

**2024 INDIVIDUAL CHECKLIST**

\*\*\* NEWCLIENTS: Please provide a copy of your prior year's federal, state and/or city tax returns \*\*\*

**TAX RETURN DELIVERY**

How would you like to receive your copy of the tax return (please check one only):  PAPER COPY  EMAIL COPY

**VIRTUAL CURRENCY**

At any time during 2024, did you receive as payment, sell, exchange or dispose of a financial interest in any virtual currency?  YES  NO

**2024 FILING STATUS (check only one)**

Single  Married Filing Jointly  Married Filing Separately (please provide following):  
 Head of Household  Surviving Widow(er) w/ Qualifying Dependent Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Did either of these events take place at any time during 2024?  Marriage Date of Legal Marriage: \_\_\_\_\_  
 Divorce/Legal Separation Date of Divorce/Legal Separation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**TAXPAYER INFORMATION**

Check all that apply:  
 Blind  Hemiplegic  Paraplegic  
 Deaf  Quadraplegic  Totally & Permanently Disabled

First \_\_\_\_\_ Middle \_\_\_\_\_  
 Last \_\_\_\_\_

Social Security No. \_\_\_\_\_

D.O.B. \_\_\_\_\_ D.O.D. \_\_\_\_\_

DL/ID# \_\_\_\_\_

Issued \_\_\_\_\_ Expires \_\_\_\_\_ ST \_\_\_\_\_

Email \_\_\_\_\_

**\*BEST PHONE\*** \_\_\_\_\_

Occupation \_\_\_\_\_

**REFERRED BY**

**ADDRESS (to be shown on tax return)**

Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

School District (where you lived on 12/31/2024) \_\_\_\_\_

**SPOUSE INFORMATION**

Check all that apply:  
 Blind  Hemiplegic  Paraplegic  
 Deaf  Quadraplegic  Totally & Permanently Disabled

First \_\_\_\_\_ Middle \_\_\_\_\_  
 Last \_\_\_\_\_

Social Security No. \_\_\_\_\_

D.O.B. \_\_\_\_\_ D.O.D. \_\_\_\_\_

DL/ID# \_\_\_\_\_

Issued \_\_\_\_\_ Expires \_\_\_\_\_ ST \_\_\_\_\_

Email \_\_\_\_\_

**\*BEST PHONE\*** \_\_\_\_\_

Occupation \_\_\_\_\_

**MAILING ADDRESS (if different)**

Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

**DEPENDENT(S) (to be claimed on current year's income tax return)**

Only list dependents who lived with you for more than half of the year (full year if no relation) and 18 & under OR between ages 19-23 AND a student taking at least the minimum credit hours to be considered FULL-TIME for any part of FIVE months during the tax year). All others MUST have gross income of LESS THAN \$4,300 in 2024.

	FIRST NAME	LAST NAME	BIRTHDATE	SSN	RELATIONSHIP
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

List any dependent(s) who are blind, deaf and/or totally & permanently disabled: \_\_\_\_\_

List any dependent(s) who could be the qualifying dependent of another taxpayer: \_\_\_\_\_

List any dependent(s) who were between 19-23, not enrolled in school full-time & earned more than \$4,300 in '24: \_\_\_\_\_

Do you have reason to believe any dependent above has already filed a 2024 return & claimed himself/herself?  YES  NO

Are you claiming any dependent(s) according to a divorce decree or separation agreement? If yes, include document(s).  YES  NO

**DIRECT DEPOSIT INFORMATION**

I would like any refund directly deposited into the account listed below.  I would like any tax due paid electronically from the account listed below.

Name of Financial Institution \_\_\_\_\_

Routing No. \_\_\_\_\_ Account No. \_\_\_\_\_ Account Type \_\_\_\_\_

My 2024 filing status will be Married Filing Jointly, and this is a JOINT account with my spouse.

## 2024 INCOME

### WAGES (provide W-2)

	Name of Company	TP / SP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### MSC INCOME (provide 1099 MSC)

	Name of Company	TP / SP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

### INTEREST (provide 1099 INT)

	Payer	Amt
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
4.	_____	\$ _____
5.	_____	\$ _____

### DIVIDENDS (provide 1099 DIV)

	Payer	Ord	Qual	CGD
1.	_____	\$ _____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____	\$ _____

### PENSION/ANNUITY (provide 1099 R)

	Payer	Amt	TP / SP
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

### IRA (provide 1099 R)

	Payer	Amt	TP / SP
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

### SALE OF STOCK (provide 1099 B)

SHORT-TERM GAINS)/LOSS(ES)			LONG-TERM GAINS)/LOSS(ES)		
	Security	Proceeds		Security	Cost
1.	_____	\$ _____	1.	_____	\$ _____
2.	_____	\$ _____	2.	_____	\$ _____
3.	_____	\$ _____	3.	_____	\$ _____
4.	_____	\$ _____	4.	_____	\$ _____
5.	_____	\$ _____	5.	_____	\$ _____

