2022 INDIVIDUAL TAX ORGANIZER

TM

TAX PRACTICES

BOUTIQUE TAX FIRM

9750 W Skye Canyon Park Dr. Ste 160-133, Las Vegas, NV 89166

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Engagement Letter for Tax Preparation Services

Client(s) Name: ____

This letter confirms the terms of our tax engagement and clarifies the nature and extent of the professional services that we will provide.

Preparation: We will prepare the following **Individual Tax** returns:

Federal - Tax Year(s) __________________ State(s) / Tax Year(s) __________________________

We will prepare the following **Business Tax / Estate / Trust** Returns:

Federal - Form / Tax Year(s) _____________________ State(s) /Tax Years_________________________

This engagement pertains only to the listed tax year(s), and our responsibilities do not include preparation of any other tax returns that may be due to any taxing authority. Our services are not intended to determine whether you have filing requirements in other taxing jurisdictions than the one(s) you have informed us of. This engagement does not apply to services related to an audit of the return by a government agency, additional correspondence with a government agency, or other services that may be required after filing of your returns. We are available under the terms of a separate engagement letter to provide Audit Services or a nexus study that will enable us to determine whether any other state tax filings are required. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some of it for us. We will render such bookkeeping assistance as we find necessary for the preparation of the income tax returns at an additional charge when necessary to properly prepare the return. You must review the return carefully before signing to make sure the information is correct. Our work does not include any procedures designed to discover defalcations or other irregularities, such as fraud or embezzlement, should any exist.

You agree to furnish all information that is necessary for the preparation of the above tax returns and are responsible for the proper recording of transactions in the books of accounts, for the safeguarding of assets, and for the substantial accuracy of the financial records. You are responsible for disclosing any foreign accounts that may trigger a filing requirement. You are also responsible for maintaining sufficient documentation to substantiate all items of income and deduction claimed, including travel and entertainment expenses. We recommend that you provide photocopies or digital copies of all tax documents to prevent any loss of data. T.M. Tax Practices, LLC will not be responsible for lost originals. T.M. Tax Practices, LLC conducts business via the U.S. Postal Service unless you request otherwise, and will not be responsible for any lost or stolen documents.

Requirement to File Electronically: We are required by law to file most income tax returns electronically. If your return cannot be filed electronically, or you request a waiver from the electronic filing requirement, we may require your approval and signature on a waiver document. In this case we will supply you with paper copies and envelopes for sending to the appropriate Federal and State agencies.

Fees & Payment: Our fees will be based upon the complexity of your tax return(s), time required, as well as out-of-pocket costs and processing and handling fees. If you request an estimate, we will give you a non-binding estimate based upon your representations about the complexity of your tax return(s). We make every effort to hold fees to the amount of your estimate. Because unforeseen or changed circumstances might affect this original fee estimate, your actual fees may exceed the original fee estimate. It is our policy to notify you as soon as practical when the fees exceed the original fee estimate.

T.M. Tax Practices, LLC reserves the right to ask for a retainer, based on the estimated price of the tax return. If the cost of preparation exceeds the retainer, the difference must be paid before we file your returns. Any excess will be refunded. If a retainer is required but not paid, services will be terminated. If a retainer is not required, we require full payment of preparation fees before we file your returns. Payment information is required prior to the commencement of preparation of the tax return. However, you will be notified prior to payment processing.

Liability: You agree that T.M. Tax Practices, LLCs' liability hereunder for damages, unless caused by our gross negligence or willful misconduct, shall not exceed the total amount paid for the services described herein. This shall be your exclusive remedy. If you should receive a notice from a taxing authority, you must provide a copy within 30 days of the date on the first notice. In the event of an examination or other government contact, we are available for a fee to represent you upon request.

Document Retention: It is our policy to retain work papers related to this engagement for seven years. Upon the expiration of the seven-year period, you agree that we shall be free to destroy our work papers. When records are returned to you, it is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. You should retain the tax records related to the current year's tax returns, including any receipts, statements or other supporting documentation, for at least seven years after it was filed, since any additional assessments are usually made during this period. Once your return(s) is (are) completed, you will be given a copy for your records.

