

# INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

#### Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign)

P	ERSONAL DATA
TAXPAYER AND SPOUSE	DEPENDENTS
TAXPAYER (OR SINGLE) SPOUSE	Last Name X if post-secondary student # of mos. lived in your home
Last Name Last Name	(First, Initial & Last) D.O.B. ↓ Social Security no. Relationship ↓
First Name & Initial First Name & Initial	
Occupation Occupation	
Phone (Home) (Work) Phone (Home) (Work)	Social Security numbers are required for all dependents.  If filing Head of Household and qualifying person is your child but not your dependent above,
Soc. Sec. # (Last 4 digits)  Date of Birth  Soc. Sec. # (Last 4 digits)  D	Date of Birth  enter child's name here  If filling Head of Household and qualifying person is your child but not your dependent above,
Mailing Address ☐ Check if address is new ☐	County  1. Did your name, address, or marital status change during the year?  2. Are you being claimed as a dependent on another tax return?  Yes  No
City, State, & Zip Email Address	3. Are you (or your spouse) blind or permanently disabled?  4. Did you claim children above that don't live with you?  5. Did you carry forward or incur any adoption expenses during the year?  Yes No

							□Yes □Yes	
	GENE	RAI	L G	U	ES	TIONNAIRE		
1.	Were you notified by the IRS or STATE of a change to any prior year tax return?	Yes	No [		18	Did you receive any source of income that is not listed in this booklet?  Ye	es 🗆	No 🗆
2.	Are any of your claimed dependents not residents or citizens of the U.S.?	Yes	No [			Do you wish to designate \$3.00 of your taxes to the Presidential     You Ye	es 🗆	No 🗆
3.	Did you make any gifts of over \$15,000 to any individual?	Yes	No [			Campaign Fund (no cost to you)? Spouse Ye		No 🗆
4.	Do you have any foreign income or foreign bank accounts?	Yes	No [		20	Do you have a Medical or Health Savings Account (MSA or HSA)?  Ye	es 🗌	No 🗌
5.	Did you have living expenses in a foreign country as a result					. Are you a same-sex couple considered legally married?	es 🗆	No 🗌
1720	of income earned abroad?	Yes	No [		22	If you reached the age of 70½, have you begun your mandatory retirement		
	Do you have any worthless stocks, uncollectible bad debts, or were a victim of a ponzi scheme?		200 - 2			saving withdrawals?	s 🗌	No 🗌
	Did you become disabled during the year?	Yes	No [		23	Did you receive employer provided educational assistance or transportation benefits?  Very		
	Are you a handicapped employee?	Yes	No [		24	transportation benefits? Yes  Did you pay long term healthcare insurance premiums or receive	s 🗀	No 🗆
	Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes	No [	100	-		s 🗆	No 🗆
	Have you used bartering to exchange any goods or services?	Yes	No [		25	. Are you a school teacher who paid for classroom materials without		110
	Have you or your dependents taken a distribution from a Qualified	Yes	No [	-		reimbursement? Please provide a recap of expenses for potential deduction. Yes	s 🗆	No 🗆
	Tuition Program (QTP) or 529 program during the year?	Yes	No [	- I	26	. If you would like your refund deposited directly into your bank account.	s 🗆	No 🗆
	Did you receive any insurance or other reimbursement from a prior year	103	140	-	1	please attached a voided check or deposit slip. (up to 3 accounts)		
	casualty, theft loss or medical deduction?	Yes	No [		27	. Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)? Yes	S	No 🗌
13.	Did you start a new business during the year or do you expect to start one					Did you or your spouse have qualified military combat pay? Yes	s 🗌	No 🗆
	this coming year?	Yes	No [		29	Do you own bonds that qualify for the Gulf, Renewable Energy or		
14.	Did you pay anyone (over 18) \$2,100 or more to work at your home					Build America bond credits?	S	No 🗌
	during the calendar year?	Yes	No [			Did you purchase a new home this year?	S	No 🗆
5.	Did you donate a partial interest in any goods to charitable organizations?	Yes	No [		31.	If over age 7014, did you make a direct contribution to a charity from an IRA?	s 🗌	No 🗆
0.	Do you have children under age 19 with investment income (age 24 if dependent student)?	v =		. 1	32.	Did you make any major purchases during the year requiring payment of		
	Do you expect any significant changes in income, withholding taxes or your	Yes	No [	1	20	sales tax (including any new vehicles)?  Yes	S $\square$	No 🗆
	ay liability for the coming year?	Voc 🗆	No.	.	33.	Did you revise a prior year divorce decree that includes alimony?	5	No 🗆
	encomment the property of the first transfer	Yes	No 🗆	1	34.	Did you receive any premium health insurance credits during the year?	S 🗌	No 🗆

