



# 2020 INDIVIDUAL CHECKLIST

**\*\*\* NEW CLIENTS: Please provide a copy of your prior year's federal, state and/or city tax returns \*\*\***

### TAX RETURN DELIVERY

How would you like to receive your copy of the tax return (please check one only):  PAPER COPY  ELECTRONIC COPY

### VIRTUAL CURRENCY

**At any time during 2020, did you receive, sell, send, exchange or otherwise acquire financial interest in any virtual currency?**  YES  NO

### 2020 FILING STATUS (check only one)

Single  Married Filing Jointly  Married Filing Separately (please provide following):  
 Head of Household  Surviving Widow(er) w/ Qualifying Dependent Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Did either of these events take place at any time during 2020?  Marriage Date of Legal Marriage: \_\_\_\_\_  
 Divorce/Legal Separation Date of Divorce/Legal Separation: \_\_\_\_\_

### TAXPAYER INFORMATION

Check all that apply:  
 Blind  Hemiplegic  Paraplegic  
 Deaf  Quadraplegic  Totally & Permanently Disabled  
First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
D.O.B. \_\_\_\_\_ D.O.D. \_\_\_\_\_  
DL/ID# \_\_\_\_\_  
Issued \_\_\_\_\_ Expires \_\_\_\_\_ ST \_\_\_\_\_  
Email \_\_\_\_\_  
\*BEST PHONE\* \_\_\_\_\_  
Occupation \_\_\_\_\_  
REFERRED BY \_\_\_\_\_

### SPOUSE INFORMATION

Check all that apply:  
 Blind  Hemiplegic  Paraplegic  
 Deaf  Quadraplegic  Totally & Permanently Disabled  
First \_\_\_\_\_ Middle \_\_\_\_\_  
Last \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
D.O.B. \_\_\_\_\_ D.O.D. \_\_\_\_\_  
DL/ID# \_\_\_\_\_  
Issued \_\_\_\_\_ Expires \_\_\_\_\_ ST \_\_\_\_\_  
Email \_\_\_\_\_  
\*BEST PHONE\* \_\_\_\_\_  
Occupation \_\_\_\_\_

### ADDRESS (to be shown on tax return)

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

### MAILING ADDRESS (if different)

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

School District (where you lived on 12/31/2020) (MI residents only) \_\_\_\_\_

### DEPENDENT(S) (to be claimed on current year's income tax return)

Only list dependents who lived with you for more than half of the year (full year if no relation) and 18 & under OR between ages 19-23 AND a student taking at least the minimum credit hours to be considered FULL-TIME for any part of FIVE months during the tax year). All others MUST have gross income of LESS THAN \$4,300 in 2020.

	FIRST NAME	LAST NAME	BIRTHDATE	SSN	RELATIONSHIP
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

List any dependent(s) who are blind, deaf and/or totally & permanently disabled: \_\_\_\_\_

List any dependent(s) who could be the qualifying dependent of another taxpayer: \_\_\_\_\_

List any dependent(s) who was/were not enrolled in school full-time and/or earned more than \$4,300 in 2020: \_\_\_\_\_

Do you have reason to believe any dependent (above) has already filed a 2020 return claimed himself/herself?  YES  NO

Are you claiming any dependent(s) according to a divorce decree or separation agreement? If yes, include document(s).  YES  NO

### DIRECT DEPOSIT INFORMATION

I would like any **refund** directly deposited into the account listed below.  I would like any **tax due** paid electronically from the account listed below.

Name of Financial Institution \_\_\_\_\_  
Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

My 2020 filing status will be **Married Filing Jointly**, and this is a **JOINT** account with my spouse.

## 2020 INCOME

### WAGES (include W-2)

	Name of Company	TP / SP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### MISC INCOME (include 1099 MISC)

	Name of Company	TP / SP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### INTEREST (include 1099 INT)

	Payer	Amt
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

### DIVIDENDS (include 1099 DIV)

	Payer	Ord	Qual	CGD
1.	_____	\$ _____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____	\$ _____

### PENSION/ANNUITY (include 1099 R)

	Payer	Amt	TP / SP
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

### IRA (include 1099 R)

	Payer	Amt	TP / SP
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

### SALE OF STOCK (include 1099 B)

SHORT-TERM GAIN(S)/LOSS(ES)			
	Security	Proceeds	Cost
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

