

T.I. P.
Tax Information Packet
Instructions

WARREN INS.

1. Bring your completed TIP to your appointment or send it via fax or mail:

a. Fax: 918-928-3584

b. Mail: **Warren Insurance**
12121 S 4060 RD,
Oologah, OK.74053

2 You must include all of the following forms when providing us with your TIP: 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.

a Income Tax Forms: W-2's, W-2G, 1099-INT, 1099-MISC, 1099-DIV/B, 1099-R,
Social Security

b. All other Tax Forms: 1098 (mortgage) 1098-T (tuition) 1098-E (student loan)

c Health Insurance Verification: 1095-A (marketplace), 1095-B, 1095-C or
Exemption

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.

Visit our website at www.ptaxes.com

4. Like us on Facebook & Share us with your friends!



please provide contact information incase we have any questions.

Tax Year: _____ Taxpayer Name(s): _____

Best phone # to reach you: _____

Best email: _____

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General

INCOME

Income Tax Forms: 1099-INT, 1099-DIV, W-2's, 1099-MISC, 1099-R, Social Security
Provide all other Tax Forms: 1098 (mortgage) 1098-T (tuition) 1098-E (student loan)

Taxpayer and Spouse

First & Last Name	SSN#	DOB
Email(s)	Cell Phone	

First & Last Name	SSN#	DOB
Email(s)	Cell Phone	
Current Address		

DEPENDENT CHILDREN & OTHER DEPENDENTS

First & Last Name	SSN#	Relationship	DOB

CHILD CARE EXPENSES

Name	SSN/FEIN	Address	Amount

MEDICAL EXPENSES PAID

Proof of Insurance (1095) or Exemption required

Medical & dental premiums	_____	Nursing home, private care	_____
Prescription drugs	_____	Lab, MRI & X-ray	_____
Doctors & dentists	_____	Calls, bus, taxi, rental car	_____
Hospitals & clinics	_____	Medical equipment/supplies	_____
Glasses & hearing aid	_____	Ambulance	_____
Miles traveled for Medical reasons	_____	Airfare, lodging, meals	_____

CHARITABLE CONTRIBUTIONS

Church	_____	Ministry	_____
Church	_____	Ministry	_____
St Jude, DAV, United Way	_____	Expenses as Volunteer	_____
Arthritis Foundation, Easter Seals,	_____	Choir Volunteer sheet music, CDs	Children or
Heart Fund, YMCA, YWCA	_____	youth ministry	_____
John 3:16	_____	Sunday school material, books	_____
Muscular Dystrophy, AMVET	_____	Mission trip	_____
Red Cross, Christmas Seals	_____	Other: _____	_____
School, Scouts, PBS	_____	Charity miles:	_____

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General

NONCASH CHARITABLE CONTRIBUTIONS

Name of Organization	Date	Items	Value

AS AN EMPLOYEE: UNREIMBURSED BUSINESS EXPENSES

If you received a 1099-Misc expenses do not go here

Hand tools, equipment, supplies	Office supplies, postage
Dues: union & professional	Publications, books, etc.
Employment related education	Long distance business calls
Licenses, fees, credentials	Gifts (limited to \$25/person)
Travel (airfare, lodging, rental)	Travel or local business meals
Taxi, tolls, tips, parking, shuttle	Uniforms (purchased & cleaned)
Business insurance	Other

"BUSINESS USE OF HOME" EXPENSE

To qualify, the "business use of home" must be your primary work place or your employer must expect or require it. You must use the area for business exclusively. Have clients come on a regular basis, or regularly use it for presentations and training.

-----	Square footage of room(s) used EXCLUSIVELY for business
-----	Total living square feet of your home
-----	Total rent paid for the year
-----	Management, HOA or Condo fees
-----	Homeowners & Hazard Insurance
-----	Utilities (electric, gas, water, trash, propane)
-----	Repairs & maintenance (paint, plumbing, electric, HVAC, carpet cleaning, pest control)

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Business Expenses

INSTRUCTIONS

Business expense deductions are based on **RECEIPTS**, logs, and planners. Your docs should have business purpose, date & time, place & 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 & overnight. You must record the name and business relationship of each person entertained. IRS may not allow these expenses unless they are documented! **GET RECEIPTS! This is very CRITICAL!**

BUSINESS NAME

DATE STARTED

AREAS OF BUSINESS INCOMES

Total money received from your retail customers for products or services

Total money received from distributors or wholesale buyers including cost of shipping and sales tax

Commissions or bonuses received (Form 1099, non-employee compensation)

Bonuses, prizes, and awards (value of trips won, use of car, & other valuables)

Other income (speaking fees, sale of meeting tickets, money received)

TOTAL INCOME

COST OF GOODS SOLD

Returns and allowances for products and services reimbursed

Beginning of the year inventory which should be the same as last year's ending inventory

Products purchased for resale purposes less items withdrawn for personal use

Labor cost directly associated with the selling of products and services

Materials and supplies used to sell or make products for sale (bags, boxes, lumber)

Any other expenses related to the selling or manufacturing of products/services

End of year inventory (You should do a physical count of inventory available to be sold)

AREAS OF BUSINESS EXPENSES

Advertising (business cards, brochures, TV, radio, Yellow Pages, promotional)

Bad debts (business loans not collectible, bounced checks previously reported)

Bank charges (monthly service charge, cost of checks, NSF or ATM charges)

Business gifts (gifts for your customers, employees suppliers, associates)

Business phone services (long distance calls, 2nd line, call waiting/forwarding)

Cellular phone & pager (cost of the cell phone & pager, and monthly charges)