						INC	JME					Term	
W	AGES/SALA	ARIES	/W-2 F	ORMS			INT	EREST INC	OME	(Use payer name lis	ted on 1099-	INT & attach)	00
		Taxable	Withheld	Other Ta	xes Withhe		T/S/J	Name of Payer			Interest Amount	Exempt	DE
T/S	Name of Employer	Wages	Fed. Tax	Soc. Sec. Medica	re State	Local					ranount		
T/S	6/J Code: T — Taxpayer	S — Snous	se .I — .loint	Use these codes i	f married filin	a jointly							
					(Show	Losses		alty for early withdrawa		(	)		
T/S/J	IISCELLANE	ource of Inco				ount	List interest OID forms.	income reported on all 1099-In	IT and 1099-	Use Codes below if from MB MUNICIPAL BONDS		LIST	1
1/0/0	Alimony (Pre-2019 Agreeme			misc deductions)	7.111	Julia		099 forms reporting Tax Withher RA or Retirement Plan reported		IN INSTALLMENT SALE US U.S. BONDS TE TAX EXEMPT (expla		CODE	
	Jury Duty (Or Other Public		Annony - not in a	moc. deddellono/						MF MORTGAGE FINANCE		ist name, address &	SSN)
	Tips/Gratuities (Not Repo						DIV	IDEND INC		(please attach all			
			(Attack 1000 MI	CC WOC or Evolui	2)		T/S/J	Name of Payer		Ordinary Qualified Dividends	Capital Gai		V
	Contest/Awards/Gamblin		NO THE RES	SC, W2G or Explain	1)								
	Commissions/Bonuses (												
	Pensions/Annuities (Furn		orms)										
	IRA/Keogh (Attach Form		ACAL STREET										
	Profit Sharing Distribution							Dividends above as reported or 099 DIV forms.		s received. * R	elated to mutual		^
	Unemployment Compens	sation (Attac	th 1099-G Form)	*			CAF	PITAL GAIN				base check liefe.	
	Partnerships/Estates/Tru	ists (Furnish	K-1 Forms)	*				nds and Mutual Funds (Attach F				m 1099-S)	
	Small Business Corporat	tions/Sub Ch	napter S (Furnis	sh K-1 Forms)			TS	Description		Date Date Sold	Sale Price	Cost or Basis*	
	Business/Self-Employed	(Furnish Sch	nedule or Details)	*				# shares, name or stock symbo		n/dd/yy mm/dd/yy	FIICE	Dasis	DE
	Farm (Furnish Schedule or	r Details)					1.						+
	Rental (Furnish Schedule	or Details)		^			2.						_
	Forgiven Debt (Attach Fo	rm 1099-A or	C)				3.						_
	Other (Explain):						4.		Yi.				
	* / if you did not actively or	r materially par	rticipate in earning	g the income (or loss	s) listed	18 1		ecord ALL fund transactions mutual funds.	Use TI	A 1099-B Received; I B 1099-B Received; I	Box 3 basis (cos	t) LIST	
S	ALE OF PER	RSON	AL RES	SIDENC	E		4 1 (44)	as # if items cold on inst	allmost book	C No 1099-B Receive			E
Dat	e Old Residence Acquired		Cost or I	Basis			• N	ne # if items sold on inst lote interest above.				"	
Imp	rovements (Additions, Land	dscaping, Drive	eway, New Roof,	etc.)			2. If any	rincipal Received: this thing above was inherite	year \$ d and sold, I	prior y ist line number(s).	/ear \$	#	
Fixi	ng-Up Expenses (Painting	, Repairs, etc.	, To Prepare for	Sale)			3. If 109	9-B stated basis (cost) is and provide the correct	wrong, mar	k next to the incorre	ect value with	the codes	
Dat	e Old Residence Sold		Selling F	Price			* For new	installment sale, also report se on and include copy of settleme	lling expenses, r		used in busines	s, accumulated	
Exp	enses of Sale (Commission	ns, Legal Fee	s, Points, Stamps	s, etc.)				N-TAXABLI		OME		mportant to li	
	Vas any part of residence				The second secon	No 🗆		2019 Child Support/Pay				ven if not taxa	able)
2. [	Oid you own and use the hit least 2 of the last five year	ome as your ars?	r principal resid		ou: Yes [			erans Benefits/Disability		otarioo (riotrimino	37		
3. H	lave you rolled over a gain	from the sa	le of a prior res	idence into the h	ome			kmen's Compensation/		Payments			
S 4 V	old? If so, please provide Fo	orm 2119 from ob transfer, r	tax return for year medical or unfo	ar prior nome soid. preseen circumsta		No No		er (Explain):					
-	e New Residence Acquire						SO	CIAL SECU	RITY	Benefits (from bo	x 5) Fe	deral tax with	nhelo
	te Of Occupancy		ost of New Res	sidence									
If m	narried, do you and your sp	pouse have	the same prop	ortionate	V [	No □	700	RTANT:	Taxpayer				
inte	erest in the new residence			ooth the sale and pure		No 🗌	provid	e SSA-1099	Spouse				
	Attach copy o	neas Estate Of											
(			INC	COME	TAXI	ES P	AID O	R REFUN	DED				
If	someone else prepared your t	taxes last year	г,		1 1 2			ATED TAX PAID	Fede		tate	Local	
pl	ease provide a copy. alance paid on last year's		Federal	State		ocal	If not paid						
	(or prior years)						list actua	3rd Qtr. 9/15					
R	efunds received from last (or prior years)	year's return					dates pa	d. 4th Qtr. 1/15					

