

## T.I.P. (Tax Information Package)

### TIP Instructions for Tax Season:

1. Send us your completed TIP by fax or mail:
  - **Fax:** 1-806-261-7779
  - **Mail:** Parakletos Professional Services  
25101 E. 71<sup>st</sup> Street South  
Broken Arrow, OK 74014
2. You **must include all** of the following forms when providing us with your TIP: **W-2, 1099, K-1**. If you cannot find one of these documents or have not received it yet, you can ask for an extra copy from the company that issued it.
3. **Read the Parakletos Newsletter!** This is extremely important. We have new company policies and critical information all of our clients *need* to know. We haven't the staff or the time to call all of our thousands of clients around the world with this vital information, so we have put it all into an easy-to-read newsletter. So read it! (Just go to our website at [www.parakletospro.com](http://www.parakletospro.com)).

## PERSONAL INFORMATION

Your Name:	Your SSN:	Birth Date:
Occupation:	Email:	
Home Phone:	Work Phone:	Cell Phone:
Address:		
City/State/Zip Code:		
County:	School District:	
Spouse Name:	Spouse SSN:	Birth Date:
Occupation:	Email:	
Home Phone:	Work Phone:	Cell Phone:
Is anyone else claiming you on their tax return as a dependent?		

## DEPENDENT CHILDREN AND OTHER DEPENDENTS

First Name/MI:	Last Name:	Relation:
SSN:	Birthday:	Months Home:
First Name/MI:	Last Name:	Relation:
SSN:	Birthday:	Months Home:
First Name/MI:	Last Name:	Relation:
SSN:	Birthday:	Months Home:
First Name/MI:	Last Name:	Relation:
SSN:	Birthday:	Months Home:

## EMPLOYEE WAGES OR SALARIES

You *must* provide all W-2 forms with your completed TIP. We cannot file your tax return without them!

## **INTEREST INCOME**

(Provide all Form 1099-INT, Interest Income Statement)

Payer:	\$
Payer:	\$
Payer:	\$
Payer:	\$

## **DIVIDEND/CAPITAL GAINS DISTRIBUTION**

(Provide all Form 1099-DIV, Dividend Income Statement)

Payer:	\$
Payer:	\$
Payer:	\$
Payer:	\$

## **IRA, PENSION, or ANNUITY DISTRIBUTION**

(Please provide all Form 1099-R's)

Payer:	\$
Payer:	\$
Payer:	\$
Payer:	\$

## **SALE OF STOCK, MUTUAL FUNDS, REAL ESTATE, AND PERSONAL PROPERTY**

(It's critical that you get the original cost of stocks, mutual fund, real and personal property sold.)

Description of item	Date acquired	Original cost	Date sold	Selling price

## **OTHER TAXABLE INCOME**

(Please provide all income statements for proof)

State & local tax refund	\$	Unemployment Compensation (1099-G)	\$
Alimony received	\$	Commission/Bonus (not on Form W-2)	\$
Social Security received	\$	Gambling/prize winnings (Form W-2G)	\$
Jury duty pay	\$	Unused housing allowance	\$

## **ADJUSTMENTS TO INCOME**

Your IRA contribution	\$	Early withdrawal penalty	\$
Spouse IRA contribution	\$	Alimony paid to ex-spouse	\$
SEP or Keogh contribution	\$	Name:	
Student loan interest	\$	SSN:	
Educator expenses	\$	Tuition and fees deduction	\$

## **PAYMENTS MADE OR CREDIT OF PAYMENT**

Estimated tax payments made	\$
Amounts applied from prior year return	\$
Payment with extension to file	\$

## **MEDICAL EXPENSES PAID**

Medical & dental insurance	\$	Nursing home/private care	\$
Long term medical insurance	\$	Long distance calls	\$
Prescription drugs, medication	\$	Lab, MRI & X-ray expenses	\$
Doctors & chiropractors	\$	Hospital or emergency room	\$
Dental expenses	\$	Ambulance	\$
Glasses, contacts, solutions	\$	Medical equipment & supplies	\$
Medical miles:           miles		Travel (airfare, lodging, meals)	\$
Prescribed supplements	\$	Hearing aids and batteries	\$