Privacy Notice: As your service provider, we collect information provided by you from your tax organizer, worksheets, documents, computer data files and discussions. It may also include information provided to us at your request by brokerage houses and banks, and information that we develop as part of the engagement. We are committed to the safekeeping of your confidential information and we maintain physical and electronic safeguards to protect your information. We are required to keep all information about our engagement confidential. We will not disclose any information about you unless we have your approval as required by law, even if you are no longer a client. If you would like your records released to a third party, such as a mortgage lender, you must provide us a signed disclosure statement in a timely manner. A copy of our disclosure statement can be found on our website.

Confidentiality Assurance, But Not Attorney-Client Privilege: Information you provide will be kept confidential. However, our discussions are not protected by any form of attorney-client privilege. We will advise you to consult with an attorney at any time we feel it may be appropriate.

Jurisdiction: Notwithstanding anything contained herein, both T.M. Tax Practices, LLC and you agree that regardless of where you are domiciled and regardless of where this Agreement is physically signed, this Agreement shall have been deemed to have been entered into in our office located in Clark County, Nevada USA, and Clark County, Nevada, USA, shall be the exclusive jurisdiction for resolving disputes related to this Agreement. This Agreement shall be interpreted and governed in accordance with the Laws of Nevada.

Agreement: If the foregoing correctly sets forth your understanding of our tax engagement, please sign this letter in the space below. We want to express our appreciation for this opportunity to work with you and sincerely appreciate your engagement in this matter.

_____________________________ Date __________ _________________________ Date __________

Client signature ***Spouse signature (if applicable)***

Individual Organizer Checklist

The tax organizer has been designed to help in the collection and organization of information necessary to prepare your income tax returns. The information requested will assist us in preparing your return in the most efficient and timely manner possible. Because this is the information we will be using to prepare and file your tax returns with the IRS (and applicable state taxing agency), please verify it is complete and accurate before submitting.

In addition to completing the organizer, there are documents we will need to prepare your taxes. Below is a a standard list of items to help you get started in gathering the necessary documents we will need to prepare your taxes:

- ☐ **Completed Organizer (*See Below)**
- ☐ **Prior Year Tax Return** - If you are a first-time tax client, please provide a copy of your last previously filed tax return.
- ☐ **Bookkeeping Records** - If you use a bookkeeping system please provide us with the year-end profit & loss statement, balance sheet, and general ledger rather than completing the income and expense information within the organizer.
- ☐ **Income Statements** - (i.e. W-2, 1099, K-1, Closing Statements: HUD)
- ☐ **Expense Statements** (i.e. 1098, Purchase Statement: HUD)
- ☐ **Other -** Please include any other documents you may deem necessary

***The organizer will indicate where there are additional documents we require. Please be sure to upload those documents as well for items applicable to you.**

If there are questions or sections you are not sure about, please note them and we will discuss them before finalizing and filing your return(s). When your organizer is complete and you have compiled the above information, please return via our secure online portal or use the information on the cover page to send via email or postal mail. For your security, If you will be sending via email, please be sure there is no sensitive information included. Also, if you are sending via postal mail please do not send original but instead send copies.

Credit Card Authorization Form

Please complete all fields. Payment information must be obtained prior to the commencement of work. However, payment will not be processed until the tax return(s) have been prepared and prior to filing. You may request a quote for tax preparation services prior to the commencement of work. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information				
Card Type:	☐ MasterCard	☐ Visa	☐ Discover	☐ Amex
Cardholder Name (as shown on card): ____				
Card Number: ______________________________________				
Expiration Date (mm/yy): ___________________ CVV: _______________				
Cardholder ZIP Code (from credit card billing address): ____________________________				

By signing below I authorize T.M. Tax Practices, LLC to charge the above credit card for agreed upon services.

☐ I would like to add Audit Protection* for an additional $75.00. I understand that this amount will be added to my tax preparation fees at the time of billing. By not checking the box I am opting out of Audit Protection which means that all audit or correspondence services will be billed at $250.00 per hour.