### **DEDUCTIONS**

List only amounts that have actually been paid during the year. Save all canceled checks and receipts for a period of at least 3 years. You may round off to the nearest dollar.

Please circle any deduction that is a disproportionate amount for only your spouse (It may be to your advantage to file separately).

					CONTI			all cash donations.						
Medical Expense	S		Amou	nt	Cash Contribut	ions (must ha	ve receipts of back	records for all donations)	Amount					
, Nurses, Etc.					Church/Temple (	name)								
ed only)					Cancer / Heart /									
F 285														
		1496			Public TV / Radio	0								
dical Aids	NAME OF TAXABLE PARTY.				Veteran's Org. (r	ame)								
		Eigh					)							
					Other:									
Ambulance, Paramedic  Nurses (board & room)														
	100				Political contributions	are not deductible	e. Deduct value of gift	received for any contributions.						
		3-24												
	55,881	200												
					If you donated a ve	hicle, please a	ttach your charity's	s form 1098-C.						
									must match Form 1000					
av - P After Tay	- Δ Ilneur	0 – 11			INTER	EST			must match Form 1096					
AN WARRANT TO THE REAL PROPERTY OF THE PERTY				- (35)	Mortgage	Paid to Fir	1							
aiti ilisulance (Fo	nh 10ao oi edu	(V.)			Interest									
andre A		_			Principal	Name'	avidual (List hame	Address==	Soc. Sec. 1					
salary)		-			Residence									
1404 # 4					Mortgage	Paid to Fir	nancial Institution	1 (Form 1098)						
are, MSA, other)					Interest	Paid to Inc	dividual (List name	e, address, Soc. Sec. no. below)						
						Name`		Address	Soc. Sec. I					
dical reasons or actua	al cost)					100								
						-			\$					
aves Paid	Oracle Control	State	Amou	nt			ortgage (if not incli	uded above)						
		Otato	Amou				morous a qualified re	oldont)						
Off Herital Schedule)						erest (allacir r	Offit 1090-E + detail	s. who for, toan date, toan purpose)						
					75.0									
						tmont Interes	nt .							
								partment stores, autos, bank loans, e	tc. is not deductible.					
						STATE OF THE PARTY.			☐ ✓ if you have employer p					
ad elsewnere)					CHILD	AND	DEPEN	DENI CAKE	vided dependent care benefit					
es tax, please attach supp	orting documents.				If required to be	gainfully emp	oloyed (or a full-tin	me student) vif service perform	ned in your home (Nanny					
			□ V loss must be in	a Federally	Name	Address of	Provider	Soc. Sec. or ID Number	Paid					
EFI LOS	93E3		declared disaster are	a.										
	ne, provide sir	nilar deta	il for each.											
Date Acquired	Cost or Ba	asis												
	Insurance	Paid	-		Federal ID No. if requir	ed	Tota	Paid During the Year \$						
Date of Loss	Mkt. Value	Before			to file IRS wages repor			Children Under Age 13 #						
	Mkt. Value	After			Use Form W	10 for provider	details. Allocate exp	enses by dependent. Attach details it	more space is needed.					
	D	1	DEME	VT C										
				A CONTRACTOR			BUT THE STATE OF T	Listate of ALLIP	40/04					
at work Da	te Traditi	onal IRA	SEP/SIMPLE	Roth IRA	. ,				s on 12/31					
/	1				You will be info	and the same of th		0						
All the second s	/				Tou Will be intol	meu of amo	unt to deposit.	Spouse						
	1							openso						
/	/-			SAN DAYA	Total Control of the Control									
