Casualty/Theft Loss Worksheet

Involuntary Conversion

** IF YOUR LOSS WAS COVERED BY INSURANCE AND YOU DID NOT TIMELY FILE AN INSURANCE CLAIM YOU ARE NOT ENTITLED TO ANY CASUALTY LOSS DEDUCTION ON YOUR TAX RETURN **

** IF YOU DID NOT FILE AN INSURANCE CLAIM, YOU MAY DEDUCT ONLY THE PART OF THE LOSS THAT WAS NOT COVERED BY INSURANCE. **

| Name: | | | |
|--|-----------|----|--|
| Casualty description: | | | |
| Did you file a claim with your insurance company for this loss? | YES | NO | |
| What date did the casualty/theft occur? | | | |
| Was the loss part of a federally declared disaster? | YES | NO | |
| What was the original purchase price of the property? | \$ | | |
| Cost of any improvements after original purchase & before loss: | \$ | | |
| Fair Market Value of the property before the loss occurred: | \$ | | |
| Fair Market Value of the property <u>after</u> the loss occurred: | \$ | | |
| Has this property been depreciated on a tax return? (If so, amount of depreciation taken as a previous deduction): | YES \$ | NO | |
| Amount of insurance reimbursement received: | \$ | | |
| Amount of disaster relief payment received: | \$ | | |
| Amount of other reimbursements received (charity, employer, etc): | \$ | | |
| Was the property personal property or from income producing property? | | | |
| Was the property used in performing services as an employee? | YES | NO | |
| Expenses: (Please have receipts available upon request) | | | |
| Personal, family living or funeral expense: | \$ | | |
| Cost of temporary housing: | \$ | | |
| Transportation/Parking/Tolls: | \$ | | |
| Medical expenses as a direct result of the loss: | \$ | | |
| Cost of repairs to property: (materials supplies workers etc.) | \$ | | |