## **TAXES PAID**

State income tax paid for last year	\$	First mortgage interest	\$
City/county taxes paid for last year	\$	Second mortgage interest	\$
Home real estate taxes	\$	Home equity loan interest	\$
Real estate for lot/vacation home)	\$	Points	\$
Personal property tax	\$	Interest paid to an individual	\$
Tags for vehicles and motorcycles	\$	Individual's name:	
Boat/motor/trailer tags	\$	Address:	
Tags for RV/camper/snow mobile	\$	Social Security Number:	

## **CHARITABLE CONTRIBUTIONS**

(Cash, checks, credit card. Critical: Get receipts for contribution deduction)

Church:	\$	Heart Fund & Cancer	\$
Church:	\$	Arthritis Foundation	\$
Ministry:	\$	Easter Seals & DAV	\$
Ministry:	\$	YMCA & YWCA	\$
Ministry:	\$	Police & Firefighters	\$
Ministry:	\$	Volunteer school expenses	\$
Sunday school material, food, drinks	\$	School fund raising giving	\$
Mission trip expenses	\$	Building & yard maintenance	\$
Long distance & cell phone calls	\$	Boys & Girls Scouts	\$
United Way	\$	Muscular Dystrophy & AMVETs	\$
Red Cross & Christmas Seals	\$	Parking, tolls & taxi	\$
Deacon & usher expenses	\$	Children ministry expenses	\$
Feed, house, clothe street people	\$	Youth ministry expenses	\$
Charity miles:           miles		Educational TV & radio stations	\$
Unregistered cash giving	\$	Sheet music, tapes, CDs, DVDs	\$
Special cash offerings	\$	Diabetes	\$
Carryover of unused charitable contributions from the previous years			\$
Cash giving to The Salvation Army	\$	Cash giving to Goodwill Industries	\$
Prison ministry expenses	\$	Other:	\$

## **NON CASH CHARITABLE CONTRIBUTIONS**

(Use fair market/consignment store value, not garage sale value. Detail your giving of larger items such as couch, computer, bed, table, recliner, dishwasher, etc. **Always get receipts!**)

<b>Name of Organization</b>	<b>Items Donated</b>	<b>Date</b>	<b>Value</b>
			\$
			\$
			\$
			\$
			\$
			\$
			\$

## **CHILD CARE EXPENSES**

(To receive this credit, you must have the name, address, and especially the SSN or EIN number)

<b>Name of provider</b>	<b>Address</b>	<b>SSN or EIN</b>	<b>Amount</b>
			\$
			\$
			\$

## **EDUCATIONAL EXPENSE DEDUCTION (College or Trade School)**

Student's Name:	Year Enrolled (Freshman, Junior, 1 <sup>st</sup> , 3 <sup>rd</sup> , etc.):		
Tuition: \$	Books: \$	Supplies: \$	Registration: \$
Computer/Printer: \$	Athletics: \$	Memberships: \$	
Mobile Phone: \$	Test Fee(s): \$	Lab Fees: \$	
Student's Name:	Year Enrolled (Freshman, Junior, 1 <sup>st</sup> , 3 <sup>rd</sup> , etc.):		
Tuition: \$	Books: \$	Supplies: \$	Registration: \$
Computer/Printer: \$	Athletics: \$	Memberships: \$	
Mobile Phone: \$	Test Fee(s): \$	Lab Fees: \$	

## **AS AN EMPLOYEE: UNREIMBURSED BUSINESS EXPENSES**

Hand tools & equipment	\$	Office supplies	\$
Union & professional dues	\$	Publications, books, etc.	\$
Employee related education	\$	Long distance calls	\$
Licenses, fees, credentials	\$	Business gifts	\$
Travel (airfare, lodging, rental)	\$	Travel & local business meals	\$
Taxi, tolls, tips, parking, shuttle	\$	Uniforms purchased	\$
Cell phone & pager services	\$	Uniforms laundered & dry cleaned	\$
Internet & website services	\$	Freight, shipping & postage	\$
Books, tapes, DVDs & CDs	\$	Planner, briefcase & storage cases	\$
Malpractice & disability insurance	\$	Materials & supplies	\$
Other:	\$	Other:	\$

## **PERSONAL CASUALTY OR THEFT LOSS**

If you have more than one personal casualty or theft loss, make extra copies of this worksheet.