	Tax = P After Tax alth insurance (Formula Schedule)  Tax = P After Tax alth insurance	in Nurses, Etc.  Indical Aids  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equivalent insurance)  Tax = P After Tax = A Unsum alth insurance (Form 1095 or equ	in Nurses, Etc.  Indical Aids  Jax = P After Tax = A Unsure = U Inalth Insurance (Form 1095 or equiv.)  Jake Spaid State  Jaxes Paid State  Jaxes Paid State  Uniternize or not)  John Rental Schedule)  Jaxes Paid State  John Rental Schedule)  Jaxes Paid State  John Rental Schedule  John	indical Aids  Jax = P After Tax = A Unsure = U Inalth Insurance (Form 1095 or equiv.)  Jake Spaid State Amou Interior or not)  Jaxes Paid State Amou Interior or not)	indical Aids  dical Factor Tax = A Unsure = U earth insurance (Form 1095 or equiv.)  salary)  dical reasons or actual cost)  dical reasons or actual cost)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  dical reasons or actual cost)  for Rental Schedule)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  axes Paid State Amount  u itemize or not) on Rental Schedule)  axes Paid State Amount  u itemize or not) on Rental Schedule)  dical reasons or actual cost)  axes Paid State Amount  u itemize or not) on Rental Schedule)  axes Paid State Amount  Amoun	Church/Temple ( Cancer / Heart / Red Cross / Unit   Public TV / Radius   Veteraris Org. (r   Schools (name a Other:   Summary Total   Political contributions   Non-Cash Con   Attach explanation of donation, and fa explain method use if you donated a vet   Volunteer Wor   address of donation, and fa explain method use if you donated a vet   Volunteer Wor   address of donation, and fa explain method use if you donated a vet   Volunteer Wor   address of donation, and fa explain method use if you donated a vet   Volunteer Wor   address of donation, and fa explain method use if you donated a vet   Volunteer Wor   address of donation, and fa explain method use if you donated a vet   Volunteer Wor   address of donation, and fa explain method use if you donated a vet   Volunteer Wor   address of donation, and fa explain method use if you donated a vet   Volunteer Wor   address of donation, and fa explain method use if you donated a vet   Volunteer Wor   Address of donation, and fa explain method use if you donated a vet   Volunteer Wor   Address of donation, and fa explain method use if you donated a vet   Volunteer Wor   Address of donation, and fa explain method use if you donated a vet   Volunteer Wor   Address of donation, and fa explain method use if you donated a vet   Volunteer Wor   Address of donation, and fa explain method use if you donated a vet   Volunteer Wor   Address of donation, and fa explain method use if you donated a vet   Volunteer Wor   Address of donation, and fa explain method use if you donated a vet   Volunteer Wor   Address of donation, and an explain method use if you donation, and an explain method use if you donation, and explain method use if you donated a vet   Volunteer Wor   Volunteer Wor   Address of donation, and explain method use if you donation	Church/Temple (name) Cancer / Heart / Easter / Chr Red Cross / United Way / YM Public TV / Radio Veteran's Org. (name) Schools (name and describe Other: Summary Total Optional — Political contributions are not deducibl Non-Cash Contributions Attach explanation listing name & of donation, and fair market value explain method used to arrive at if you donated a vehicle, please of Volunteer Work — Mileage interest Principal Residence  Wortgage Interest Principal Residence Mortgage Interest Principal Residence Nome Equity Loan Interest (state in the plant of the plan	Church/Temple (name) Cancer / Heart / Easter / Christmas Seals, et Red Cross / United Way / YMCA / YWCA (ats Public TV / Radio Veteraris Org. (name) Schools (name and describe) Other: Summary Total Optional – a summay total for ce Polica clorothics petact value (tiens over 5 through a control of the polica clorothics are not describe. Detact value of gift Non-Cash Contributions — Property, Cotto Attach explanation listing name & address of donee of donation, and fair marker value. (tiens over 5 through and a verice), please state hy our chartly of the other state of other through a verice please state hy our chartly of the other state of the other sta	ChurchTempte (name)					

