



## ITEMIZED DEDUCTIONS

### MEDICAL

Total all medical or dental expenses related to prescriptions, doctors, hospitals, medical insurance, labs, x-rays, glasses, hearing aids, medical equipment, and all other expenses relating to **medical care**.

Total medical expenses in 2007	\$	
Miles traveled in 2007	\$	
<b>Reimbursement</b> from Insurance Co.	\$	

### TAXES

REAL ESTATE	\$	STATE TAX	\$
PERSONAL PROPERTY	\$	DMV FEES	\$
OTHER TAXES	\$	# OF VEHICLES:	

### INTEREST

Home Mortgage paid to financial institution/bank	\$	
Home Mortgage paid to Individuals	\$	
Individual's name:		
his/her SS#:		
address:		
Points paid on refinance or Purchase of home	\$	

**Bring copy of ESCROW Statement of Charges**

### CONTRIBUTIONS (to church or charity's)

Amount paid by checks or by (payroll deduction- <i>with letter of receipt</i> )	\$
Amount paid by cash or check under \$250 <i>per organization</i>	\$
Goods donated by Charity (goodwill, etc.)	\$

(items should be valued at garage sale prices)

### MISCELLANEOUS DEDUCTIONS

Professional dues	\$	Uniforms & laundry	\$
Tools & Safety Equip	\$	Educational Expense	\$
Employment Fees	\$	Educational Miles	
Safe Deposit Box	\$	Tax Prep Fee	\$
Union Dues	\$	Other	\$
Alimony	\$	Mileage to Second job	\$

Name:			
SS#:			

### IRA & SEP CONTRIBUTIONS & ROTH IRA

for Taxpayer:	\$	for Spouse:	\$
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Place an **X** here if you were **not** an active participant in an employer maintained retirement plan for any part of the current year:

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

## DIVIDEND & INTEREST INCOME

RECEIVED FROM	TOTAL RECEIVED	CAPITAL GAIN	NON-TAXABLE
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
7.	\$	\$	\$
8.	\$	\$	\$
9.	\$	\$	\$
10.	\$	\$	\$
11.	\$	\$	\$
12.	\$	\$	\$
13.	\$	\$	\$
14.	\$	\$	\$
15.	\$	\$	\$
16.	\$	\$	\$

<b>Early Withdrawal Penalty</b>	\$
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**For NON TAXABLE DIVIDENDS & CAPITAL GAINS BRING 1099!!!!**

Interest From **Seller Financed Mtge.** \$

NAME:	
ADDRESS:	
SS# or ID#:	

### PARTNERSHIPS, ESTATES, TRUSTS, & SUB S CORPORATIONS

Please bring a copy of **all K-1's** relating to your share of income or loss from various types of entities. We will then process all necessary information for you.

### SALE OF STOCKS AND OTHER PROPERTY

KIND OF PROPERTY DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	ORIGINAL COSTS	Additions to Cost	1099B
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

### SALE OF PERSONAL RESIDENCE

YES NO

1. Was any part of old residence rented or used for business?		
2. Was it your principal place of abode for 2 of the last 5 years?		

## ESTIMATED TAX PAYMENTS

	FEDERAL	STATE	DATE PAID
Credit from prior year	\$	\$	
First Installment	\$	\$	
Second Installment	\$	\$	
Third Installment	\$	\$	
Fourth Installment	\$	\$	
<b>TOTAL PAID:</b>	<b>\$</b>	<b>\$</b>	

## CHILD CARE EXPENSES

NAME AND ADDRESS	ID# or SS# (MUST HAVE)	AMT. PD IN 2007
		\$
		\$
		\$
		\$
		\$

## BUSINESS TRAVEL & TRANSPORTATION EXPENSES

AUTO INFORMATION			
Date vehicle placed in service			
Total miles driven in 2007			
Total Business miles in 2007			
Total commuting miles in 2007			
AUTO EXPENSES			
Parking & toll fees	\$	Wash & wax	\$
Gas, Oil, Lube, Etc.	\$	Insurance	\$
Repairs	\$	License & Taxes	\$
Lease Payments	\$	Tires, Battery, Etc.	\$
Amount Reimbursed from employer	\$		

## AUTO OR OTHER BUSINESS EQUIPMENT ACQUIRED DURING 2007

ITEM	DATE ACQUIRED	COST
1		\$
2		\$
3		\$
4		\$

## MOVING EXPENSES

If you **MOVED** your residence **DUE TO TRANSFER** to a new place of employment **OR** you have **CHANGED EMPLOYERS**, the cost of moving may be deductible if your new employer was more than **50 MILES** from your **OLD RESIDENCE**.

Date of move:		
Period of Employment at new location	to	
A. Distance from former address to new work location:		B. Distance from former address to former work location:

**IF A and B IS LESS THAN 50 MILES . . . STOP HERE**

### Pre Move house hunting

#### DIRECT EXPENSES

Fares (Train, Bus, Air)	\$
Lodging in route	\$
Moving van or Rental	\$
Amount Reimbursed by EMPLOYER	\$

## RENTAL INCOME & EXPENSES

STREET ADDRESS	CITY	STATE
1.		
2.		
3.		

