

AUTO MILEAGE

Do not complete any part of this section if your automobile is used only for commuting to and from work and for pleasure.

Check if you do not have written evidence to support these figures 1 2
 Check if any automobile expense reimbursement provided by employer 1 2
 Check if reimbursement included in W-2 1 2



| Vehicle Description | Vehicle 1 | | Vehicle 2 | |
|--|------------------------------|---------------------------------|------------------------------|---------------------------------|
| | <input type="checkbox"/> You | <input type="checkbox"/> Spouse | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| Make or Model | | | | |
| Date Originally Purchased | / | / | / | / |
| TOTAL MILES DRIVEN THIS YEAR (include both business & personal) | | | | |
| BUSINESS MILES DRIVEN | For Employer | | mi | mi |
| | To Professional Meetings | | mi | mi |
| | Between 1st and 2nd Job | | mi | mi |
| | From Job to School | | mi | mi |
| | Jobseeking | | mi | mi |
| | Investment/Tax Preparation | | mi | mi |
| | Rental | | mi | mi |
| | Self-Employed Business | | mi | mi |
| | Temporary Job Sites | | mi | mi |
| | Other: | | mi | mi |
| Average Round-Trip Distance to Work (REQUIRED) | | mi | mi | |
| Total Commuting for the Year (REQUIRED) | | mi | mi | |

Auto Expenses

Do not complete this section if you are using the government's "standard mileage rate".

| | | |
|---|--|--|
| Gasoline & Oil | | |
| Repairs, Service, Tires, etc. | | |
| Insurance | | |
| License & Taxes | | |
| Wash, Wax, Auto Club, etc. | | |
| Interest (Applies only to self-employed individuals) | | |
| Lease Payment | | |
| Other: | | |
| Employer Reimbursement | | |

AWAY-FROM-HOME EXPENSES

Check if employer reimbursed any amount You Spouse

| | | |
|--|--|--|
| Airfare, Train, etc. | | |
| Auto Rental, Taxi, Bus, etc. | | |
| Meals (enter 100% of expense) | | |
| Lodging (DO NOT INCLUDE MEALS) | | |
| Porter, Skycap, Tips, etc. | | |
| Laundry | | |
| Other: | | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> Check if you do not have written evidence to support these figures. | | |

MOVING EXPENSES



Check if employer reimbursed any amount.

| | |
|--|----|
| Miles from Old Residence to New Job (A) | |
| Miles from Old Residence to Old Job (B) | |
| Difference in (A) and (B) (must be 50 miles or more) | |
| Cost of Commercial Movers | |
| Truck, Trailer Rental | |
| Road tolls | |
| Lodging en route (do not include meals) | |
| Automobile Travel | mi |
| Other: | |
| Other: | |

HOME SALE-PURCHASE



HOME SOLD

| | |
|---|-----|
| Address: | |
| Date Purchased | / / |
| Purchase Price (including costs & fees) | |
| Gain Deferred from Prior Property or Residence(s)** | |
| ** If you sold a home under the old deferral rules (prior to 8/5/97), you can find the amount deferred on Form 2119 from the tax return for the year of sale. | |
| Improvements (not maintenance) on Home Sold | |
| Date of Sale | / / |
| Sales Price (provide closing escrow statement) | |
| Sales Expenses (provide closing escrow statement) | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> if you owned and used the property as your primary residence two of the prior 5 years <input type="checkbox"/> <input checked="" type="checkbox"/> if your spouse owned and used the property as his/her primary residence two of the prior 5 years <input type="checkbox"/> <input checked="" type="checkbox"/> if this residence or any part of this home was rented or used for business purposes. <input type="checkbox"/> <input checked="" type="checkbox"/> if this home was acquired in exchange for a business or investment property after 5/6/97. <input type="checkbox"/> <input checked="" type="checkbox"/> if this home was acquired via a tax-free (Sec. 1031) exchange. | |

"OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business.

| | |
|------------------------------------|-------------------|
| Total Square Feet of Home | |
| Total Square Feet Used for Office | |
| Total Square Feet Used for Storage | |
| Rent | Utilities |
| Insurance | Condo/Assoc. Dues |
| Home Repairs | Office Repairs |