

Figueroa's Income Tax

Income Tax, Real Estate & Notary Service

(310) 830-5180

www.figueroasincomtax.com

Client Name : _____

Itemized Deductions

Office Use Only

Client ID: _____

Tax Year: _____

Date: _____

Warning: To Avoid Serious Interest and Penalties, You Must Substantiate Whatever You Report!

Paid-Out-of-Pocket

Medical & Dental Expenses: \$ _____

Medicare Premiums: \$ _____

For Main Home:

☐ Form 1098
Included

1st Mortgage Interest \$ _____

Loan Fee: \$ _____

2nd Mortgage Interest \$ _____

☐ New Home Purchased

Property-Tax \$ _____

☐ Refinance: _____ Years

Qualified Mortgage Insurance \$ _____

For Second Home:

☐ Form 1098
Included

1st Mortgage Interest \$ _____

Loan Fee: \$ _____

2nd Mortgage Interest \$ _____

☐ New Home Purchased

Property-Tax \$ _____

☐ Refinance: _____ Years

Qualified Mortgage Insurance \$ _____

New Tax Laws Demand Substantive Evidence of
Charity Contribution

Cash \$ _____
Check \$ _____
Non-Cash \$ _____

If non-cash contribution totals more than \$500, please provide
the statement to include organization's name, address, date, and
location of the gift and description of the property.

Other possible Miscellaneous Deductions:

Union and Professional Dues \$ _____

Professional Subscriptions \$ _____

Tax Preparation Fee \$ _____

Necessary Ordinary & Un-reimbursed

Uniform/Protection Clothes \$ _____

Any other Expenses:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Gambling Loss

(Allowed only when you have gambling winning)

Coin-in Coin Out

Casino Report \$ _____

Other substantiate

Gambling Loss \$ _____

Cost of Job Search

(Un-reimbursed Expenses Only)

Yearly Total Miles: _____

Total Miles Driven for Job Search: _____

Other expenses: _____ \$ _____

_____ \$ _____

_____ \$ _____

Please Sign below to confirm that you voluntarily provided the above substantive and verifiable information to AVI.

Signature x _____

Date: _____

Business Name: _____

Owner's Name: _____

Office Use Only

Client ID: _____

Tax Year: _____

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Gross Receipts or Sales: \$ _____

Income from Visa Machine 1099-K: \$ _____

Income from Subcontractor 1099-Misc: \$ _____

All other Incomes: \$ _____

TOTAL: \$ _____

Warning: to avoid serious Interest and penalties, you must substantiate whatever you report!

Must Be Ordinary & Necessary

Business Expenses: Amount

Advertising _____
Commissions / Helpers _____
Business Insurance _____
Health Insurance _____
Legal/Professional Fee _____
Office Expenses _____
Machine Rental _____
Shop Rent _____
Repairs/maintenance _____
Material & Supplies _____
Permit/License _____
Tri-Met or Excise" Tax _____
Confidential Personal Property Tax _____
Payroll Taxes _____
Meals & Entertainment _____
Utilities: Electric/Heat/Water _____
Gross Wages _____
Bank Service Fee _____
Merchant Service Fee _____
Promotion/Client Gifts _____
Business Phone _____
Cell phone / % Business Usage _____
Internet/Cable _____
Delivery/Postage _____
Garbage _____
Alarm _____

Others: (Specify below)

Business Equipment

	Purchased In this tax year	Price Each	No of Units	Purchase Date	Total Price
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Business use of Automobile

Car Make: _____ Year & Model: _____

Total Miles for the year _____

Total Miles Just for Business Use _____

Total Commuting Miles _____

Total Miles for Personal Use _____

If Business Carries Inventories:

Beginning Inventory _____

Purchases _____

Cost of Labor _____

Beginning Inventory _____

Materials & Supplies _____

Year End Inventory _____

Please sign below to confirm that you voluntary provided the
above substantive and verifiable information to Figueroa's Income Tax

Signature x _____ Date: _____