#### GROSS RENTS RECEIVED

1.\$.	2.\$	3.\$
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#### EXPENSES

	1	2	3		1	2	3
Advertising	1	2	3	Mgmt Fees	1	2	3
Auto (___ miles)	1	2	3	Repairs	1	2	3
Clean & Maintenance	1	2	3	Supplies	1	2	3
Commissions	1	2	3	Taxes	1	2	3
Landscaping	1	2	3	Telephone	1	2	3
Insurance	1	2	3	Utilities	1	2	3
Interest-Mtg.	1	2	3	Hauling	1	2	3
Interest-Other	1	2	3	Trash	1	2	3
Legal/Prof. fees	1	2	3	Licenses	1	2	3
Other	1	2	3	Other	1	2	3
Other	1	2	3	Other	1	2	3
other	1	2	3	Other	1	2	3

#### RENTAL EQUIPMENT, FURNITURE, APPLIANCES, IMPROVEMENTS ACQUIRED DURING 2007

Date	New or Used	Item	\$

# BUSINESS INCOME & EXPENSES

Business Name	Federal ID#
Address	
Business Activity	Product

### Method used to value inventory:

cost:		lower of cost or market		Other:	
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### Accounting Method used:

Cash:		Accrual:		Other:	
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Check here if **Office in the Home** is used:

INCOME		COST OF GOODS SOLD	
Gross Receipts/Sales:	\$	Beginning Inventory	\$
Returns & refunds	\$	Purchases	\$
Commissions	\$	Material & supplies	\$
Interest	\$	Sublet labor	\$
Other	\$	Other	\$
Other	\$	Closing Inventory	\$

### EXPENSES (Paid by Check and/or Cash)

Advertising	\$	Travel	\$
Bad debts	\$	Meals & Entertainment	\$
Bank charges	\$	Utilities	\$
Auto & Truck	\$	Telephone	\$
Commissions	\$	Dues & Publications	\$
Freight	\$	Insurance	\$
Interest (mortgage)	\$	Interest (other)	\$
Office	\$	Rent	\$
Equipment rental	\$	Repairs	\$
Supplies	\$	Taxes (payroll)	\$
Taxes (sales)	\$	Taxes (other)	\$
License & permits	\$	Other	\$
Other	\$	Other	\$
Other	\$	Other	\$

### BUSINESS EQUIPMENT & VEHICLES ACQUIRED DURING 2007

Date	New or Used	Item	\$

### BUSINESS ASSETS SOLD DURING 2007

DATE ACQUIRED	DATE SOLD	ITEM	COST	SALE PRICE
			\$	\$
			\$	\$
			\$	\$

## QUESTIONNAIRE CHECKLIST

1. If a new client please bring a copy of **last** years tax return.
2. If you sold property through escrow in 2007 bring a copy of the closing statement of charges showing sales price & expenses of sale.
3. If you purchased a new **RENTAL** during 2007 please bring a copy of the property tax statement for said property along with the closing statement of charges for depreciation purposes.

### SPECIAL CATEGORIES

Please check those which apply to you and/or your spouse

1. Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the past year?
2. Were any of your unmarried children 19 years of age or older?
3. Did you have anyone other than your children living with you?
4. Was anyone in your household 65 years of age or older?
5. Did you contribute towards the support of persons other than those living with you?
6. Did you receive Social Security or Railroad Retirement benefits?
7. Did you own any stock that became worthless during the year?
8. Did anyone owe you money which became worthless during the year?
9. Did you have a second job?
10. Did you use your car on the job (other than to/from work)?
11. Did you work out of town for part of the year?
12. Did you receive any reimbursement from your employer for expenses?
13. Were you required to have any special licenses, permits for your job?
14. Were you required to pay for special surety bonds or insurance?
15. Did you use your home as an office for your work?
16. Did your employer furnish food/lodging for you on your job?
17. Did you purchase any special clothing, tools/equipment for your job?
18. Did you take any schooling related to your present job?
19. Did you pay any fees in order to obtain employment?
20. If you paid more than \$600 to any one individual, have all required 1099's been filed?
21. Did you roll an IRA over to a ROTH IRA during 2007?

**NOTE:** Taxpayer's must keep adequate documented records of travel and entertainment expenses, business gifts, investment credits, and depreciation. As your preparer, I desire written confirmation that such requirements are met.

**TO THE BEST OF MY (OUR) KNOWLEDGE, THE ENCLOSED INFORMATION CORRECTLY INCLUDES ALL INCOME, DEDUCTIONS, AND OTHER INFORMATION NECESSARY FOR THE PREPARATION OF THIS YEAR'S INCOME TAX RETURNS.**

Taxpayer Signature

date

Spouse's Signature

date

3H Business Services, Inc.  
PO Box 8218  
REDLANDS, CA 92375


**NOTICE: Date Sensitive TAX DOCUMENTS ENCLOSED**