

**NC Financial Group - 2020 Tax Organizer – fill in relevant sections, please.**

Save your changes, rename this document, and upload to the “Send Us Your Tax Files!” link on our site: [www.NCFinancialGroup.com](http://www.NCFinancialGroup.com)

Supporting Form Attachments – Estimated Tax Payments (proof of payment), W-2s, 1099s-(Misc, DIV, INT, R, NEC), Schedule K-1s, 1098s, 1095s, Real Estate tax bills, closing statements for real estate transactions, brokerage statements for stock sales.

**Taxpayer Information**

Name (First, Middle, Last): \_\_\_\_\_

Partner/Spouse Name: \_\_\_\_\_

Mailing Address to be **used on your return**:

\_\_\_\_\_

Permanent home mailing address if different from your return:

\_\_\_\_\_

**Filing Status – Please check one**

Single: \_\_\_\_\_

Married Filing Jointly (MFJ): \_\_\_\_\_

Married Filing Separately (MFS): \_\_\_\_\_

Did you **live separately** from your spouse at any time during 2020? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you eligible to claim your spouse’s exemption? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your spouse itemize deductions? Yes \_\_\_\_\_ No \_\_\_\_\_

Head of Household (HoH): \_\_\_\_\_

If HoH and the qualifying person is a child but not your dependent, enter the child’s

Name: \_\_\_\_\_

SSN# \_\_\_\_\_

## Personal Information

Are you a **qualifying widow(er)**? Yes \_\_\_\_ No \_\_\_\_

*A qualifying widow/widower is a taxpayer whose spouse has passed during the last two years and also has a qualifying dependent on their tax return.*

Did your **marital status** change in 2020? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide reason: \_\_\_\_\_

Did you pay **alimony** in 2020? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide **SS# of recipient:** \_\_\_\_\_

**Alimony Card #:** \_\_\_\_\_

**Date of Divorce Decree:** \_\_\_\_\_

Did you/spouse receive **alimony** in 2020? Yes \_\_\_\_ No \_\_\_\_

If yes, Please provide **SS# of payer:** \_\_\_\_\_

**Alimony Card #:** \_\_\_\_\_

In 2020, were you or spouse

- Permanently or totally **disabled**: Yes \_\_\_\_ No \_\_\_\_
- A member of the **U.S. Armed Forces**: Yes \_\_\_\_ No \_\_\_\_
- Work for the **U.S. Government**: Yes \_\_\_\_ No \_\_\_\_

## Electronic Filing & Bank Information - Required

Would you like to file your tax return electronically? Yes \_\_\_\_ No \_\_\_\_

If you receive a **refund**, would you like direct deposit? Yes \_\_\_\_ No \_\_\_\_

If Yes, Account # \_\_\_\_\_

Routing # \_\_\_\_\_

If you **owe income tax**, would you like us to withdraw the funds? Yes \_\_\_\_ No \_\_\_\_

If Yes, Account # \_\_\_\_\_

Routing # \_\_\_\_\_

## Dependent Information – Persons whom you provided 50% or more support in 2020

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ U.S. Citizen or Resident: Yes \_\_\_\_ No \_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Lives with You: Yes \_\_\_\_ No \_\_\_\_ Months lived with taxpayer in U.S. \_\_\_\_\_

Does not live with you due to divorce but is a person who qualifies you for the earned income credit and/or credit for child and dependent care expenses: Yes \_\_\_\_ No \_\_\_\_

Dependent #2 Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ U.S. Citizen or Resident: Yes \_\_\_\_ No \_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Lives with You: Yes \_\_\_\_ No \_\_\_\_ Months lived with taxpayer in U.S. \_\_\_\_\_

Does not live with you due to divorce but is a person who qualifies you for the earned income credit and/or credit for child and dependent care expenses: Yes \_\_\_\_ No \_\_\_\_

*\*If more dependents, please add onto last page*

### Did you or your spouse

- Provide over half of the support for any other person? Yes \_\_\_\_ No \_\_\_\_
- Have dependents that must file a U.S. tax return? Yes \_\_\_\_ No \_\_\_\_  
If Yes, do you need us to prepare? Yes \_\_\_\_ No \_\_\_\_
- Have children who are under age 19 or are full time student(s) under age 24 WITH investment income greater than \$2,200? Yes \_\_\_\_ No \_\_\_\_  
If Yes, do you include this income on your return? Yes \_\_\_\_ No \_\_\_\_
- Incur adoption expenses during 2020? Yes \_\_\_\_ No \_\_\_\_
- Pay for any childcare or dependent care services or participate in the FSAFEDS or other flexible spending account for dependent childcare in 2020? Yes \_\_\_\_ No \_\_\_\_

