

# INDIVIDUAL INCOME TAX ORGANIZER

## PAULA WILSON TAX SERVICES

**175 Petersham Road**

**Phillipston, MA 01331**

**Phone: 978-249-9200 Fax: 978-249-9299**

Web: <http://www.paulawilsonsontax.com>

Email: [paula@paulawilsonsontax.com](mailto:paula@paulawilsonsontax.com)

Name of Taxpayer	S.S. #       -       -	Birthdate    /    /
Occupation	Work or Cell Phone Number	E-mail Address
Name of Spouse	S.S. #       -       -	Birthdate    /    /
Occupation	Work or Cell Phone Number	E-mail Address
Mailing Address	Home Phone Number	
	Filing Status	

### DEPENDENTS

NAME	S.S. #	D.O.B.	RELATIONSHIP

Was there anyone else you contributed support, that resides in the U.S., Canada or Mexico?

NAME	S.S. #	D.O.B.	RELATIONSHIP	% SUPPORTED	INCOME OF PERSON
					\$
					\$

### CHILD OR DEPENDENT CARE

Did you pay a baby-sitter last year?

NAME OF SITTER	9 DIGIT EIN # OR S.S.#	ADDRESS	AMT. PD.
			\$
			\$

### ESTIMATED TAXES

CREDIT FROM PRIOR YEAR'S VOUCHER PAYMENTS	FIRST QUARTER (APRIL 15)	SECOND QUARTER (JUNE 15)	THIRD QUARTER (SEPT. 15)	FOURTH QUARTER (JAN. 15)	TOTAL FOR YEAR
Federal					
\$	\$	\$	\$	\$	\$
State					
\$	\$	\$	\$	\$	\$

# INCOME

**Wages, Salaries, Tips, Etc.** (Attach W-2s)

**Interest income from Seller-Financed Mortgages & Individuals:**

**Interests from Banks & Financial Institutions** (Attach 1099 Int)

Include all that have your Social Security number on them.

<b>NAME</b>	<b>AMOUNT</b>	<b>NAME</b>	<b>AMOUNT</b>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Did you sell or turn in any U.S. Savings Bonds? YES  NO

If yes, Please list information: \_\_\_\_\_

**Nontaxable Interest:** (Attach Information)

Did you have any foreign bank accounts? YES  NO

If yes, please explain \_\_\_\_\_

Did you have any penalties on Early Withdrawal of Savings Certificates? YES  NO

If yes, list or attach information \_\_\_\_\_

**Dividends:** (Attach 1099Div's) **Capital Gain Distributions:** (Attach 1099B's) **Education Distributions:** (Attach 1099Q's)

**Nontaxable Distributions:** (Attach 1099s)

**Pensions:** (Attach 1099Rs)

Did you **Contribute** to your pension plan? \_\_\_\_\_ If yes, have you already recovered your contribution? \_\_\_\_\_

Did you have any **Rollovers**? \_\_\_\_\_ If yes, Attach 1099 Distribution & Rollover papers **Alimony:** How much did you receive? \$ \_\_\_\_\_

## OTHER INCOME

Estate & Trusts	\$ _____	(Attach K-1s)	Jury Duty	\$ _____
S-Corporations	\$ _____	(Attach K-1s)	Other	\$ _____
Partnerships	\$ _____	(Attach K-1s)	Other	\$ _____

Did you have any tips that you did not report to your employer? If not reported, how much did you receive? \$ \_\_\_\_\_

Prizes & Awards \$ \_\_\_\_\_ State Tax Refund \$ \_\_\_\_\_ Unemployment Compensation \$ \_\_\_\_\_

Lump Sum Distributions \$ \_\_\_\_\_ (Attach 1099R's) Gambling Winnings (Attach W-2 G's) \$ \_\_\_\_\_

### Gains & Losses from Sale of Property, Stock, Etc. (Attach 1099 B's)

Description	Date Bought	Date Sold	Sale Price	Cost & Expense	Gain or Loss
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____

- **SALE OF RESIDENCE** - Please send or bring settlement statement copies of purchase & sale of new house. Also list each improvement and it's cost on any home sold (especially rentals).