	State of the last								
Note: Many of your higher education expenses qualify for special tax of				Other Expenses (Enter amounts as these expense		tax/penalty-free IRA	withdrawals, studer	nt loan interest	
sions from income for tax-free and/or penalty-free withdrawals from you		rings accounts. Plea	ase provide	deduction, or U.S. Savings Bond Interest Income	Exclusion)	1st Student	2nd Student	3rd Student	
information individually for each student and include all Form 1099-Q.				Room and Board					
Note: "✓" If student is attending less than 1/2 time	1st Student	2nd Student	3rd Student	Amount of any Grants, Scholarships					
Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2)				JOB RELATED EDUCATION					
	Amount	Amount	Amount	(May	the state level.)				
Tuition				Miles Driven		Taxpayer		Spouse	
Fees, Books Supplies				Room and Board					
Other:				Books and Supplies					
Other:				Seminar Fees					

#### Please call for an appointment Richard Schroeder CRS Management Inc.

708-246-5665

Address Service Requested

Direct Dep	
Savings/C	hecking (circle one)
	(9 digits)
Account	

## **IMPORTANT**

#### Tax Questionnaire Enclosed

			- 3	USIN	IESS E	EXPEN	SES						
How to use: Use th	is area to summarize	e your Schedule	C sole proprie	etor busines	ss expenses. Pr	ovide financials	if available.	Business Owner:	Taxpayer	Spous	se 🗆 Both 🗆		
Type of Business				,	T	otal Revenue							
<b>Business Expense</b>	(if more lines nee	ded, continue o	on separate p	page)									
Advertising		EE Benefits			Repair & Mai	nt.		Other:					
Car/Truck Expenses		Insurance			Supplies			Other:					
Commission Fees		Taxes/Licens	е		ALC: NO.								
Contract Labor		Meals			Did you purchase any			uring the year?					
Depletion		Pension/Profit	Shar.		Utilities			Yes No (If ye					
Depreciation		Rent or Lease			Wages			Total Business Expe	ense	\$			
Vehicle Expense (	If both taxpayer an		deductions,				se)				24111		
	Vehicle 1	Vehicle 2	11		Vehicle 1	Vehicle 2	141 1 1	7. 1	Veh	cle 1	Vehicle 2		
Gas & Oil			Licenses				Washing	J/Lube					
Insurance			Repair/Mair Tires/Acces				Other				+		
Lease Payments			Date Placed in Service	Make	Year	Model	Other	Cost of Basis		w x	( if New This Year		
Vehicle 1			in Service	Iviake	Teal	Model		COST OF DASIS		F	urnish details on newly		
Vehicle 2			1 1							ar tr	cquired vehicles and ade-in or disposition		
NAME OF TAXABLE PARTY O	— Away from home	days gone o	vornight	\ T	axpayer	Spouse		The second second		01	f old vehicle.		
Transportation	- Away Iron Home	days gone of	vernight	1	anpayer 🗆	Auto Renta	1						
Lodging						Cabs, Bus,							
Vehicle Mileage De	etail	TENEDERS.		Marilla III		ouse, suc,		Vehicle	Vehicle 1 Vehic				
	s available for personal use.			A.	End of Year	Works and the	+						
Subtract B from A for (1				B.	9		-						
List Business Mile (2), f Subtract 2 from 1 to ge				1.	Total Miles D		=						
Divide line 2 by line 1 for	or percent of business u	se.		2.	Business Mi			895					
No. round-trip miles from h				3.			1.1 4)		0/		0/		
Number of days worked las	•					Use (Line 2 ÷			%		%		
1	cords and sufficient	written eviden	ce to support	use of veh	icles and dedu	ctions listed at	oove.						
(Please Sign)													
All Indian				H	OME O	FFICE							
Type of Business													
Justified bus	iness use for: Tax	cpayer	Spouse	Во	oth 🗆								
Date Acquired Ho	me		(	Cost of Lar	nd			Taxes					
Sq. Footage of Living	g Area (1)			Cost of Ho	me			Insurance	and the				
Sq. Footage of Office	e Area (2) (incl. inventory & sample storage)			Cost of Imp	provements			Rubbish & M	aintenance				
% Office Area ( (2)	) ÷ (1) )			Utilities		1		Daycare Provid	der # of Hours				
				Interest (mo	ortgage, home equ	ity loan)		Other					