

||||

**Organizer Mailing Slip**





Yes	No	<b><u>Purchases, Sales, Gains and Losses</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2	Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did any security become worthless during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did any debts become uncollectible during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No	<b><u>Business and Rental Property Income &amp; Deductions</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2024?
<input type="checkbox"/>	<input type="checkbox"/>	8	Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you receive income from raising animals or crops?

Yes	No	<b><u>Other Deductions</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2024?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you refinance a mortgage or take out a home equity loan during 2024?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you donate a vehicle?

Yes	No	<b><u>Miscellaneous</u></b>	
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you make gifts of more than \$18,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2024?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes  No

**Return preparation and filing**

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account:  Checking  Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return  Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account:  Checking  Savings

3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's  
name \_\_\_\_\_

Phone  
Number \_\_\_\_\_

Personal identification  
Number (5 digit PIN) \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

# Wages

## W-2 Information

<b>"X"</b> <b>if</b> <b>spouse</b>	<b>Employer's Name</b>	<b>Box 1</b> <b>Wages, Tips</b> <b>Other Comp</b>	<b>Box 2</b> <b>Federal Income</b> <b>Tax Withheld</b>	<b>Box 16</b> <b>State</b> <b>Wages</b>	<b>Box 17</b> <b>State Income</b> <b>Tax Withheld</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
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39					
40					
41					
42					
43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Retirement Income

#### 1099-R Information

"X" if spouse	Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 16 State Distribution	Box 14 State Income Tax Withheld
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
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	39				
	40				
	41				
	42				
	43				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Taxable Interest Income Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Payer	Ordinary Dividends Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Business Assets Placed in Service in Prior Years

Activity	Description	Date Placed In Service	Cost	Explain any assets no longer used by the business
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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41				
42				
43				
44				

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box:  Filer  Spouse

#### General Information

Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)

Principal business or profession \_\_\_\_\_

Business name . . . . . \_\_\_\_\_

Business address . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Foreign Country . . . . . \_\_\_\_\_

Foreign Province/State . . . . . \_\_\_\_\_ Postal Code \_\_\_\_\_

#### General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 2 Did you "materially participate" in this business?  Yes  No
- 3 Check ('X') if you started or acquired this business in 2024.
- 4 Did you make any payments in 2024 that would require you to file Form(s) 1099?  Yes  No

#### Business Income

\* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 \_\_\_\_\_ 5
- 6 \_\_\_\_\_ 6
- 7 \_\_\_\_\_ 7
- 8 \_\_\_\_\_ 8
- 9 \_\_\_\_\_ 9
- 10 \_\_\_\_\_ 10
- 11 \_\_\_\_\_ 11
- 12 \_\_\_\_\_ 12
- 13 \_\_\_\_\_ 13
- 14 \_\_\_\_\_ 14
- 15 Income reported on 1099 MISC . . . . . 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K . . . . . 16
- 17 Professional gambler winnings from Form W2-G . . . . . 17
- 18 Gross installment sales less cost of goods sold . . . . . 18
- 19 Returns and allowances . . . . . 19
- 20 Other income . . . . . 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

#### Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory . . . . .  Cost  Lower of cost or market  Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

- 23 Inventory at the beginning of year . . . . . 23
- 24 Purchases less cost of items withdrawn for personal use . . . . . 24
- 25 Cost of labor . . . . . 25
- 26 Materials and supplies . . . . . 26
- 27 Other Costs . . . . . 27
- 28 Inventory at end of year . . . . . 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

#### Assets Placed in Service This Year

Description:

- A \_\_\_\_\_ A
- B \_\_\_\_\_ B
- C \_\_\_\_\_ C
- D \_\_\_\_\_ D
- E \_\_\_\_\_ E
- F \_\_\_\_\_ F
- G \_\_\_\_\_ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Self-Employed Business Expenses Cont. (Schedule C)**

Expenses		Current Year Amount	Prior Year Amount
29	Advertising . . . . .		
30	Contract labor . . . . .		
31	Commissions and fees . . . . .		
32	Depletion . . . . .		
33	Employee benefit programs (other than on line 39) . . . . .		
34	Insurance (other than health) . . . . .		
<b>Interest:</b>			
35	Mortgage (paid to banks, etc.) . . . . .		
36	Other . . . . .		
37	Legal and professional services . . . . .		
38	Office expense . . . . .		
39	Pension and profit-sharing plans . . . . .		
<b>Rent or Lease:</b>			
40	Machinery rental or lease . . . . .		
41	Equipment rental or lease . . . . .		
42	_____ . . . . .		
43	_____ . . . . .		
44	_____ . . . . .		
	Other business property rental or lease		
45	_____ . . . . .		
46	_____ . . . . .		
47	_____ . . . . .		
48	Repairs and maintenance . . . . .		
49	Supplies (not included in inventory cost of goods sold) . . . . .		
50	Taxes and licenses . . . . .		
<b>Travel and Meals:</b>			
Travel			
51	_____ . . . . .		
52	_____ . . . . .		
53	_____ . . . . .		
54	_____ . . . . .		
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied . . . . .		
Meals subject to percentage limitation			
57	_____ . . . . .		
58	_____ . . . . .		
59	_____ . . . . .		
60	_____ . . . . .		
61	_____ . . . . .		
Meals not subject to percentage limitation (100% allowed)			
62	_____ . . . . .		
63	_____ . . . . .		
64	_____ . . . . .		
65	_____ . . . . .		
66	Utilities . . . . .		
67	Wages . . . . .		
<b>Other Expenses:</b>			
68	_____ . . . . .		
69	_____ . . . . .		
70	_____ . . . . .		
71	_____ . . . . .		
72	_____ . . . . .		
73	_____ . . . . .		
74	_____ . . . . .		
75	_____ . . . . .		
76	_____ . . . . .		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Business \_\_\_\_\_