Type of loss:		
What was lost:	\$	
Date of loss:	Place:	
Fair market value before loss:	\$	
Fair market value after loss:	\$	
Loss covered by insurance?	Yes	No
Amount reimbursed by insurance:	\$	
Police or insurance report?	Yes	No

## **BUSINESS CASUALTY OR THEFT LOSS**

If you have more than one business casualty or theft loss, make extra copies of this worksheet.

Type of loss:		
What was lost:	\$	
Date of loss:	Place:	
Fair market value before loss:	\$	
Fair market value after loss:	\$	
Loss covered by insurance?	Yes	No
Amount reimbursed by insurance:	\$	
Police or insurance report?	Yes	No

## **MOVING EXPENSES RELATED TO A CHANGE IN JOB**

Miles from old home to old job:	Miles from old home to new job:
Cost to pack household goods & personal effects (boxes, blankets, dolly, tape, pads, Labor cost, string, rope, straps, etc.)	\$
Cost to ship & store household goods & personal effects (truck, trailer, van, labor, Storage rent, gas, tolls, parking, freight, shipping, etc.)	\$
Cost of traveling (gas, airfare, rental car, bus, lodging, tolls, parking etc.) from the old residence to the new residence ( <b>NO MEALS ALLOWED</b> )	\$
Other costs, not mentioned above, associated with moving:	\$
Amount of money reimbursed by the employer for the move	\$

## **BUSINESS EXPENSE INSTRUCTIONS**

Business expense deductions are based on **RECEIPTS**, logs, and planners. Your documentation should have the business purposes, date, time, place, and amount. To deduct business meals or entertainment, you should (1) discuss business during the meal or entertainment, or (2) have a substantial and bonafide business discussion or activity before or after the meal or entertainment, or (3) if alone, you should be out of town and overnight on a business trip. You must record the name and business relationship of each person entertained. The IRS may not allow any expenses unless they are documented! **GET RECEIPTS!** This is very **CRITICAL!**

<b>BUSINESS NAME:</b>	<b>DATE BUSINESS STARTED:</b>
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## **BUSINESS INCOME**

<b>Total money received from your retail customers for products or services</b>	\$
<b>Total money received from wholesale buyers</b> including cost of shipping and sales tax	\$
<b>Commissions or bonuses received</b> (Form 1099-MISC, non-employee compensation)	\$
<b>Bonuses, prizes, and awards</b> (value of trips won, use of car, and other valuable things)	\$
<b>Other income</b> (speaking fees, meeting ticket sales, money for coordinating business trips)	\$
<b>Returns and allowances</b> for products and services reimbursed	\$
<b>TOTAL INCOME</b>	\$

