



PARAKLETOS

One Called Alongside To Help

PLEASE MAKE SURE YOU BRING THE FOLLOWING

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, LLCs, 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 is critical that you get the original cost of stocks, mutual funds, real and individual property sold.

OTHER TAXABLE INCOME FORMS: Please provide all income statements.

State & local tax refunds (1099-G)

Unemployment Compensation (1099-G)

Alimony received

All Healthcare Forms (1095-A, B or C)

Social Security received (1099-SSA)

Gambling/prize winnings (Form W-2G)

Miscellaneous Income (1099-MISC)

Total Advance Child Tax Credit (Letter 6419)

Economic Impact Payment(s) (Letter 6475)

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 Address:	
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:

CHILDCARE PROVIDER INFORMATION

Care Provider Name	SSN/EIN	Address	Amount Paid
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you receive commission or bonus not reported on your w2? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Student loan interest:	Unused housing allowance:	Jury Duty:
Alimony Received:	Alimony Paid:	Name SSN:

ESTIMATED PAYMENTS Please Include Copy of Payment Vouchers Used and Dates

Quarters	Date Paid	Amount Paid
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		

If you have insurance from THE MARKETPLACE; ACA (Obama Care) You MUST bring your 1095-A

MEDICAL EXPENSES

Medical, vision & Dental or Medicare 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 Please Include COPIES of Forms

State income tax paid for last year: (not W-2 withholding)		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:	

CHARITABLE CONTRIBUTIONS

Church:		Heart Fund & Cancer:	
Church:		Arthritis Foundation:	
Ministry:		Easter Seals & DAV:	
Children Ministry:		YMCA & YWCA:	
Ministry:		Police & Firefighters:	
Ministry:		Volunteer school expenses:	
Provided Sunday School materials, food & drinks:		School fund raising giving:	
Mission trip expenses:		Contributions for Buildings & Yard maintenance:	
Contributions for Feeding, Rehousing or Clothing the Homeless:		Boys and Girl scouts (buying cookies or popcorn, etc. does not count):	
United way:		Muscular dystrophy and AMVETS:	
Red Cross & Christmas Seals:		Parking, tolls and taxis:	
Salvation Army:		Youth ministry expenses:	
Charitable miles:		Educational T.V.& Radio stations:	
Special cash offerings:		Diabetes:	
Cash Giving to Goodwill:		Other:	

IF YOU LIVE IN THE FOLLOWING STATES: AL, AR, CA, MN, NY,

PA, YOUR UNREIMBURSED EMPLOYEE EXPENSES ARE DEDUCTATBLE ON YOUR STATE RETURN (NOT DEDUCTIBLE ON YOUR FEDERAL RETURN)

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:	

NON-CASH CONTRIBUTIONS

NAME OF ORGANIZATION	ITEMS DONATED	DATE	VALUE
			\$
			\$

BUSINESS INCOME Please Fill One Business TIP for Each Business

<u>Name of Business</u>		<u>Business EIN (Employer ID #)</u>
What is your company's classification? <input type="checkbox"/> LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Proprietor		
Gross receipts/sales:		
Returns and allowances:		
Other income:		

BUSINESS EXPENSES

Accounting:	
Advertisement and Marketing: <i>(business cards, flyers, brochures, TV, radio, car decals, promotional materials, etc.)</i>	
Bad debt: <i>(ONLY BUSINESS loans not collectible, bounced checks previously reported as income; deductible only if reported as income in Gross Income)</i>	
Bank charges: <i>(monthly service charge, cost of checks, NSF charges, ATM charges)</i>	
Cell phone: <i>(cost of cellular phone and/or pager, activation fee, & monthly charges)</i>	
Commissions: <i>(fees paid out to others for services rendered)</i>	
Computer	
Consulting	
Contributions	
Credit and collection cost	
Discounts	
Dues and subscriptions: <i>(annual renewal fee, credit card fee, Sam's Club, associations, AAA)</i>	
Education and training	
Employee benefits program (Health/ Dental Insurance, Group Term Life Insurance, MUST HAVE W2 for EACH EMPLOYEE TO CLAIM)	
Equipment rental/lease: <i>(vehicles, machinery, and equipment office equipment, copiers, etc.)</i>	
Freight: <i>(UPS, Fed Ex, Airborne, Express Mail, bus, trucks, train, ship)</i>	
Fuel (equipment)	
Gifts: <i>(gifts for prospects, customers, employees, supervisors, suppliers & associates)</i>	
Independent contractors: <i>(payments made to independent vendors and sub-contractors)</i>	
Building and equipment insurance	
Liability insurance	
Workers compensation insurance	