____ ______________________________

Cardholder Signature Date

**Audit Protection includes representation by a licensed professional to assist you with a covered federal or state income tax audit or notice. This is limited to tax returns prepared by T.M. Tax Practices, LLC. In addition, Audit Protection does not provide legal assistance nor representation before Federal or State courts, including Tax Court.*

2022 Tax Organizer
Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				

Name of person to whom all information should be addressed, if not the taxpayer

Street address, city, state, and ZIP

	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				

Taxpayer email	
Spouse email	

Filing status at the end of 2022

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died in 2022, enter the date of death ____________

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2022? ____________

Yes	No	
☐	☐	Are you or your spouse blind?
☐	☐	Are you or your spouse disabled?
☐	☐	Are you or your spouse a full-time student?
☐	☐	Do you or your spouse want to designate $3 to go to the Presidential Election Campaign Fund?
☐	☐	At any time during 2022 did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

(a) receive (as a reward, award, or payment for property or services) a digital asset

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number ____________

State photo ID was issued ____________

Date photo ID was issued ____________

Date photo ID expires ____________

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number ____________

State photo ID was issued ____________

Date photo ID was issued ____________

Date photo ID expires ____________

Account Information for Deposits and Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Appointment Information

Your 2022 appointment is scheduled for ____________

Dependent and Other Information

Name: SSN:

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses

List dependents required to file a return

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2021						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Healthcare Coverage Questionnaire

Name: SSN:

Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

☐ Employer ☐ Medicare ☐ Medicaid ☐ Marketplace (Exchange) ☐ Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

☐ ☐ Was your previous insurance policy canceled in 2022?

☐ ☐ Was coverage offered by your employer or your spouse's employer?

☐ ☐ Are you a member of a federally recognized Indian tribe?

☐ ☐ Are you eligible for services through an Indian healthcare provider?

☐ ☐ Are you a member of a healthcare sharing ministry?

☐ ☐ Did you live in the United States the entire year?

☐ ☐ Are you enrolled in TRICARE?

☐ ☐ Did you apply for CHIP coverage?

☐ ☐ Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name: SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer name	2022 federal wages	2021 federal wages

Retirement

Provide all copies of Form 1099-R

TS	Payer name	2022 distribution	2021 distribution

☐ Yes ☐ No Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes ☐ No Did you use any of the distributions for disaster relief?

Income

Name: SSN:

Form 1099-Misc Income

Provide all copies of Form 1099-MISC

TS	Payer name	2022 amount	2021 amount

Form 1099-NEC Income

Provide all copies of Form 1099-NEC

TS	Payer name	2022 amount	2021 amount

Income

Name: SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

TSJ	Account number Payer name	2022 ordinary dividends	2021 ordinary dividends	2022 qualified dividends	2021 qualified dividends

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income.

TSJ	Account number Payer name	2022 interest	2021 interest

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

TSJ	Description of property	Date purchased	Date sold	Sales price	Cost

Installment Sale Income

TSJ_____ Description of property: ______________________

Date acquired ______________ Date sold ______________

	2022	Prior years
Selling price		
Mortgages assumed		
Cost of property sold		
Depreciation allowed		
Commissions and expense of sale		
Gross profit percentage		
Interest received		
Principal payments received		

Property was sold to a related party ☐

Other Income and Adjustments

Name: SSN:

Other Income

	2022 Taxpayer	2021 Taxpayer	2022 Spouse	2021 Spouse
Social Security Benefits (attach Forms 1099-SSA)				
Railroad Retirement Benefits (attach Forms 1099-RRB)				
State income tax refund (attach Forms 1099-G)				
Alimony received Divorce or separation date ______ Amount				
Unemployment compensation (attach Forms 1099-G)				
Unemployment compensation repaid in 2022				
Gambling winnings (attach Forms W2-G)				
Alaska Permanent Fund				
Jury duty pay				
ABLE distributions				
Scholarships or grants not reported on Form W-2				
Other income:				

Adjustments

	2022 Taxpayer	2021 Taxpayer	2022 Spouse	2021 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)				
Contributions made to a Health Savings Account (HSA)				
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents				
Alimony paid Name SSN ______ Divorce or separation date				
Name SSN ______ Divorce or separation date				
Contributions made to a Self-Employed Pension plan (SEP) SIMPLE or Solo 401K				
Contributions made to an Individual Retirement Account (IRA)				
Contributions made to a Roth IRA				
Interest paid on a student loan				
Other adjustments:				

Schedule A - Itemized Deductions

Name: SSN:

Medical and Dental Expenses

	2022	2021
Health insurance premiums (paid by you, not through work)		
Amount that is for Medicare premiums		
Long-term care premiums (you)		
Long-term care premiums (your spouse)		
Long-term care premiums (dependents)		
Mileage driven for medical purposes		
Before July 1, 2022		
After June 30, 2022		
Out of pocket medical and dental expenses (list)		

Taxes Paid

	2022	2021
State and local income taxes		
General sales tax (vehicle, boat, home, etc.)		
Real estate taxes		
Personal property taxes		
Auto registration taxes not deductible for state		
Other taxes (list)		

Interest Paid

	2022	2021
Home mortgage interest paid (attach Form 1098)		

☐ Some of your home mortgage loan was not used to buy, build, or improve your home.

	2022	2021
Home mortgage interest paid to an individual		

Paid to:

Name

Address

City, State, ZIP

SSN or EIN

	2022	2021
Points not reported on Form 1098		
Investment interest		

Charitable Contributions

	2022	2021
Donations to charity (cash)		
Disaster relief contributions		
Miles driven for charitable purposes		
Donations to charity (noncash)		

If noncash donations are greater than $500, list below.

Other Miscellaneous Deductions

	2022	2021
Amortizable bond premiums		
Federal estate tax		
Gambling losses		
Impairment-related work expenses		
Claim repayments		
Unrecovered pension investments		
Loss from other activities from Schedule K-1		
Ordinary loss debt instrument		
Excess deduction on termination		

For state purposes ONLY
Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)

	2022	2021
Union dues		
Tax preparation fees		

Other nonpersonal expenses related to taxable income (list)

	2022	2021
Investment expenses not entered elsewhere		
Home equity interest		

Other Information

Name: SSN:

Mortgage Interest

Provide all copies of Form 1098

Lender's name	2022 Mortgage interest received	2021 Mortgage interest received	2022 Mortgage insurance premiums	2021 Mortgage insurance premiums	2022 Real estate taxes paid	2021 Real estate taxes paid

Employee Business Expenses

TS ____

Select if you are:

- ☐ A qualified performing artist
- ☐ A fee-based state or local government official
- ☐ A disabled employee with impairment-related work expenses
- ☐ An Armed Forces reservist
- ☐ A member of the clergy

Select if you:

- ☐ Used your personal vehicle for your job during 2022

	NOT reimbursed by your employer 2022	NOT reimbursed by your employer 2021	Reimbursed by your employer not included in box 1 of your W-2 2022	Reimbursed by your employer not included in box 1 of your W-2 2021
Parking fees, tolls, local transportation				
Meals				
Overnight business travel expenses (Do not include meals & entertainment)				
Other business expenses				

Casualties and Thefts

TSJ ____ FEMA code ____

Property description ____

Property location ____

Date property was acquired ____

Date property was damaged or stolen ____

Cost of property damaged or stolen ____

Fair market value before incident ____

Fair market value after incident ____

Insurance reimbursement ____

TSJ ____ FEMA code ____

Property description ____

Property location ____

Date property was acquired ____

Date property was damaged or stolen ____

Cost of property damaged or stolen ____

Fair market value before incident ____

Fair market value after incident ____

Insurance reimbursement ____

Schedule C - Profit or Loss from Business

Name: SSN:

General Business Information

TS ______ Professional product or service ______ Employer ID number ______

Business name ______

Business address, city, state, ZIP ______

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) ______

☐ This business started or was acquired during 2022. ☐ This business was disposed of during 2022.

Select if this business is for:

☐ Professional gambler ☐ Newspaper delivery and you are under 18 years of age

☐ Exempt Notary income ☐ A clergy

Yes	No	
☐	☐	Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this business.
☐	☐	If "Yes," did you file Forms 1099 for the individuals?
☐	☐	You received a Paycheck Protection Program (PPP) loan for this business.
☐	☐	If 'Yes," was any portion of the loan forgiven?