### DID YOU HAVE ANY OTHER INCOME FROM ANY OTHER SOURCE?

Source _____	Amount	\$ _____
Source _____	Amount	\$ _____
Source _____	Amount	\$ _____

### SOCIAL SECURITY

How much did you receive? \$ \_\_\_\_\_ How much did your spouse receive? \$ \_\_\_\_\_ (Attach SSA 1099s)

If you paid any individuals or Partnership \$600.00 or more for rent or services for business purposes, you are required to file 1099s prior to February 28th. If you would like us to prepare these, please contact us right away.

**FARM INCOME** - If you had any Farm Income, attach or bring in the information.

## BUSINESS INCOME / BUSINESS EXPENSES (FOR SELF EMPLOYED)

What is your principal business activity? \_\_\_\_\_

**Business Name** \_\_\_\_\_

Business Address \_\_\_\_\_

**HOW MUCH IS YOUR GROSS BUSINESS INCOME ?** \$ \_\_\_\_\_ (Attach 1099 Miscs)

**Where an ( \* ) asterisks please read footnote below for further clarification.**

<table border="0" style="width: 100%;"> <tr><td>Purchases (for Re-sale)</td><td>\$ _____</td></tr> <tr><td>Beginning Inventory</td><td>\$ _____</td></tr> <tr><td>Ending Inventory</td><td>\$ _____</td></tr> <tr><td>*Materials<sup>2</sup></td><td>\$ _____</td></tr> <tr><td>Advertising</td><td>\$ _____</td></tr> <tr><td>Business Vehicle Excise Tax</td><td>\$ _____</td></tr> <tr><td>Parking &amp; Tolls<sup>3</sup></td><td>\$ _____</td></tr> <tr><td>Car &amp; Truck Expense</td><td>\$ _____</td></tr> <tr><td>Vehicle Insurance</td><td>\$ _____</td></tr> <tr><td>Liability Insurance</td><td>\$ _____</td></tr> <tr><td>Workers' Compensation</td><td>\$ _____</td></tr> <tr><td>Self Employed Health Insurance</td><td>\$ _____</td></tr> <tr><td>Other Insurance _____</td><td>\$ _____</td></tr> <tr><td>Commissions</td><td>\$ _____</td></tr> <tr><td>Mortgage Interest</td><td>\$ _____</td></tr> <tr><td>Other Interest Paid</td><td>\$ _____</td></tr> <tr><td>Legal &amp; Professional Fees</td><td>\$ _____</td></tr> <tr><td>Office Expenses</td><td>\$ _____</td></tr> <tr><td>Rent on Business Property</td><td>\$ _____</td></tr> <tr><td>Equipment Rentals</td><td>\$ _____</td></tr> <tr><td>Repairs</td><td>\$ _____</td></tr> <tr><td>*Depreciable Fixed Assets<sup>5</sup></td><td>\$ _____</td></tr> <tr><td>Supplies</td><td>\$ _____</td></tr> <tr><td></td><td>\$ _____</td></tr> <tr><td></td><td>\$ _____</td></tr> <tr><td></td><td>\$ _____</td></tr> </table>	Purchases (for Re-sale)	\$ _____	Beginning Inventory	\$ _____	Ending Inventory	\$ _____	*Materials <sup>2</sup>	\$ _____	Advertising	\$ _____	Business Vehicle Excise Tax	\$ _____	Parking & Tolls <sup>3</sup>	\$ _____	Car & Truck Expense	\$ _____	Vehicle Insurance	\$ _____	Liability Insurance	\$ _____	Workers' Compensation	\$ _____	Self Employed Health Insurance	\$ _____	Other Insurance _____	\$ _____	Commissions	\$ _____	Mortgage Interest	\$ _____	Other Interest Paid	\$ _____	Legal & Professional Fees	\$ _____	Office Expenses	\$ _____	Rent on Business Property	\$ _____	Equipment Rentals	\$ _____	Repairs	\$ _____	*Depreciable Fixed Assets <sup>5</sup>	\$ _____	Supplies	\$ _____		\$ _____		\$ _____		\$ _____	<table border="0" style="width: 100%;"> <tr><td>Real Estate Taxes</td><td>\$ _____</td></tr> <tr><td>Other Taxes &amp; Licenses</td><td>\$ _____</td></tr> <tr><td>*Travel (no meals)<sup>1</sup></td><td>\$ _____</td></tr> <tr><td>Meals &amp; Entertainment</td><td>\$ _____</td></tr> <tr><td>Utilities &amp; Telephone</td><td>\$ _____</td></tr> <tr><td>Wages &amp; Salaries</td><td>\$ _____</td></tr> <tr><td>Bank Service Charges</td><td>\$ _____</td></tr> <tr><td>Tools</td><td>\$ _____</td></tr> <tr><td>Uniforms</td><td>\$ _____</td></tr> <tr><td>Safety Items</td><td>\$ _____</td></tr> <tr><td>Freight &amp; Shipping</td><td>\$ _____</td></tr> <tr><td>Dues &amp; Publications</td><td>\$ _____</td></tr> <tr><td>*Laundry &amp; Cleaning<sup>4</sup></td><td>\$ _____</td></tr> <tr><td>Fees</td><td>\$ _____</td></tr> <tr><td>Licenses</td><td>\$ _____</td></tr> <tr><td>Permits</td><td>\$ _____</td></tr> <tr><td>(other)</td><td>\$ _____</td></tr> <tr><td>(other)</td><td>\$ _____</td></tr> <tr><td></td><td>\$ _____</td></tr> <tr><td></td><td>\$ _____</td></tr> <tr><td></td><td>\$ _____</td></tr> </table>	Real Estate Taxes	\$ _____	Other Taxes & Licenses	\$ _____	*Travel (no meals) <sup>1</sup>	\$ _____	Meals & Entertainment	\$ _____	Utilities & Telephone	\$ _____	Wages & Salaries	\$ _____	Bank Service Charges	\$ _____	Tools	\$ _____	Uniforms	\$ _____	Safety Items	\$ _____	Freight & Shipping	\$ _____	Dues & Publications	\$ _____	*Laundry & Cleaning <sup>4</sup>	\$ _____	Fees	\$ _____	Licenses	\$ _____	Permits	\$ _____	(other)	\$ _____	(other)	\$ _____		\$ _____		\$ _____		\$ _____
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**Some years require mileage to be separately calculated for the first and last six months of the year!**