LONG-TERM GAIN(S)/LOSS(ES)			
	Security	Proceeds	Cost
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

### SOCIAL SECURITY: TAXPAYER (include SSA-1099)

Box 3 (Benefits Paid in 2020)	\$ _____
Box 4 (Benefits Repaid in 2020)	\$ _____
Box 6 (Voluntary Federal W/H)	\$ _____
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D

### SOCIAL SECURITY: SPOUSE (include SSA-1099)

Box 3 (Benefits Paid in 2020)	\$ _____
Box 4 (Benefits Repaid in 2020)	\$ _____
Box 6 (Voluntary Federal W/H)	\$ _____
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D

### HSA DISTRIBUTION (include 1099 SA)

Trustee: _____
Gross Distribution \$ _____ Amt Used for Medical Exp \$ _____
Trustee: _____
Gross Distribution \$ _____ Amt Used for Medical Exp \$ _____

### OTHER INCOME (include supporting documents)

	TP	SP
State Income Tax Refund	_____	\$ _____
<b>Unemployment Compensation</b>	_____	\$ _____
- Federal Withholding	_____	\$ _____
- State Withholding	_____	\$ _____
Alimony (only for agreements executed before 01/01/19)		
- Received	\$ _____	\$ _____
- Paid (Need Recipient's SSN)	\$ _____	\$ _____
Jury Duty	\$ _____	\$ _____
Election Board Fees	\$ _____	\$ _____
Prizes/Lottery/Gambling		
- Winning(s)	\$ _____	\$ _____
- Losses	\$ _____	\$ _____
Bartering	\$ _____	\$ _____
Farm Income	\$ _____	\$ _____

### INSTALLMENT SALE (attach add'l sheet if needed)

Name _____ SSN _____
Address _____
City _____ ST _____ Zip _____
Interest Paid \$ _____ Principal Paid: \$ _____

### NONTAXABLE INCOME

Veterans Pension/Disability \$ _____	Cancelled Debt \$ _____
Worker's Comp or SDI \$ _____	Other \$ _____
Child Support \$ _____	Other \$ _____
Gain on Sale of Residence \$ _____	Other \$ _____
Gifts over \$300 \$ _____	Other \$ _____

## 2020 DEDUCTIONS

### MEDICAL

Do not include any amounts paid for/reimbursed by medical insurance or any other type of insurance or amounts paid using funds from an HAS or FSA.

**DO NOT INCLUDE HEALTH INSURANCE PREMIUMS PAID WITH PRE-TAX INCOME SUCH AS PRE-TAX DEDUCTIONS FROM YOUR PAYCHECK**

Medical & Dental Expenses, including:

Office Visits	Lab Tests/Therapy/X-Rays	
Co-pays	Dental/Orthodontics	
Doctors/Specialists	Hearing Aid	
Hospital/Ambulance	Eye Exam/Glasses/Contacts	\$ _____

Prescription Drugs \$ \_\_\_\_\_

Medical Insurance TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Prescription Insurance TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Dental/Vision Insurance TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Long-Term Care Insurance TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Medicare Premiums TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Medical Miles Driven # \_\_\_\_\_

### TAXES

State Income Tax PAID in 2020 for Prior Year's Tax \$ \_\_\_\_\_

Local Income Tax PAID in 2020 for Prior Year's Tax \$ \_\_\_\_\_

2020 Homestead TAXABLE Value (MI ONLY) \$ \_\_\_\_\_

Real Estate Taxes **PAID** in 2020:

- Principal Residence \$ \_\_\_\_\_
- Second Home/Cottage \$ \_\_\_\_\_
- Vacant Land \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

Real Estate Taxes PAID @ Closing (Provide Docs) \$ \_\_\_\_\_

Real Estate Taxes REIMB @ Closing (Provide Docs) (\$ \_\_\_\_\_)

**\*\*\*AUTO LICENSE TABS\*\*\*** \$ \_\_\_\_\_

Other Personal Property Taxes \$ \_\_\_\_\_

Sales Tax Paid (Type in State of Residence in 2020)

- Actual Sales Tax Paid in 2020 \$ \_\_\_\_\_

- Major Purchase(s) (Vehicle, Aircraft or Boat ONLY) \$ \_\_\_\_\_

### INTEREST

Qualified Mortgage Interest:

- 1st Home \$ \_\_\_\_\_
- 2nd Home \$ \_\_\_\_\_

Qualified Home Equity Loan (only if used to buy/build/improve home) \$ \_\_\_\_\_