Income

	2022	2021		2022	2021
Gross receipts or sales			Other income		
Returns & allowances					

Expenses

	2022	2021		2022	2021
Advertising			Repairs & maintenance		
Car & truck expenses			Supplies		
Commissions & fees			Taxes & licenses		
Contract labor			Travel		
Depletion			Total meals		
Employee benefit programs			Utilities		
Insurance (other than health)			Wages		
Interest - mortgage			Family health coverage payments for taxpayer, spouse or dependents		
Interest - other			Other expenses (list)		
Legal & professional services					
Office expenses					
Pension & profit sharing plans					
Rent or lease (vehicles, machinery, & equipment)					
Rent (other business property)					

Cost of Goods Sold

	2022			2022	
Inventory at beginning of year			Materials & supplies		
Purchases			Other costs		
Cost of personal use items			Inventory at end of year		
Cost of labor			☐ There was a change in inventory method.		

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: SSN:

General Property Information

TSJ _____

Property description ____________________

Address, city, state, ZIP ____________________

Select the property type

- ☐ Single family residence
- ☐ Vacation / short-term rental
- ☐ Land
- ☐ Self-rental
- ☐ Multi-family residence
- ☐ Commercial
- ☐ Royalties
- ☐ Other ____________

Number of days property was rented ________ Number of days property was used for personal use ________

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied ________

- ☐ This property was placed in service during 2022.
- ☐ This property was disposed of during 2022.
- ☐ This property is your main home or second home.
- ☐ This property was owned as a qualified joint venture.

Yes	No	
☐	☐	Payments of $600 or more were paid to an individual, who is not your employee, for services provided for this rental.
☐	☐	If "Yes," did you file Forms 1099 for the individuals?

Income

	2022	2021		2022	2021
Rent Income			Royalties from oil, gas, mineral, copyright or patent		

Expenses

	Rental unit expenses		Rental and homeowner expenses	
Advertising				
Auto & travel				
Cleaning & maintenance				
Commissions				
Insurance				
Legal & professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Taxes				
Utilities				
Depletion				
Other expenses (list)				

If this Schedule E is for a a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Asset Listing for 2022

Name: SSN:

Assets for:

Description of property	Date acquired	Cost/Basis	Date disposed of	Sales price	Expense of sale

Income or Loss from Partnerships, S Corporations, and Fiduciaries

Name: SSN:

Partnerships, S Corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

TS	Entity name	EIN

Expenses Related to Business

Name: SSN:

Auto Expense

Name of business vehicle is used for ______

Description of vehicle ______ Date vehicle was placed in service ______

Yes	No		Yes	No	
☐	☐	Was this vehicle available for use during off-duty hours?	☐	☐	Do you have evidence to support your deduction?
☐	☐	Was another vehicle is available for personal use?	☐	☐	If "Yes," is the evidence written?

Number of miles the vehicle was driven during 2022	2022	2021	**Total number of miles the vehicle was driven in prior years**	2022	2021
Business: Before July 1			Business		
After June 30			Total		
Commuting					
Other					

Expenses	2022	2021		2022	2021
Garage rent			Repairs		
Gas			Tires		
Insurance			Tolls		
Licenses			Lease addback		
Oil			Other expenses		
Parking fees					
Rental fees					
Interest					
Property tax					

Business Use of Home

Name of business home is used for ______

What is the total square footage of your home that was used regularly and exclusively for business? ______

What is the total square footage of your home? ______

For daycare facilities not used exclusively for business, complete the following questions:

How many days during the year was the area used? ______ How many hours per day was the area used? ______

☐ The daycare facility was in operation for the entire year

Expenses	Office expenses 2022	Office expenses 2021	Home expenses 2022	Home expenses 2021
Mortgage interest				
Real estate taxes				
Excess mortgage interest				
Excess real estate taxes				
Insurance				
Rent				
Repairs & maintenance				
Utilities				
Other expenses				

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Other Information

Name: SSN:

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:
☐ Taxpayer only ☐ Family

	2022	2021
HSA contributions made for 2022		
Total distributions from all HSAs during 2022		
Distributions included above that were rolled over into another account		
Qualified medical expenses paid using HSA distributions		

Education Expenses

Provide all copies of Form 1098-T

Student name ____________ Student name ____________

Type of expense	Amount	Type of expense	Amount

Student name ____________ Student name ____________

Type of expense	Amount	Type of expense	Amount

Job-related Moving Expenses

TSJ _____

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2022	2021
Number of miles from old home to old workplace		
Number of miles from old home to new workplace		
Expenses to transport and store household goods and personal effects		
Travel and lodging expense while traveling to your new home		