	Mileage:	Vehicle1	Vehicle2	Vehicle3
<b>Business Miles</b>		_____	_____	_____
<b>Personal Miles</b>		_____	_____	_____
<b>Total</b>		_____	_____	_____

**\*Remember, the IRS requires a mileage log whether or not the standard mileage rate is used.**

<sup>1</sup> Hotels Airfare, etc

<sup>2</sup> Materials used in construction or building.

<sup>3</sup> Deductible regardless of whether actual expenses or the standard mileage rate is used.

<sup>4</sup> For genuine business **uniforms** only.

<sup>5</sup> Assets that cost \$700 or more and are intended for long-term use.

# HOME OFFICE

(FOR THOSE WHO **MUST** MANAGE THE PRINCIPAL AFFAIRS OF THEIR BUSINESS FROM A HOME OFFICE).

Square footage of entire home \_\_\_\_\_

Square footage of area used solely and exclusively for business \_\_\_\_\_

Cost basis of entire home (including all improvements from purchase date until now), \_\_\_\_\_

## For the Entire Home:

(For the entire year)

Mortgage Interest Paid:	\$ _____
Real Estate Taxes Paid:	\$ _____
Mortgage Insurance Paid:	\$ _____
Home Owners Insurance Paid:	\$ _____
Other Insurance Paid:	\$ _____
Electricity:	\$ _____
Heating for the Year: (Including oil, gas, pellets etc.)	\$ _____
Household Maintenance:	\$ _____
Plowing:	\$ _____
Repairs:	\$ _____
Security or alarm systems	\$ _____
Rent (if no mortgage):	\$ _____
Condo Fees:	\$ _____
Other Fees:	\$ _____
Other Costs:	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Purchase Price of home \_\_\_\_\_