Land Contract Interest Paid \$ \_\_\_\_\_

To Whom Paid:

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Points Paid on New Home Purchase \$ \_\_\_\_\_

Points Paid on Refinance of Current Home \$ \_\_\_\_\_

Term of Refinanced Loan (in years) \_\_\_\_\_

Investment Interest Paid \$ \_\_\_\_\_

Boat or Motor Home Interest\* \$ \_\_\_\_\_

*\*Must have eating, sleeping & toilet facilities*

### ADJUSTMENTS TO AGI

Educator Expenses TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Health Savings Acct Contribution\* TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Moving Expenses (active military only) TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Self-Employed SEP/SIMPLE/Qual Plans TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Self-Employed Health Ins Deduction TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Penalty on Early Withdrawal on Savings TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Alimony Paid: TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Recipients SSN \_\_\_\_\_

Divorce/Separation Agreement Date \_\_\_\_\_

Traditional IRA Contribution TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Roth IRA Contribution TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

Student Loan Interest Deduction TP \$ \_\_\_\_\_ SP \$ \_\_\_\_\_

*\*Not including payroll deductions or contributions from employer.*

### CHARITABLE CONTRIBUTIONS

**\*\*\*To be deductible, must have acknowledgement from qualified organization\*\*\***

Cash/Check/Credit Card \$ \_\_\_\_\_

Other than Cash/Check (i.e. clothing/household items) \$ \_\_\_\_\_

*If over \$500, please provide the following (attached addt'l sheets if necessary)*

ITEM(S)	DATE DONATED	COST	FMV
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Automobile	_____	\$ _____	\$ _____
Boat	_____	\$ _____	\$ _____
Aircraft	_____	\$ _____	\$ _____
Charitable Miles Driven in 2020		# _____	

### 2020 ESTIMATED TAX PAYMENTS

	FEDERAL	STATE	CITY
1st Qtr (07/15/2020)	\$ _____	\$ _____	\$ _____
2nd Qtr (07/15/2020)	\$ _____	\$ _____	\$ _____
3rd Qtr (09/16/2020)	\$ _____	\$ _____	\$ _____
4th Qtr (01/15/2021)	\$ _____	\$ _____	\$ _____
2019 overpayment applied to 2020	\$ _____	\$ _____	\$ _____

### NOTES

# 2020 CREDITS

## ECONOMIC IMPACT PAYMENTS (i.e. STIMULUS PAYMENT)

Did you receive one or both of the following Economic Impact Payments (i.e Stimulus Payment)?

Yes  No

If yes, how much did you receive under the following acts:

1) Coronavirus Aid, Relief & Economic Security (CARES) Act (\$1,200 per taxpayer + \$500 per qualifying child)

\$ \_\_\_\_\_

2) Consolidated Appropriations Act, 2021 (\$600 per taxpayer + \$600 per qualifying child)

\$ \_\_\_\_\_

**Economic Impact Payments (i.e. Stimulus Payments) are NOT taxable & DO NOT have to be repaid. However, for taxpayers who did not qualify for a payment based on information from their 2018 and/or 2019 tax return or their circumstances have changed in 2020, they are eligible to claim the Economic Impact Payment as a refundable credit on their 2020 income tax return.**

## MARKETPLACE INSURANCE PREMIUM TAX CREDIT

\*\*\*\*PLEASE PROVIDE 2020 FORM 1095-A\*\*\*\*

In 2020, were you covered by health insurance purchased through the Health Insurance Marketplace?

Yes  No

If yes, please provide Form 1095-A. It is needed to reconcile any advance premium tax credits (APTC) you received during the year.

## HIGHER EDUCATION EXPENSES (please provide 1098-T)

Student 1 _____	Student 2 _____
School _____	School _____
Books & Required Supplies Paid in 2020 \$ _____	Books & Required Supplies Paid in 2020 \$ _____
Has student has completed first 4 years of college? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has student has completed first 4 years of college? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has student has been convicted of felony? <input type="checkbox"/> No <input type="checkbox"/> No	Has student has been convicted of felony? <input type="checkbox"/> No <input type="checkbox"/> No

## CHILD & DEPENDENT CARE EXPENSES

Child 1 _____ \$ _____	Child 2 _____ \$ _____
Caretaker _____ ID# _____	Caretaker _____ ID# _____
Address _____	Address _____
City _____ ST _____ ZIP _____	City _____ ST _____ ZIP _____