## **BUSINESS EXPENSES**

<b>Advertising</b> (business cards, flyers, brochures, TV radio, Yellow Pages, promo materials, etc.)	\$
<b>Bad debts</b> (BUSINESS loans not collectible, bounced checks previously reported as income)	\$
<b>Commission and fees</b> paid out to others for services rendered	\$
<b>Contract services</b> (payments made to independent vendors and sub-contractors)	\$
<b>Employee benefits</b> (health, dental, life, and legal insurance, membership, discounts, etc.)	\$
<b>Insurance</b> (Business: liability, bonding, malpractice, disability, NOT health, life, or vehicle)	\$
<b>Interest</b> (mortgage on building and land)	\$
<b>Interest</b> (car & business loans, finance charges from credit cards used for business purposes)	\$
<b>Legal, tax prep, accounting, IRS representation, business and financial consulting fees</b>	\$
<b>Office expenses</b> (paper, pens, pencils, envelopes, staplers, calculators, folders, toners, etc.)	\$
<b>Rental expenses of vehicles, machinery, and equipment</b> (office equipment, copiers, etc.)	\$
<b>Repairs and maintenance of office areas and business equipment</b> (NOT vehicles)	\$
<b>Supplies</b> (miscellaneous and petty cash expenses not sure where to record)	\$
<b>Taxes, licenses, permits</b> (sales taxes paid, business licenses, construction permits and fees)	\$
<b>Travel airfare</b> (cost of airline tickets and changes)	\$
<b>Travel lodging</b> (cost of lodging, must have receipts to be allowed the deductions says IRS)	\$
<b>Travel rental car</b> (includes the cost of the rental car, insurance, and GAS paid)	\$
<b>Travel others</b> (shuttle, taxi, bus, train, ship, parking, tolls, tips, travel equipment, etc.)	\$
<b>Travel business meals</b> (actual out of pocket expenses or the per diem rate [seebelow])	\$
<b>Local business meals</b> (cost of business meals when you didn't stay out of town & overnight)	\$
<b>Utilities</b> (electric, gas, and water for business facilities, not for a personal residence)	\$
<b>Wages of salaries</b> (money paid to employees, including your children on staff)	\$
<b>Other business expense</b> ( ) not mentioned on any other page of this TIP	\$

## **COST OF GOODS SOLD**

<b>Beginning of the year inventory</b> which is the same as last year's end of the year inventory	\$
<b>Products purchased for resale purposes</b> less items withdrawn for personal use	\$
<b>Labor cost</b> directly associated with selling of products & services (outside salesman & broker)	\$
<b>Materials and supplies</b> used to sell or make products for sale (bags, boxes, lumber, steel, nails)	\$
<b>Other expenses to sell or manufacture</b> products or services not included above	\$
<b>End of the year inventory</b> (You should do a physical count of inventory available to be sold)	\$

## **OTHER BUSINESS EXPENSES**

<b>Bank charges</b> (monthly service charge, cost of checks, NSF charges, ATM charges)	\$
<b>Business gifts</b> (gifts for prospects, customers, employees, supervisors, suppliers & associates)	\$
<b>Business phone services</b> (long distance, 2 <sup>nd</sup> line, call waiting & forwarding, conference calls)	\$
<b>Cellular phone &amp; pager</b> (cost of cellular phone & pages, activation fee, & monthly charges)	\$
<b>Dues &amp; membership</b> (annual renewal fee, credit card fee, Sam's Club, associations, AAA)	\$
<b>Freight, shipping &amp; postage</b> (UPS, Fed Ex, Airborne, Express Mail, bus, trucks, train, ship)	\$
<b>Laundry &amp; dry cleaning</b> (cost of cleaning uniforms or clothing on a overnight business trip)	\$

<b>Major conventions</b> (registration fee, transportation, tips lodging, meals & entertainment)	\$
<b>Pubs and subscriptions</b> (books, manuals, magazines, newspaper, CD's, DVD's)	\$
<b>Samples, demos, &amp; displays</b> (cost to sample items, give samples, demonstrate or display)	\$
<b>Seminars, rallies, &amp; meetings</b> (registration fee, transportation, tips, lodging & meals)	\$
<b>Tools</b> (books, tapes, videos, white board, planner, briefcase, etc. used to build your business)	\$
<b>Uniforms</b> (buy & clean uniforms, gowns, tuxedos & business clothes laundered <i>at home</i> )	\$
<b>Voicemail, answering service, toll-free number(s)</b>	\$
<b>Website costs, Internet services, domain name &amp; email service</b>	\$

### DEPRECIABLE BUSINESS FURNITURE AND EQUIPMENT

Description of items used for business	Date purchased or transferred	Cost or FMV of the item	Business use %
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

### PER DIEM CHART FOR DETERMINING THE DAILY MEAL ALLOWANCE

Date from (Month/Day)	Date to (Month/Day)	# of people	Locations (state, city, county)	Purpose of business trip