Date Home office was first used \_\_\_\_\_

## INCOME & EXPENSE FROM RENTAL PROPERTIES

	RENTAL 1	RENTAL 2	RENTAL 3
<b>Rents Received (Attach all 1099s)</b>	\$ _____	\$ _____	\$ _____
Advertising Costs	\$ _____	\$ _____	\$ _____
Association Dues	\$ _____	\$ _____	\$ _____
Auto & Travel	\$ _____	\$ _____	\$ _____
Cleaning & Maintenance	\$ _____	\$ _____	\$ _____
Cleaning Supplies	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Yard Maintenance	\$ _____	\$ _____	\$ _____
Insurance (on Real Estate)	\$ _____	\$ _____	\$ _____
Insurance (other) _____	\$ _____	\$ _____	\$ _____
Insurance (other) _____	\$ _____	\$ _____	\$ _____
Legal & Professional Fees	\$ _____	\$ _____	\$ _____
Licenses & Permits	\$ _____	\$ _____	\$ _____
Management Fees	\$ _____	\$ _____	\$ _____
Fees-(other)	\$ _____	\$ _____	\$ _____
Mortgage Interest	\$ _____	\$ _____	\$ _____
Other Interest Paid	\$ _____	\$ _____	\$ _____
Painting & Decorating	\$ _____	\$ _____	\$ _____
Painting Equipment (brushes, ladders, etc.)	\$ _____	\$ _____	\$ _____
Pest Control	\$ _____	\$ _____	\$ _____
Plumbing & Electrical	\$ _____	\$ _____	\$ _____
Repairs	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Tools	\$ _____	\$ _____	\$ _____
Real Estate Taxes	\$ _____	\$ _____	\$ _____
Other Taxes	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Utilities-Water	\$ _____	\$ _____	\$ _____
Utilities-Electric	\$ _____	\$ _____	\$ _____
Utilities-Heat	\$ _____	\$ _____	\$ _____
Wages & Salaries	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____
Other (list)	\$ _____	\$ _____	\$ _____

### RENTAL INCOME (continued)

What type of property is the rental? (I.e. four bedroom house, warehouse, trailer park, Commercial Bldg., etc.)

RENTAL 1 \_\_\_\_\_ RENTAL 2 \_\_\_\_\_ RENTAL 3 \_\_\_\_\_

When did you purchase your rental property? (Mm/Yr)

RENTAL 1.....\_\_\_\_\_/\_\_\_\_\_  
RENTAL 2.....\_\_\_\_\_/\_\_\_\_\_  
RENTAL 3.....\_\_\_\_\_/\_\_\_\_\_

How much did the rental property cost you?

RENTAL 1 \$ \_\_\_\_\_ RENTAL 2 \$ \_\_\_\_\_ RENTAL 3 \$ \_\_\_\_\_

## ITEMIZED DEDUCTIONS

### MEDICAL

Medicines \$ \_\_\_\_\_

Drugs \$ \_\_\_\_\_

NAME	Amount Paid After Insurance Reimbursement
Doctors: _____	\$ _____
_____	\$ _____
_____	\$ _____
Dentists: _____	\$ _____
_____	\$ _____
_____	\$ _____
Orthodontists: _____	\$ _____
_____	\$ _____
_____	\$ _____
Practitioners: _____	\$ _____
_____	\$ _____
Transportation & Lodging	\$ _____

NAME	Amount Paid After Insurance Reimbursements
Specialists: _____	\$ _____
_____	\$ _____
_____	\$ _____
Chiropractors: _____	\$ _____
_____	\$ _____
_____	\$ _____
Clinics: _____	\$ _____
_____	\$ _____
_____	\$ _____
Hospitals: _____	\$ _____
_____	\$ _____
Insurance Premiums (include Medicare)	\$ _____