## RESIDENTIAL ENERGY CREDITS

### RESIDENTIAL ENERGY EFFICIENT PROPERTY (Any home owned and used as a residence during 2020)

Includes materials & labor for onsite preparation, assembly/original installation & piping/wiring to interconnect for the following improvements only:

Qualified Solar Electric Property Costs \$ \_\_\_\_\_  
Qualified Solar Water Heating Property Costs \$ \_\_\_\_\_  
Qualified Small Wind Energy Property Costs \$ \_\_\_\_\_

Qualified Geothermal Heat Pump Property Costs \$ \_\_\_\_\_  
Qualified Fuel Cell Property Costs \$ \_\_\_\_\_

### NONBUSINESS ENERGY PROPERTY CREDIT

If the total of any nonbusiness energy property credits taken in previous years (after 2005) is more than \$500, you cannot take the credit in 2020.

Insulation \$ _____	Natural Gas/Propane/Oil Water Heater \$ _____	Electric Heat Pump Water Heater \$ _____
Exterior Door \$ _____	Natural Gas/Propane/Oil Water Boiler \$ _____	Electric Heat Pump \$ _____
Exterior Window & Skylight \$ _____	Natural Gas/Propane/Oil Furnace \$ _____	Central Air Conditioner \$ _____
Certain Metal or Asphalt Roof \$ _____	Advanced Main Circulating Fan Used in Natural Gas/Propane/Oil Furnace \$ _____	Biomass Fuel Stove \$ _____

(Do not include installation costs on any of the above)

## ADOPTION CREDIT

Child 1 _____	Child 2 _____
Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child	Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child
Was the adoption final in 2020 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the adoption final in 2020 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No
Qualified Adoption Expenses	Qualified Adoption Expenses
Adoption Fees \$ _____	Adoption Fees \$ _____
Attorney(s) Fees \$ _____	Attorney(s) Fees \$ _____
Court Costs \$ _____	Court Costs \$ _____
Travel Expenses (incl. Meals & Lodging) \$ _____	Travel Expenses (incl. Meals & Lodging) \$ _____
Re-adoption Expenses re: Foreign Child \$ _____	Re-adoption Expenses re: Foreign Child \$ _____
Amount of employer-provided benefits received \$ _____	Amount of employer-provided benefits received \$ _____

## MI PROPERTY TAX CREDIT

# of Months _____ month(s) Rent (per Month) \$ _____	# of Months _____ month(s) Rent (per Month) \$ _____
Landlord _____	Landlord _____
Address _____	Address _____
City _____ ST _____ ZIP _____	City _____ ST _____ ZIP _____

# 2020 SCHEDULE C (SOLE PROPRIETORSHIP & SINGLE MEMBER LLC)

BUSINESS 1

BUSINESS 2

Business Name		
Address		
City/State/Zip		
Business Activity		
Product or Service		

## PPP/EIDL/EIDG

Please indicate the amount received in 2020 from any of the following:

Paycheck Protection Program (PPP)	\$		\$	
Have you applied for PPP loan forgiveness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Economic Injury Disaster Loan (EIDL)	\$		\$	
Economic Injury Disaster Grant (EIDG)	\$		\$	

## 1099 DUE DILIGENCE

Were payments made in 2020 that would require filing Form(s) 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, did you file all required Form(s) 1099?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## INCOME & EXPENSES

Gross Receipts	\$		\$	
Returns & Allowances	\$		\$	
Other Income	\$		\$	
Cost of Goods Sold				
Beginning Inventory as of 01/01/20 (At Cost)	\$		\$	
Purchases	\$		\$	
Cost of Labor	\$		\$	
Materials & Supplies	\$		\$	
Other Costs	\$		\$	
Ending Inventory as of 12/31/20 (At Cost)	\$		\$	
Advertising	\$		\$	
Bank Charges	\$		\$	
Commissions & Fees	\$		\$	
Dues & Publications	\$		\$	
Insurance - Health	\$		\$	
Insurance - Other	\$		\$	
Interest	\$		\$	
Licenses	\$		\$	
Legal & Professional	\$		\$	
Meals & Entertainment	\$		\$	
Office Expense	\$		\$	
Postage & Freight	\$		\$	
Rent	\$		\$	
Repairs & Maintenance	\$		\$	
Taxes	\$		\$	
Telephone	\$		\$	
Travel	\$		\$	
Utilities	\$		\$	
Wages	\$		\$	