Other insurance	
Interest expenses: <i>(mortgage on building and land, car & business loans, finance charges from credit cards used for business purposes)</i>	
Internet	
Janitorial	
Laundry and dry cleaning: <i>(cost of cleaning uniforms or clothing on an overnight business trip)</i>	
Legal and professional: <i>(tax prep, accounting, IRS representation, business, and financial consulting fees)</i>	
Sponsorships: (team sports, fund raisers, etc.)	
Meals 50% limited (Normal business meals)	
Meals 80% limited (Only for those subject to DOT rules)	
Meals 100% limited (Must be Purchased from a Restaurant)	
Meeting supplies	
Miscellaneous	
Officer's Compensation	
Office expense: <i>(paper, pens, pencils, envelopes, staplers, calculators, folders, toners, etc.)</i>	
Outside services and contractors	
Parking fees and tolls	
Payroll processing expenses	
Pension, profit sharing, and other plans	
Permits and fees	
Postage, shipping, delivery	
Printing	
Rents: <i>(rent paid for business storefront, storage, or land)</i>	
Repairs and maintenance of office areas and business equipment: (NOT VEHICLES)	
Samples to give out or Merchandise to Display	

Salaries and wages (Officer's Compensation)	
Sales tax	
Security services or equipment	
Software	
Supplies	
Taxes and licenses	
Telephone: <i>(long distance, second line, call waiting & forwarding, conference calls, answering service)</i>	
Tools: <i>(hand tools, small equipment, books, videos, white board, planner, briefcase, etc. used to build your business)</i>	
Travel: <i>(lodging, airfare, baggage fees, parking, NO Meals. Please Break Down each expense)</i>	
Utilities: <i>(electric, gas, and water for business facilities, NOT for a personal residence. Please list each utility separately)</i>	
Uniforms: <i>(buy & clean uniforms, gowns, tuxedos & business clothes laundered at home)</i>	
Waste removal	
Other expenses not listed	
Other expenses not listed	

COST OF GOODS SOLD

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

DEPRECIABLE ASSETS

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

RENTAL AND ROYALTY INCOME AND EXPENSES

IF YOU HAVE MORE THAN 4 PROPERTIES OR ROYALTIES MAKE EXTRA COPIES OF THIS WORKSHEET

PROPERTY	TYPE OF PROPERTY	ADDRESS
1		
2		
3		
4		

PROPERTY	1	2	3	4
Rents & deposits received				
Royalties received				
Advertising and printing				
Travel				
Cleaning and maintenance				
Commissions and fees				
Insurance				
Legal and professional fees				
Management fees				

Mortgage interest				
Other interest				
Repairs: carpentry, hardware				
Electrical				
Carpet, tile, wood floors				
Painting and decorating				
Plumbing				
A/C				
Other repairs				
Supplies:				
Taxes:				
Utilities: Electric				
Gas				
Oil (Used for Heating)				
Water				
Trash or landfill				
Cable or satellite				
Other: Bank charges				
Gardening, Landscaping, Tree or Shrub Trimming				
Association dues				
Licenses & permits				
Pest control				
Office & postage expenses				
Telephone service				

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 workplace 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 #one	Vehicle #two	Vehicle #three
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 condominium fees:	
Homeowners insurance:		Cost of home & closing cost:	
Association dues:		Improvements & finance charges:	
Repairs & Maintenance:		Utilities:	

MOVING EXPENSES (Only Active-Duty Military!)