### BUSINESS USE OF HOME EXPENSE

Square footage of business areas (multiply length times width of each area)	sq ft		
Total living square feet of your home (multiply length times width of the house)	sq ft		
Mortgage interest	\$	Total rent paid for the year	\$
Real estate taxes	\$	Management or condo fees	\$
Home owners insurance	\$	Cost of home & closing costs	\$
Association dues	\$	Improvements & finance charges	\$
Repairs & maintenance (painting, plumbing, electrical, HVAC, wallpaper)	\$		
Repairs & maintenance (carpet, tile, lawn care, landscape, pest control, etc.)	\$		
Utilities (electric, gas, water, trash, propane, wood, etc.)	\$		

### VEHICLE EXPENSES: MILEAGE RATE versus ACTUAL EXPENSES

- \*You can keep track of your business miles in your planner, on a calendar, or in an official mileage log
- \*You need the date, location, total miles (or beginning and ending odometer reading), and purpose of the business trip.
- \*You need the beginning and end of the year of each vehicle that you will use for business purposes.
- \*Note: Commuting miles from your residence to your work place and back are **not** deductible.
- \*The bottom line: **KEEP A BUSINESS MILEAGE LOG** or the IRS will disallow you car and truck expenses.
- \*You need to keep track of all your receipts for vehicle expenses. **GET THE RECEIPTS!!!**

Description	Vehicle #1	Vehicle #2	Vehicle #3
Vehicle year make model			
Date vehicle purchased or placed in service			
Vehicle cost of FMV when placed in service	\$	\$	\$
<b>A:</b> End of the year odometer reading	mi	mi	mi
<b>B:</b> Beginning of the year odometer reading	mi	mi	mi
<b>Total miles for the year</b> (subtract B from A)	mi	mi	mi
Miles to pick up & deliver products	mi	mi	mi
Miles to meetings, rallies, & major seminars	mi	mi	mi
Miles to prospect, recruit, counsel, or train	mi	mi	mi
Miles to job sites, pick up materials, supplies	mi	mi	mi
Miles driven for sales appointments	mi	mi	mi
Other (bank, post office, store, printers, etc)	mi	mi	mi
Other: _____	mi	mi	mi
Other: _____	mi	mi	mi
Round trip distance to work as an employee	mi	mi	mi
Number of days/week you commute	days/week	days/week	days/week
Number of months worked this year	months	months	months
Gas: \$ _____ + oil changes: \$ _____	\$	\$	\$
Tune-ups: \$ _____ + radiator: \$ _____	\$	\$	\$
Waxes: \$ _____ + batteries: \$ _____	\$	\$	\$
Alternator: \$ _____ + washes: \$ _____	\$	\$	\$
Engine work: \$ _____ + a/c: \$ _____	\$	\$	\$
Belts: \$ _____ + transmission: \$ _____	\$	\$	\$
Wipers: \$ _____ + electrical: \$ _____	\$	\$	\$
Transmission: \$ _____ + tires: \$ _____	\$	\$	\$
Alignment: \$ _____ + title: \$ _____	\$	\$	\$
Body work: \$ _____ + brakes: \$ _____	\$	\$	\$
Sound system: \$ _____ + tag: \$ _____	\$	\$	\$
Balance & rotate tires: \$ _____	\$	\$	\$
Other vehicle expense: _____	\$	\$	\$
Vehicle insurance premiums	\$	\$	\$
Interest paid on car loan(s)	\$	\$	\$
Total lease payments made this year	\$	\$	\$

**NOTE: You will be allowed to use either the mileage rate or actual vehicle expenses, NOT BOTH!**

### **PARTNERSHIPS, ESTATES, TRUSTS, LLC's and S-CORPORATIONS**

Please provide all Schedule K-1 forms and associated instructions

### **RENTAL AND ROYALTY INCOME AND EXPENSES**

If you have more than 4 rental properties, make extra copies of this rental worksheet.

Property	Type of Property	Address
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		