Commissions and fees paid out to others for services rendered

Dues and memberships (annual renewal fee, Sam's Club, business assn)

Employee benefits (health, dental, life, and legal insurance, company car)

Freight, shipping, and postage (UPS, Fed Ex, Airborne, Express Mail, stamps)

Insurance (Business: liability, bonding, malpractice, disability, NOT health, life or vehicle)

Interest (mortgage, car and business loans, finance charges from credit cards)

Laundry and dry cleaning (cost of cleaning uniforms or clothing)

Legal, tax prep, accounting, IRS representation, business & financial fees

Local business meals (business meals when you didn't stay overnight)

Major conventions (cost of registration and transportation, lodging and meals)

Office expenses (paper, pens, pencils, envelopes, staplers, calculators, folders)

Pubs and subscriptions (books, manuals, magazines, newspaper, CD's)

Rental expenses, of vehicles, machinery, and equipment (dental, chiropractic..)

Rental or lease of office space, warehouse, PO box, meeting rooms, storage)

Repairs & maintenance of office areas & business eqmt, NOT cars or trucks)

Samples, demos, & displays (cost of items sampled, give as samples, displays)

Seminars, rallies, & meetings (cost of registration, lodging & meals)

Supplies (miscellaneous and petty cash expenses not sure where to record)

Tools (tapes, books, videos, white board, and planner)

Uniforms (buying and cleaning of uniforms, gowns, & tuxedos)

Utilities (electric, gas, and water paid for business facilities, not personal)

Voice mail (answering service, 800 service, internet, E-mail, Web site)

Wages or salaries (money paid to employees, including your children on staff)

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Business Expenses

DEPRECIABLE BUSINESS FURNITURE AND EQUIPMENT

If you need more room to record depreciable purchases, make additional copies of this worksheet.

Date	Description	Cost

BUSINESS TRAVEL EXPENSES

- Taxes, licenses, permits (sales taxes paid, bus license, construction fees)
- Travel airfare (cost of airline tickets and changes)
- Travel lodging (cost of lodging, must have the receipts to be allowed)
- Travel rental car (includes the cost of the rental car, insurance, and gas paid)
- Travel others (shuttle, taxi, bus, train, ship, parking, tolls, tips, travel eqmt)
- Travel business meals (actual out of pocket expenses or per diem rate)

PER DIEM CHART TO DETERMINE DAILY ALLOWANCE

If you need more room to record per diem, make additional copies of this per diem worksheet.

# Nights	Dates	City	State

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Vehicles

MILEAGE RATE VS ACTUAL EXPENSES

KEEP A BUSINESS MILEAGE LOG or the IRS will disallow your car and truck expenses.

1. Track your business miles in your planner, on a calendar, or in an official mileage log.
2. You need the date, location, total miles and purpose of the business
3. You need the beginning and end of the year odometer reading.
4. GET RECEIPTS!!!

Descriptions	Vehicle # 1	Vehicle # 2
Vehicle year / make / model		
Date vehicle purchased/placed in service		
Vehicle cost/UFMV when placed in service		
End of year odometer reading		
Beginning of year odometer reading		
Total miles for the year		
Miles to pick up & deliver products		
Miles to meetings, rallies, & seminars		
Miles to prospect, recruit, train		
Miles to job sites, pickup supplies		
Miles driven for sales appointments		
Other (bank, post office, store, printers)		
Other: _____		
Total Business miles for the year		
Round trip distance to work as employee		
Number of days/week you worked		
Number of months worked this year		

to claim expenses you must also track mileage

Garage rent		
Fuel		
Insurance:		
Licenses		
Oil		
Parking fees		
Lease payments		
Interest paid on car loan(s)		
Property Tax		
Repairs and Maintenance		
Tires		
Tolls		
Other vehicle expenses: - - - -		

*NOTE: You will be allowed to use either the mileage rate
or actual vehicle expenses.*

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Tax Information Packet *Rental and Royalty*

INCOME AND EXPENSES

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

if there is a mortgage on the home the 1098 form from the bank is required

Property	1	2	3	4
Income from rents and deposits				
Income from royalties received				
Advertising "for Rent"				
Cleaning and Maintenance				
Commissions and fees				
Insurance				
Legal and professional fees				
Management fees				
Repairs:				
Carpentry, Hardware				
Electrical & Plumbing				
Painting and Decorating				
Flooring				
Gardening and Landscaping				
Other repairs:				
TOTAL REPAIRS				
Supplies				
Taxes				
Utilities				
Homeowner association dues/fees				
Licenses and permits				
Office and postage expenses				
Pest control				
Cell phone				
other:				

New Rental Property, Replacements, & Improvements

<u>Description (house, a/c, fence, appliance)</u>	<u>Date</u>	<u>Cost</u>	<u>Prop#</u>

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Addtl Expenses

Educational Expenses

(Accredited ONLY)

Must have 1098-T from education institution

Student's Name: _____
Tuition: _____
Books: _____
Athletics: _____
Cell Phone: _____
Computer/Printer: _____
Lab Fees: _____
Memberships: _____
Registration: _____
School Supplies: _____
Test Fee(s): _____

Educational status:

First Degree/Second Degree/Masters/Doctorate/Trade Cert

did you receive a 1098-T last year indicating that you paid a semester in advance? Y/N

Personal or Business Casualty or Theft Loss

If you have more than 1 personal or business casualty or theft loss, make

Type of casualty or loss _____
What was lost _____
Date _____ Location: _____
Fair Market Value before loss _____
Fair Market Value after loss _____
Loss covered by insurance? _____
Amount reimbursed by insurance _____
Police or insurance report? _____