**Vehicle Information (Schedule C)**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . 4				
5	Commuting miles included on line 3 . . . . 5				
6	Parking fees and tolls . . . . . 6				
7	Vehicle Interest . . . . . 7				
8	Vehicle Personal Property tax . . . . . 8				
<b>Actual Expenses</b>					
9	Gasoline, oil and repairs . . . . . 9				
10	Vehicle Insurance . . . . . 10				
11	Vehicle registration fees . . . . . 11				
12	Vehicle lease or rental . . . . . 12				
13	_____ 13				

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

### Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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36					
37					
38					
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43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

### Installment Sale Income

#### New Sale (Only)

**Note:** If the property was sold this year complete the New Sale section.

Description	Selling price including mortgages DO NOT include interest	Mortgages the buyer assumed	Cost or other basis of property	Commissions and other expenses of sale
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

Description	Date Acquired	Date Sold	Interest	Principal
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

#### Prior Year Sale (Only)

**Note:** If the property was sold in a previous year complete the Prior Year Sale section below.

Description	Date Acquired	Date Sold	Payments Received in 2024	
			Interest	Principal
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

Description	Gross profit percentage	Payments received in prior years (DO NOT include interest)
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Unreimbursed Employee Expenses - Itemized Deductions

List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab

(State use only)

	Filer		Spouse	
	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
60 Union and professional dues . . . . . 60				
61 Professional subscriptions . . . . . 61				
62 Uniform and protective clothing . . . . . 62				
63 Job search costs . . . . . 63				
64 _____ 64				
65 _____ 65				
66 _____ 66				
67 _____ 67				
68 _____ 68				
69 _____ 69				

### Certain Miscellaneous Deductions - Itemized Deductions

(State use only)

	If investment related enter "X"	Current Year Amount	Prior Year Amount
70 Tax preparation fees . . . . . 70			
71 Certain attorney and accounting fees . . . . . 71			
72 Safe deposit box rental . . . . . 72			
73 IRA Custodial fees . . . . . 73			
74 Investment counsel and advisory fees . . . . . 74			
75 Losses on deposits in insolvent or bankrupt financial institutions . . . . . 75			
76 Convenience fees paid with credit or debit card for federal taxes in 2024 . . . . . 76			
77 _____ 77			
78 _____ 78			
79 _____ 79			
80 _____ 80			
81 _____ 81			
82 _____ 82			
83 _____ 83			
84 _____ 84			
85 _____ 85			
86 _____ 86			

### Other Miscellaneous Deductions

87 Federal estate tax on income in respect of a decedent . . . . . 87		
88 Amortizable bond premiums on bonds acquired before 10/23/86 . . . . . 88		
89 Gambling losses (if gambling income) . . . . . 89		
90 Repayment of income . . . . . 90		
91 From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . . 91		
92 Certain unrecovered investment in a pension . . . . . 92		
93 _____ 93		
94 _____ 94		
95 _____ 95		
96 _____ 96		
97 _____ 97		
98 _____ 98		



Name \_\_\_\_\_

SSN \_\_\_\_\_

### Employee Business Expenses

Enter "X" in one box:  Filer  Spouse

Occupation in which you incurred the expenses \_\_\_\_\_

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official

**IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).**

		Current Year Amount	Prior Year Amount
<b>Meals</b>			
1	Meals . . . . .		
2	Enter "X" in the box if subject to DOT hours of service limits . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

<b>Travel Expenses</b>			
3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work. . . . .		
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals . . . . .		

<b>Other Employment Related Expenses</b>			
5	Business gifts . . . . .		
6	Employment related education expenses . . . . .		
7	Trade publications . . . . .		
8	_____		
9	_____		
10	_____		
11	_____		
12	_____		

<b>Employer Reimbursements</b>			
13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . . . .		
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . . . .		
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements . . . . .		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Occupation in which you incurred these expenses \_\_\_\_\_

**Vehicle Information - Unreimbursed Employee Business Expenses**

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . . . 4				
5	Commuting miles included on line 3 . . . . . 5				
6	Average daily roundtrip commuting miles . . . . . 6				
7	Parking fees and tolls . . . . . 7				
8	Vehicle Interest . . . . . 8				
9	Vehicle Personal Property tax . . . . . 9				
<b>Actual Expenses</b>					
10	Gasoline, oil and repairs . . . . . 10				
11	Vehicle Insurance . . . . . 11				
12	Vehicle registration fees . . . . . 12				
13	Vehicle lease or rental . . . . . 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 15				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . . . . 1				
2	Cost of vehicle . . . . . 2				
3	Total miles driven for the year . . . . . 3				
4	Business miles driven during the year . . . . . 4				
5	Commuting miles included on line 3 . . . . . 5				
6	Average daily roundtrip commuting miles . . . . . 6				
7	Parking fees and tolls . . . . . 7				
8	Vehicle Interest . . . . . 8				
9	Vehicle Personal Property tax . . . . . 9				
<b>Actual Expenses</b>					
10	Gasoline, oil and repairs . . . . . 10				
11	Vehicle Insurance . . . . . 11				
12	Vehicle registration fees . . . . . 12				
13	Vehicle lease or rental . . . . . 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) . . . . . 15				