## Household Employee

Did you hire a household Employee? Yes \_\_\_\_ No \_\_\_\_

If Yes: 1. Was this employee a Personal Assistant? Yes \_\_\_\_ No \_\_\_\_

2. Was this employee a Nanny? Yes \_\_\_\_ No \_\_\_\_

Did you pay this employee more than \$600 in 2020? Yes \_\_\_\_ No \_\_\_\_

If Yes: 1. Did you have the person complete a W-9? Yes \_\_\_\_ No \_\_\_\_

2. Was a 1099 issued? Yes \_\_\_\_ No \_\_\_\_

3. Does a 1099 need to be issued? Yes \_\_\_\_ No \_\_\_\_

4. Was the household employee put onto payroll? Yes \_\_\_\_ No \_\_\_\_

Pay an individual for any non-childcare household employment services (e.g. maid, gardener, etc) ? Yes \_\_\_\_ No \_\_\_\_

- If Yes, were the services provided as part of your spouse's official work duties? Yes \_\_\_\_ No \_\_\_\_

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

## IRA, Pension & Education Savings Plan – Student Information

### In 2020, did you or your spouse

- Contribute to a Roth IRA?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Contribute New money (not rollover money) to a Traditional or Rollover IRA?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Own an **inherited IRA**?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Own a **Beneficiary IRA**?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Receive funds from a **pension, retirement or profit-sharing** plan or any **social security or disability payments**?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Are you required to take **mandatory distributions** from an IRA? *(Not required in 2020 due to COVID-19)*

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- **Convert** all or part of a **regular IRA** to a **Roth IRA**?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- **Rollover** all or part of a **qualified plan** into a **Roth IRA**?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Contribute to a **Coverdell Education Savings Account**?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Contribute to a **529 College Savings Plan**?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Pay **interest** on a **student loan** for you, spouse or dependents? *Please attach 1098-E*

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

### Did you, your spouse or dependent

- Pay for **tuition** or incur any **educational expenses**?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Receive any **grant** or **scholarship monies**?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Receive payments from an educational savings account?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

## Items related to Income & Expenses

In 2020, did you or your spouse

- Receive any interest, dividend, royalty or other investment income?  
You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Receive any **unemployment** compensation?  
You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Did you have any Federal **taxes withheld** on your **unemployment**?  
You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Receive any **disability** payments?  
You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Receive any **Tip** income?  
You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Have any gambling winnings or losses?  
You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Receive any insurance or legal settlement proceeds?  
You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Incur any casualty or theft losses?  
You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Incur any significant medical, dental or other healthcare expenses?  
You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Pay any dues to an organization where a portion was required to be non-deductible due to political lobbying by the association? \_\_\_\_\_  
\_\_\_\_\_
- **Move?** Yes \_\_\_\_ No \_\_\_\_  
Was the move **work-related**? Yes \_\_\_\_ No \_\_\_\_  
If yes, list **unreimbursed** moving **expenses** for work-related move:  
**Date** \_\_\_\_\_  
**Description** \_\_\_\_\_  
**Amount \$** \_\_\_\_\_
- Make any contributions to **U.S. Tax-exempt charities**? Yes \_\_\_\_ No \_\_\_\_  
*Please provide receipt for all donations; cash and non-cash.*

**Real Estate: General** Please provide year-end 1098 statement and property tax payment proof

Property Address \_\_\_\_\_

Description and Property Type \_\_\_\_\_

Pay any real estate, personal property or other taxes? Amount \$ \_\_\_\_\_

Was your home or business located in a **Federally Declared Disaster Zone** in 2020? Yes \_\_\_\_ No \_\_\_\_

Did you lose any property in a **Federally listed Disaster Area**? Yes \_\_\_\_ No \_\_\_\_

Did you lose any property in a **disaster area** that was listed in a **1031 exchange**? Yes \_\_\_\_ No \_\_\_\_