Prenatal Care	\$ _____
Eyeglasses	\$ _____
X-Rays	\$ _____
Medical Lodging	\$ _____
Therapy Equipment	\$ _____
Medical Supplies & Appliances	\$ _____
Prosthesis Expense	\$ _____
Required Air Conditioning Expense	\$ _____
Repairs & Filters	\$ _____

Postnatal	\$ _____
Hearing Aids	\$ _____
Lab Fees	\$ _____
Bandages	\$ _____
Crutches	\$ _____
Diabetic Expense	\$ _____
Therapy Pool	\$ _____
Electrical Expense	\$ _____
Stop Smoking Expense	\$ _____

### TAXES

Did you pay State Taxes last year? \_\_\_\_\_ How much? \$ \_\_\_\_\_ Did you pay State Taxes last year for prior years? \_\_\_\_\_  
How much? \$ \_\_\_\_\_ Did you pay Sales Taxes on Major Purchases last Year? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Auto License Fees	\$ _____
Real Estate Taxes	\$ _____
Irrigation Taxes	\$ _____
Boat Taxes	\$ _____

Auto Sales Tax	\$ _____
Property Taxes	\$ _____
Personal Property Taxes	\$ _____
Other Taxes	\$ _____

Did you buy any cars, boats, motorcycles, R.V.s, trailers, mobile homes, airplanes, etc.? \_\_\_\_\_ (Attach Information.)

### INTEREST: (Attach all 1098s)

1ST HOME	NAME	AMOUNT
Mortgages.....	_____	\$ _____
2nd Home Mortgage..	_____	\$ _____
Late Charges.....	_____	\$ _____
Mortgage Insurance...	_____	\$ _____
College Loan Interest	_____	\$ _____
College Loan Interest	_____	\$ _____

2ND HOME	NAME	AMOUNT
Mortgages.....	_____	\$ _____
2nd Home Mortgage...	_____	\$ _____
F.H.A. Charges	_____	\$ _____
Real Estate Loan Fees	_____	\$ _____
Points .....	_____	\$ _____
College Loan Interest	_____	\$ _____

### CONTRIBUTIONS

Churches	\$ _____
Missions	\$ _____
Evangelists	\$ _____
Bazaar	\$ _____

Payroll Deductions	\$ _____
Youth Programs	\$ _____
Muscular Dystrophy	\$ _____
Salvation Army	\$ _____

Public Schools \$ \_\_\_\_\_  
 Jaycees \$ \_\_\_\_\_  
 Heart Fund \$ \_\_\_\_\_  
 Cancer Fund \$ \_\_\_\_\_

County Fairs \$ \_\_\_\_\_  
 Boy - Girl Scouts \$ \_\_\_\_\_  
 Xmas / Easter Seals \$ \_\_\_\_\_  
 United Way \$ \_\_\_\_\_

**ITEMIZED DEDUCTIONS (CONTINUED)**

Did you donate any non - cash items such as food or used clothing? Please list description and value: \_\_\_\_\_

**MISCELLANEOUS**

Union Dues \$ \_\_\_\_\_  
 Tax Preparer Fee \$ \_\_\_\_\_  
 Extension Fees \$ \_\_\_\_\_  
 Books & Publications \$ \_\_\_\_\_  
 Fire Retardant Clothing \$ \_\_\_\_\_  
 Protective Eye Wear \$ \_\_\_\_\_  
 Gloves \$ \_\_\_\_\_  
 Tools \$ \_\_\_\_\_  
 Batteries \$ \_\_\_\_\_  
 Uniforms \$ \_\_\_\_\_  
 Cleaning \$ \_\_\_\_\_  
 Investment Expense \$ \_\_\_\_\_  
 Adoption Expense \$ \_\_\_\_\_  
 Record Keeping Costs \$ \_\_\_\_\_  
 Other ( list ) \$ \_\_\_\_\_