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 (Must Have 1098-T)

Student's name:		Number of years enrolled:	
Tuition:	Books:	Supplies:	Lab fees:
Computer/Printer:	Athletics:	Registration:	
Mobile phone:	Test fees:	Memberships:	

Student's name:		Number of years enrolled:	
Tuition:	Books:	Supplies:	Lab fees:
Computer/Printer:	Athletics:	Registration:	
Mobile phone:	Test fees:	Memberships:	

CASUALTY AND LOSS

(Must be in Federally Declared Disaster Area)

Location of incident:	
Type of loss: <input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS	
What was lost or stolen:	
Date of loss:	Fair market value before loss:
Amount reimbursed by insurance:	Fair market value after loss:
Police or insurance report:	

FARM INCOME

RESALE INCOME

(Please provide receipts when available)

Column #1: List any livestock & other items which you previously bought & have since resold.

Column #2: Write the price you paid for the item listed on Column #1.

Column #3: Write the price for which you sold the item listed on Column #1.

#1	#2	#3
	\$	\$
	\$	\$
	\$	\$

Production Income

Livestock		Produce	
Grains		Dairy	
Living plants		Wood	
By-products		Other crops	
Other livestock			

COMMUNITY CREDIT CORPORATION LOAN INFORMATION

(PROVIDE ALL FORMS CCC-1099-G AND STATEMENTS SHOWING THE DETAILS OF YOUR LOANS)

Did you receive a CCC loan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Did you pledge part or all your production to secure the loan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
If yes on both above questions, did you elect to claim the loan as income?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Did you have any forfeited?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$

CROP INSURANCE

Payer:	
Payer:	

OTHER INCOME

Custom hire: (machine work)		Federal irrigation subsidies:	
Income from debt cancellation:		Bartering income:	
Federal tax credit for alcohol fuel:		State gas or fuel tax refund:	
Did you sell commodity futures purchased for the sole purpose of insuring your business against price changes?			
If you gained on the sale enter the amount here		If you lost on the sale enter the amount here:	
Income not mentioned above:		Income not mentioned above:	

FARM EXPENSES:

CHEMICALS

Substance:	
Substance:	

CONSERVATION EXPENSES

Leveling, grading, and contouring:		Channels and irrigation ditches:	
Dams, ponds, and watercourses:		Brush clearing, and windbreaks:	

CUSTOM HIRE

Job:	
Job:	
Job:	

EMPLOYEE BENEFIT PROGRAM

Health insurance:			Term life insurance:	
Dependent care:			Accident insurance:	
Disability insurance:			Other:	

FEED EXPENSES

Type:	
Type:	

FERTILIZERS AND LIME

Type:	
Type:	

FREIGHT, POSTAGE, AND TRUCKING

Freights:	
Postage:	
Trucking:	

FUEL AND OIL

Gasoline:		Diesel:	
Oil:		Other fuels:	

FARM BUSINESS INSURANCE

Insurer:	
Insurer:	
Umbrella:	

INTEREST EXPENSES

1 ST Mortgage		2 nd Mortgage	
Other interest		Other interest	

LABOR HIRED

Name:	
Name:	
Name:	

RENT OR LEASE EXPENSES

Vehicles:		Machinery:	
Equipment:		Land (pasture):	

SEEDS AND PLANT PURCHASED

Seed/Quantity:		Seed/Quantity:	
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STORAGE AND WAREHOUSEING

Type:		Type:	
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SUPPLIES PURCHASED

Type:	
Type:	

UTILITIES

Gas:		Electric:	
Sewer:		Water:	
Trash or landfill:		Oil:	

VETERINARY, BREEDING, AND MEDICINE

Veterinary:		Breeding/ Stud fees:	
Vaccinations:		Other medicine:	

OTHER EXPENSES

Advertising:		AKA Registration:	
Bad debts:		Legal and professional fees:	
Farrier services:		Office supplies:	
Shows and races:		Travel, meals:	
Cell phone:		Internet:	
Business phone:		Animal Registration Fee	

DEPRECIABLE ASSESTS

Description of items used for business	Date, purchased or transferred	Cost or FMV of the item	Business use %