Any **Hospital costs** in a disaster area? Yes \_\_\_\_ No \_\_\_\_

Did you make or receive an insurance claim? Yes \_\_\_\_ No \_\_\_\_

**Real Estate: Buys and Sells - Please provide closing settlement**

In 2020, did you or your spouse

- **Buy** real estate? Yes \_\_\_\_ No \_\_\_\_
  - Primary home? Yes \_\_\_\_ No \_\_\_\_
  - Second Home/Time-Share? Yes \_\_\_\_ No \_\_\_\_
  - Vacant Land? Yes \_\_\_\_ No \_\_\_\_
  - Manufactured Home? Yes \_\_\_\_ No \_\_\_\_

Property taxes \$ \_\_\_\_\_

Address \_\_\_\_\_

Lot # \_\_\_\_\_ Block# \_\_\_\_\_

- **Sell** real estate? Yes \_\_\_\_ No \_\_\_\_
  - Primary home? Yes \_\_\_\_ No \_\_\_\_
  - Second Home/Time-Share? Yes \_\_\_\_ No \_\_\_\_
  - Vacant Land? Yes \_\_\_\_ No \_\_\_\_
  - Manufactured Home? Yes \_\_\_\_ No \_\_\_\_

Property taxes \$ \_\_\_\_\_

Address \_\_\_\_\_

Lot # \_\_\_\_\_ Block# \_\_\_\_\_

- Are you a **first-time** homebuyer? Yes \_\_\_\_ No \_\_\_\_
  - Did you pull money out of your IRA to obtain your home? Yes \_\_\_\_ No \_\_\_\_

## Real Estate: Rental Property

Rental Property Address \_\_\_\_\_

2020 Rents/royalties received \$ \_\_\_\_\_

Did you use this property as personal for 2020? Yes \_\_\_\_ No \_\_\_\_

If so, How many days as rental \_\_\_\_\_ days

How many days as personal \_\_\_\_\_ days

Does this rental have multiple living units, and **you occupy one**? Yes \_\_\_\_ No \_\_\_\_

Did you actively participate in managing this property? Yes \_\_\_\_ No \_\_\_\_

Did you incur bank fees or interest expense due to rental? Yes \_\_\_\_ No \_\_\_\_

## Investments: Buys and Sells

Did you borrow from invested assets? Yes \_\_\_\_ No \_\_\_\_

Did you surrender any U.S. savings bonds? Yes \_\_\_\_ No \_\_\_\_

Did you exchange any securities for other securities or property held as an investment? Yes \_\_\_\_ No \_\_\_\_

Did you engage in any transactions involving **Options**? Yes \_\_\_\_ No \_\_\_\_

Did you engage in transaction with commodity/future contracts? Yes \_\_\_\_ No \_\_\_\_

Did you engage in any transactions with ESPP / Employee Options? Yes \_\_\_\_ No \_\_\_\_

Did you engage in any RSU's? Yes \_\_\_\_ No \_\_\_\_

Take a retirement account distribution related to the Corona Virus or other disaster? Yes \_\_\_\_ No \_\_\_\_

## Investments: Cryptocurrency – Please provide any documentation

In 2020, did you or your spouse

- Mine Cryptocurrency? *Please specify currency*

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Purchase Cryptocurrency? *Please specify currency*

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

- Sell Cryptocurrency? *Please specify currency*

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

## Investments: Bank / Brokerage

*Attach form 1099 INT and 1099 DIV*

*If Nicholas Casagrande manages your assets, we already have this information. So, no need to send our way.*

Do you have any collateralized loans? Yes \_\_\_\_ No \_\_\_\_  
Did you pay any interest? Yes \_\_\_\_ No \_\_\_\_

Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over from another plan within 60 days of distribution? Yes \_\_\_\_ No \_\_\_\_

## PPP / EIDL Loans

Did you obtain a Paycheck Protection Program (PPP) loan?

Yes \_\_\_\_ No \_\_\_\_ Amount \$ \_\_\_\_\_

Was any of the loan forgiven?

Yes \_\_\_\_ No \_\_\_\_ Amount \$ \_\_\_\_\_

For assistance in applying for loan forgiveness, follow this link to the SBA webpage

[PPP Loan Forgiveness Applications](#) – *Make sure to use the latest version!*

Did you receive an EIDL loan?

Yes \_\_\_\_ No \_\_\_\_ Amount \$ \_\_\_\_\_

## 2020 Stimulus – Attach 1099A or 1099C

Did you receive an Economic Impact (Stimulus) Payment?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

Did your lender cancel any part of your debt in 2020?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

## Gig Income – Attach 1099s

Did you or your spouse earn income from any of the Gig Contracts?

