, employees, supervisors, suppliers &amp; associates)</i>	
<b>Independent contractors:</b> <i>(payments made to independent vendors and sub-contractors)</i>	
<b>Building and equipment insurance</b>	
<b>Liability insurance</b>	
<b>Workers compensation insurance</b>	
<b>Other insurance</b>	
<b>Interest expenses:</b> <i>(mortgage on building and land, car &amp; business loans, finance charges from credit cards used for business purposes)</i>	
<b>Internet</b>	
<b>Janitorial</b>	
<b>Laundry and dry cleaning:</b> <i>(cost of cleaning uniforms or clothing on an overnight business trip)</i>	
<b>Legal and professional:</b> <i>(tax prep, accounting, IRS representation, business and financial consulting fees)</i>	
<b>Marketing or sponsorships</b>	
<b>Meals and entertainment 50% limited</b>	
<b>Meals and entertainment 80% limited</b>	
<b>Meals and entertainment 100% limited</b>	
<b>Meeting supplies</b>	
<b>Miscellaneous</b>	
<b>Office expense:</b> <i>(paper, pens, pencils, envelopes, staplers, calculators, folders, toners, etc.)</i>	
<b>Outside services and contractors</b>	
<b>Parking fees and tolls</b>	
<b>Payroll processing expenses</b>	
<b>Pension, profit sharing, and other plans</b>	
<b>Permits and fees</b>	

<b>Postage, shipping, delivery</b>	
<b>Printing</b>	
<b>Rents:</b> <i>(rent paid for business storefront or land)</i>	
<b>Repairs and maintenance of office areas and business equipment: (NOT VEHICLES)</b>	
<b>Salaries and wages</b>	
<b>Sales tax</b>	
<b>Security services or equipment</b>	
<b>Software</b>	
<b>Supplies</b>	
<b>Taxes and licenses</b>	
<b>Telephone:</b> <i>(long distance, 2nd line, call waiting &amp; forwarding, conference calls, answering service)</i>	
<b>Tools:</b> <i>(hand tools, small equipment, books, videos, white board, planner, briefcase, etc. used to build your business)</i>	
<b>Travel:</b> <i>(lodging, meals, airfare, baggage fees, parking,</i>	
<b>Utilities:</b> <i>(electric, gas, and water for business facilities, NOT for a personal residence)</i>	
<b>Uniforms:</b> <i>(buy &amp; clean uniforms, gowns, tuxedos &amp; business clothes laundered at home)</i>	
<b>Waste removal</b>	
<b>Other expenses not listed</b>	
<b>Other expenses not listed</b>	
<b>Other expenses not listed</b>	
<b>Other expenses not listed</b>	



## **COST OF GOODS SOLD**

<b>Beginning of the year inventory: which is the same as last years end of the year inventory</b>	
<b>Products purchases for resale purposes: less item withdrawn for personal use</b>	
<b>Labor cost: directly associated with selling of products &amp; services (outside salesman&amp; broker)</b>	
<b>Materials and supplies: used to sell or make products for sale (bags, boxes, lumber, steel, nails)</b>	
<b>Other expenses to sell or manufacture: products or services not included above</b>	
<b>End of the year inventory (you should do a physical count of inventory available to be sold)</b>	

## **DEPRECIABLE ASSESTS**

<b>Description of items used for business</b>	<b>Date purchased or transferred</b>	<b>Cost or FMV of the item</b>	<b>Business use %</b>

## **AUTO EXPENSES**

### **VEHICLE EXPENSES: MILEAGE RATE versus ACTUAL EXPENSES**

**\*You can keep track of your business miles in your planner, on a calendar, or in an official mileage log, or with an app on a digital device.**

**\*You need the date, location, total miles (or beginning and ending odometer reading), and purpose of the business trip.**

**\*Note: Commuting miles from your residence to your work place and back are not deductible.**

**\*Bottom line: KEEP BUSINESS MILEAGE LOG or IRS will disallow your car and truck expenses.**

**\*You need to keep track of all your receipts for vehicle expenses. GET THE RECEIPTS!!!**

Description	Vehicle #1	Vehicle #2	Vehicle #3
Vehicle year, make, and model			
Date vehicle placed in service			
Cost of vehicle or FMV when placed in service			
A: End of year mileage			
B: Beginning of year mileage			
TOTAL miles for the year			
Miles to pick up and deliver product			
Miles to meetings, rallies & major seminars			
Miles to prospect, recruit, counsel, or train			
Miles to job site, pick up materials, supplies			
Other (bank, post office, store, printers, etc.)			
Other:			
Round trip distance to work as an employee			
Number of days/weeks you commute			
Number of months worked this year			

Other vehicle expenses			
Vehicle insurance premiums			
Interest paid on vehicle			
Repairs (engine, transmission, differential)			
Maintenance (shocks-struts, oil, breaks, wipers, tires, etc.)			
Tag and taxes paid			
Fuel			
Total lease payments made this year			

### BUSINESS USE OF HOME EXPENSES

Business square footage:		Total square footage of home:	
Mortgage interest:		Total rent paid for the year:	
Real estate taxes:		Management or condo fees:	
Home owners insurance:		Cost of home & closing cost	
Association dues:		Improvements & finance charges:	
Repairs & Maintenance:			

### MOVING EXPENSES

Miles from old home to old job:		Miles from old home to new job:	
Cost to pack household good & personal effects: ( <i>boxes, blankets, dolly, tape, pads, labor cost, rope, straps, etc.</i> )			
Cost to ship & store household goods & personal effects: ( <i>truck, trailer, van, labor, storage rent, fuel, tolls, parking, freight, shipping, etc.</i> )			
Cost of traveling ( <i>fuel, airfare, rental car, bus, lodging, tolls, parking, etc.</i> )			
Other cost, not mentioned above, associated with moving:			
Amount of money reimbursed by the employer for the move:			

## EDUCATION EXPENSES

<b>Students name</b>				<b>Number of years enrolled</b>	
<b>Tuition:</b>		<b>Books</b>		<b>Supplies</b>	<b>Lab fees</b>
<b>Computer/ Printer</b>		<b>Athletics</b>		<b>Registration</b>	
<b>Mobile phone</b>		<b>Test fees</b>		<b>Memberships</b>	
<b>Students name:</b>				<b>Number of years enrolled</b>	
<b>Tuition</b>		<b>Books</b>		<b>Supplies</b>	<b>Lab fees</b>
<b>Computer/ Printer</b>		<b>Athletics</b>		<b>Registration</b>	
<b>Mobile phone</b>		<b>Test fees</b>		<b>Memberships</b>	

## CASUALTY AND LOSS

<b>Type of loss: (Personal or Business)</b>			
<b>What was lost or stolen:</b>			
<b>Date of loss:</b>		<b>Location of incident:</b>	
<b>Fair market value before loss:</b>			
<b>Amount reimbursed by insurance:</b>			
<b>Fair market value after loss:</b>			
<b>Police or insurance report:</b>			