## AUTO

Auto (Mileage):				
- Total Miles (driven in 2020)	#		#	
- Business Miles (driven in 2020)	#		#	
Auto (Actual Expenses):				
Base Price-Trade In+Sales Tax	\$		\$	
Car Wash	\$		\$	
Gasoline	\$		\$	
Insurance	\$		\$	
Interest	\$		\$	
Lease Vehicle Payments	\$		\$	
Oil Changes	\$		\$	
Parking Fees/Tolls	\$		\$	
Registration	\$		\$	
Repairs & Maintenance	\$		\$	
Tires	\$		\$	

## 2020 SCHEDULE E (RENTAL REAL ESTATE & ROYALTIES)

Did more than 1/2 of the personal services performed in all trades/businesses involve real property trades/business which you materially participated?  Yes  No

Did you perform more than 750 hours of services in real property trades/business in which you materially participated?  Yes  No

PROPERTY 1

PROPERTY 2

PROPERTY 3

<b>1: Single Family Residence</b>	<b>2: Multi Family Residence</b>	<b>3: Vacation/Short Term</b>	<b>4: Commercial</b>	<b>5: Land</b>	<b>6: Royalties</b>	<b>7: Self Rental</b>	<b>8: Other</b>
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Did you actively participate in rental?  Yes  No  Yes  No  Yes  No

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

# Days Rented @ Fair Rental Value      # \_\_\_\_\_

# Days Used Personally      # \_\_\_\_\_

Gross Rents      \$ \_\_\_\_\_

Gross Royalties      \$ \_\_\_\_\_

### INCOME & EXPENSES

Advertising      \$ \_\_\_\_\_

Association Fees      \$ \_\_\_\_\_

Cleaning & Maintenance      \$ \_\_\_\_\_

Commissions      \$ \_\_\_\_\_

Insurance      \$ \_\_\_\_\_

Legal & Professional      \$ \_\_\_\_\_

Management Fees      \$ \_\_\_\_\_

Mortgage Interest      \$ \_\_\_\_\_

- Form 1098      \$ \_\_\_\_\_

- Other      \$ \_\_\_\_\_

Painting & Decorating      \$ \_\_\_\_\_

Repairs & Maintenance      \$ \_\_\_\_\_

Supplies      \$ \_\_\_\_\_

Taxes      \$ \_\_\_\_\_

Utilities      \$ \_\_\_\_\_

Other: \_\_\_\_\_      \$ \_\_\_\_\_

Other: \_\_\_\_\_      \$ \_\_\_\_\_

**Major Repairs OVER \$500:**

<b>Description</b> _____	<b>Description</b> _____	<b>Description</b> _____
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<b>Amount</b> \$ _____	<b>Amount</b> \$ _____	<b>Amount</b> \$ _____
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<b>Date in Service</b> _____	<b>Date in Service</b> _____	<b>Date in Service</b> _____
------------------------------	------------------------------	------------------------------

<b>Description</b> _____	<b>Description</b> _____	<b>Description</b> _____
--------------------------	--------------------------	--------------------------

<b>Amount</b> \$ _____	<b>Amount</b> \$ _____	<b>Amount</b> \$ _____
------------------------	------------------------	------------------------

<b>Date in Service</b> _____	<b>Date in Service</b> _____	<b>Date in Service</b> _____
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### AUTO

**Auto (Mileage):**

Total Miles (driven in 2020)      # \_\_\_\_\_

Business Miles (driven in 2020)      # \_\_\_\_\_

**Auto (Actual Expenses):**

Base Price-Trade In+Sales Tax      \$ \_\_\_\_\_

Car Wash      \$ \_\_\_\_\_

Gasoline      \$ \_\_\_\_\_

Insurance      \$ \_\_\_\_\_

Interest      \$ \_\_\_\_\_

Lease Payments      \$ \_\_\_\_\_

Oil Changes      \$ \_\_\_\_\_

Lease Vehicle Payments      \$ \_\_\_\_\_

Registration      \$ \_\_\_\_\_

Repairs & Maintenance      \$ \_\_\_\_\_

Tires      \$ \_\_\_\_\_

# NOTES

Please list any questions or additional information you may have. If in response to a specific page, please reference page & item in question.