Examples: Task Rabbit, Uber, AirBnB, DoorDash, Postmates, Grubhub

*If yes, please provide 1099*

## Foreign Earned Income and Foreign Taxes

### In 2020, did you or your Spouse

- Earn any wage income while outside the U.S. or foreign business income?  
You \_\_\_\_\_ Spouse \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Earn any foreign investment income?  
*If yes, fill out below*

Investment Name	Amount Earned	Type of Earnings	Date Paid

- Pay any foreign income taxes?

Amount Paid	Date Paid	Description

- Pay any foreign gross receipts, property, VAT or other taxes?  
You \_\_\_\_\_ Spouse \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Have any foreign tax credit carryovers into 2020?  
You \_\_\_\_\_ Spouse \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Party to a foreign Corporation of which you have no control?  
You \_\_\_\_\_ Spouse \_\_\_\_\_ Amount \$ \_\_\_\_\_

## Foreign Financial Accounts and Foreign Assets

*Please provide a list of ALL foreign Financial assets or accounts that you or your spouse had at any time with any balances including bank or brokerage accounts, mutual funds, pension funds, other retirement accounts, etc. Include non-U.S. accounts for which you held a beneficial interest or had signature authority at any time*

Asset Type	Financial Institution	Country	Account #	Ownership Joint, Beneficiary, Signatory	Max value during year	Balance on 12/31/2019	Source currency

Were you the grantor of, or transferor to, a **foreign trust** which existed during the tax year, whether or not you have any beneficial interest in the trust? Yes \_\_\_\_\_ No \_\_\_\_\_

If a FinCen 114 (FBAR) is required for 2021, would you like us to file? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you plan to prepare and file, please provide us with a complete copy.  
FBAR filing is due April 15<sup>th</sup>, 2021*

## Health Plans

For *California, New Jersey, Washington DC, Massachusetts, Vermont, Rhode Island* Residents:

- Did you or your spouse participate in a health insurance plan that meets the Affordable Care Act (ACA) insurance guidelines for the entire calendar year?      You \_\_\_\_      Spouse \_\_\_\_

*Please provide Form 1095-A from your health provider*

- How did you obtain Health Insurance? (Employer, Open Exchange, Medicare, etc.)

- 
- If you did not have minimum health insurance coverage at any time or only during part of the year, detail why you did not have coverage that met the ACA guidelines so that we may determine if you qualify for an ACA exception: \_\_\_\_\_

- 
- Have you uploaded your **1095**?      Yes \_\_\_\_      No \_\_\_\_

**Are you or your spouse**

- Self-employed?      You \_\_\_\_      Spouse \_\_\_\_
- Pay for self-employed health insurance?      You \_\_\_\_      Spouse \_\_\_\_
- Eligible to participate in a health plan at another job?      You \_\_\_\_      Spouse \_\_\_\_
- Participate in a FSAFEDS health care account?      You \_\_\_\_      Spouse \_\_\_\_

## Home Office

Did you work from home in 2020?      Yes \_\_\_\_      No \_\_\_\_

- Square feet of total home      \_\_\_\_\_
- Square feet of Home Office      \_\_\_\_\_

Direct Home Office Expenses		
Expense	Amount	Notes
Phone	\$	
Internet	\$	
Insurance	\$	
Furniture	\$	
Equipment	\$	
Bills for utilities (electric, gas)	\$	
Homeowners insurance	\$	
HOA Fees	\$	
Security	\$	
General Repairs and Maint	\$	
Mortgage Interest	\$	
Property Tax	\$	
Rent (IF you do not own)	\$	

## Taxes, Credits and Other

### Did you or your spouse

- Make **solar** energy-saving improvements to your **home**? Yes \_\_\_\_ No \_\_\_\_
  - Solar energy-saving improvements to your **business**? Yes \_\_\_\_ No \_\_\_\_
- Make **wind** energy-saving improvements to your **home**? Yes \_\_\_\_ No \_\_\_\_
  - Wind energy-saving improvements to your **business**? Yes \_\_\_\_ No \_\_\_\_
- Purchase a qualified cell motor vehicle?
 

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Purchase a motor vehicle or boat and pay any U.S. state sales tax?
 