Spouse Dues \$ \_\_\_\_\_  
 Audit Fees \$ \_\_\_\_\_  
 Business Dues \$ \_\_\_\_\_  
 Safety Items \$ \_\_\_\_\_  
 Safety Boots \$ \_\_\_\_\_  
 Mosquito Spray \$ \_\_\_\_\_  
 Work Watch \$ \_\_\_\_\_  
 Flashlights \$ \_\_\_\_\_  
 Water Jugs \$ \_\_\_\_\_  
 Telephone for Business \$ \_\_\_\_\_  
 Protective Headgear \$ \_\_\_\_\_  
 Sales & Promo Costume \$ \_\_\_\_\_  
 Safety Deposit Box \$ \_\_\_\_\_  
 Safety Glasses \$ \_\_\_\_\_  
 Other ( list ) \$ \_\_\_\_\_

**CONTINUED EDUCATION & 1ST TWO YEARS COLLEGE STUDENT CREDIT**

**Name of Student** \_\_\_\_\_  
 Name of Institution \_\_\_\_\_  
 Education Purpose \_\_\_\_\_  
 Dates Attended \_\_\_\_\_

Travel Expense \$ \_\_\_\_\_  
 Tuition Expense \$ \_\_\_\_\_  
 Supplies Expense \$ \_\_\_\_\_

**Name of Student** \_\_\_\_\_  
 Name of Institution \_\_\_\_\_  
 Education Purpose \_\_\_\_\_  
 Dates Attended \_\_\_\_\_

Travel Expense \$ \_\_\_\_\_  
 Tuition Expense \$ \_\_\_\_\_  
 Supplies Expense \$ \_\_\_\_\_

## EMPLOYEE BUSINESS EXPENSE

Did you use your personal vehicle to run errands, chase parts, carry job tools, etc. for your employer? Include Job Hunting.  
Please explain : \_\_\_\_\_

How many miles did you drive for the year ? \_\_\_\_\_ How many miles did you drive for business ? \_\_\_\_\_  
Description of vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Did you purchase an automobile last year ? \_\_\_\_\_ Please enclose purchase papers.

Auto License Fee	\$ _____		Auto Sales Tax	\$ _____
Auto Interest	\$ _____		Parking & Tolls	\$ _____

### OPTIONAL

Oil & Lubrication	\$ _____		Auto Club	\$ _____
Washing & Polishing	\$ _____		Tires, Batteries, Etc.	\$ _____
Repairs	\$ _____		Insurance	\$ _____
Fuel	\$ _____		Other ( list )	\$ _____

### TRAVEL & EXPENSES OTHER THAN AUTO

Plane & Rail Fares	\$ _____		Bus Fares	\$ _____
Taxi & Public Transit	\$ _____		Car Rentals	\$ _____
Lodging	\$ _____		Meals	\$ _____
Telephone, Fax, Postage	\$ _____		Tips & Baggage Charge	\$ _____
Laundry & Cleaning	\$ _____		Other ( list )	\$ _____

### SALES EXPENSE

Lunches, Dinners, Etc.	\$ _____		Show & Event Tickets	\$ _____
Organization Dues	\$ _____		Gifts	\$ _____
Stationary & Postage	\$ _____		Basic Phone	\$ _____
Long Distance Phone	\$ _____		Other ( list )	\$ _____

Did you make any modifications to your home for the handicapped ? Please Describe : \_\_\_\_\_  
Cost of modifications \$ \_\_\_\_\_

Did you move last year? \_\_\_\_\_ How many miles did you move? \_\_\_\_\_ Date Moved \_\_\_\_/\_\_\_\_/\_\_\_\_  
Transportation Cost \$ \_\_\_\_\_ Storage Cost \$ \_\_\_\_\_ Travel & Lodging \$ \_\_\_\_\_  
How much were you reimbursed that was not included in your wages? \$ \_\_\_\_\_

Did you or your spouse contribute to a REGULAR IRA, ROTH IRA, SIMPLE or KEOGH ? \$ \_\_\_\_\_

Do you or your spouse have a retirement plan at work ? \_\_\_\_\_

Did you pay alimony ? \_\_\_\_\_ How much ? \_\_\_\_\_

Recipients Name & S. S. # \_\_\_\_\_

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### DECLARATION :

**I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.**

\_\_\_\_\_  
SIGNATURE (must be signed)

\_\_\_\_\_  
DATE