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Pay any other significant sales tax? You \_\_\_\_ Spouse \_\_\_\_

Date	Amount	City	State	Sales Tax Rate
- Purchase a Tesla Battery? Yes \_\_\_\_ No \_\_\_\_ Size \_\_\_\_\_ kWh

## Charitable Gift Giving

### What is the highest amount you donated to any one person or organization in 2020?

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_

### Did you or your spouse

- Make gifts of over \$15,000 to an individual, institution or charity, including 529 plan account?
 

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Make a gift to a trust? (Special-Needs Trust, QPRT, QLAC)
 

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Pledge a Legacy gift?
 

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Donate an IRA?
 

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Donate an Annuity?
 

You \_\_\_\_ Spouse \_\_\_\_ Amount \$ \_\_\_\_\_
- Donate a vehicle? *Please provide 1098C from receiver*

You \_\_\_\_ Spouse \_\_\_\_ Value \$ \_\_\_\_\_
- Donate hours or drive miles?
 

Hours \_\_\_\_\_ Miles \_\_\_\_\_

**Business – Please provide General Ledger, P&L, Balance Sheet, Payroll Records, Year-end 1099 from POS**

**In 2020, Did you or your spouse**

- Start a business, purchase a farm, or acquire interests in partnerships, C corporations, LLCs or S corporations in the last three years? Yes \_\_\_\_ No \_\_\_\_
- Perform business under a Sole Proprietorship? Yes \_\_\_\_ No \_\_\_\_
- Incur any losses on the sale of a business or rental property since January 1<sup>st</sup> 2009? Yes \_\_\_\_ No \_\_\_\_
- Sell, dispose or abandon any business interest, property or equipment? Yes \_\_\_\_ No \_\_\_\_
- Sell property or equipment on an installment basis? Yes \_\_\_\_ No \_\_\_\_
- Have any business-related educational expenses? Yes \_\_\_\_ No \_\_\_\_
- Do a "like-kind" exchange of property? Yes \_\_\_\_ No \_\_\_\_
- Purchase special fuel for non-highway use? Yes \_\_\_\_ No \_\_\_\_
- Participate in any Domestic Production Activities during the last two years? Yes \_\_\_\_ No \_\_\_\_
- Incur any business-related expenses related to travel, lodging, meals or entertainment expenses or incur any unreimbursed expenses from your employer? *Please provide records* Yes \_\_\_\_ No \_\_\_\_

*Tax law and IRS regulations allow deductions for travel and entertainment if adequate records can be presented: 1. Amount, 2. Time & Place, 3. Attendee(s), 4. Date, 5. Business purpose, 6. Description of Expense(s), gift(s), and 7. Business relationships of recipient.*

**REALTORS:** Please send in mileage log and Real Estate log of hours.

**Business: 1099 Filing**

Did your business pay an individual \$600 or more? Yes \_\_\_\_ No \_\_\_\_

*If Yes, then a 1099 needs to be generated, and please inform if you need help issuing a 1099*

**Estimated Tax Payments – Please attach your canceled checks / electronic submission**

Date	Federal	State
	\$	\$
	\$	\$
	\$	\$
	\$	\$

## Business Deductions – \$ totals for 2020

Accounting	\$	Parking/Tolls	\$
Advertising	\$	Pension/Profit sharing - contributions	\$
Answering Service	\$	Pension/Profit sharing - admin	\$
Bad debts from sales or service	\$	Postage	\$
Bank charges	\$	Printing	\$
Car/Truck (not entered elsewhere)	\$	Rent - vehicles, equipment	\$
Commissions	\$	Rent - other	\$
Contract Labor	\$	Repairs	\$
Delivery/Freight	\$	Security	\$
Dues/Subscriptions	\$	Supplies	\$
Employee benefit programs	\$	Taxes - real estate	\$
Insurance (other than health)	\$	Taxes - sales tax	\$
Mortgage interest	\$	Taxes - other (not entered elsewhere)	\$
Other interest (not entered elsewhere)	\$	Telephone	\$
Janitorial	\$	Tools	\$
Laundry/Cleaning	\$	Travel	\$
Legal and professional	\$	Total meals in full (50%)	\$
Miscellaneous	\$	Entertainment	\$
Office	\$	Uniforms	\$
Outside services	\$	Utilities	\$
		Wages	\$
Other	\$		
Other	\$		
Other	\$		

**Notes:**