	Security	Proceeds	Cost
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____

### SOCIAL SECURITY: TAXPAYER (provide SSA-1099)

Box 3 (Benefits Paid in 2024)	\$ _____
Box 4 (Benefits Repaid in 2024)	\$ _____
Box 6 (Voluntary Federal W/H)	\$ _____
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D

### SOCIAL SECURITY: SPOUSE (provide SSA-1099)

Box 3 (Benefits Paid in 2024)	\$ _____
Box 4 (Benefits Repaid in 2024)	\$ _____
Box 6 (Voluntary Federal W/H)	\$ _____
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D
Medicare Premiums Paid	SEE P3, MEDICAL EXP TYPE: A B C D

### OTHER INCOME (provide supporting documents)

Trustee: _____	-
Gross Distribution \$ _____	Amt Used for Medical Exp \$ _____
Trustee: _____	
Gross Distribution \$ _____	Amt Used for Medical Exp \$ _____

	TP	SP
State Income Tax Refund	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
- Federal Withholding	\$ _____	\$ _____
- State Withholding	\$ _____	\$ _____

### INSTALLMENT SALE (attach add'l sheet if needed)

Name _____	SSN _____
Address _____	
City _____	ST _____ Zip _____
Interest Paid \$ _____	Principal Paid: \$ _____

Alimony (only for agreements executed before 01/01/19)		
- Received	\$ _____	\$ _____
- Paid (Need Recipient's SSN)	\$ _____	\$ _____
Jury Duty	\$ _____	\$ _____
Election Board Fees	\$ _____	\$ _____

### NONTAXABLE INCOME

Veterans Pension/Disability \$ _____	Cancelled Debt \$ _____
Worker's Comp or SDI \$ _____	Other \$ _____
Child Support \$ _____	Other \$ _____
Gain on Sale of Residence \$ _____	Other \$ _____
Gifts over \$300 \$ _____	Other \$ _____

Prizes/Lottery/Gambling		
- Winning(s)	\$ _____	\$ _____
- Losses	\$ _____	\$ _____
Bartering	\$ _____	\$ _____
Farm Income	\$ _____	\$ _____

# 2024 DEDUCTIONS

## MEDICAL

Do not include any amounts paid for/reimbursed by medical insurance or any other type of insurance or amounts paid using funds from an HAS or FSA.

**DO NOT INCLUDE HEALTH INSURANCE PREMIUMS PAID WITH PRE-TAX INCOME SUCH AS PRE-TAX DEDUCTIONS FROM YOUR PAYCHECK**

Medical & Dental Expenses, including:

Office Visits	Lab Tests/Therapy/X-Rays	
Co-pays	Dental/Orthodontics	
Doctors/Specialists	Hearing Aid	
Hospital/Ambulance	Eye Exam/Glasses/Contacts	\$ _____

Prescription Drugs	TP \$ _____	SP \$ _____
Medical Insurance	TP \$ _____	SP \$ _____
Prescription Insurance	TP \$ _____	SP \$ _____
Dental/Vision Insurance	TP \$ _____	SP \$ _____
Long-Term Care Insurance	TP \$ _____	SP \$ _____
Medicare Premiums	TP \$ _____	SP \$ _____
Medical Miles Driven	# _____	

## TAXES

State Income Tax PAID in 2024 for Prior Year's Tax	\$ _____
Local Income Tax PAID in 2024 for Prior Year's Tax	\$ _____
2024 Homestead TAXABLE Value (MI ONLY)	\$ _____
Real Estate Taxes PAID in 2024:-	
Prinicipal Residence	\$ _____
- Second Home/Cottage	\$ _____
- Vacant Land	\$ _____
- Other	\$ _____
Real Estate Taxes PAID @ Closing (Provide Docs)	\$ _____
Real Estate Taxes REIMB @ Closing (Provide Docs)	(\$ _____)
***AUTO LICENSE TABS***	\$ _____
Other Personal Property Taxes	\$ _____
Sales Tax Paid (Type in State of Residence in 2024)	
- Actual Sales Tax Paid in 2024	\$ _____
- Major Purchase(s) (Vehicle, Aircraft or Boat ONLY)	\$ _____

## INTEREST

Qualified Mortgage Interest:	
- 1st Home	\$ _____
- 2nd Home	\$ _____
Qualified Home Equity Loan (only if used to buy/build/improve home)	\$ _____
Land Contract Interest Paid	\$ _____
To Whom Paid:	
Name _____ SSN _____	
Address _____	
City _____ ST _____ ZIP _____	
Points Paid on New Home Purchase	\$ _____
Points Paid on Refinance of Current Home	\$ _____
Term of Refinanced Loan (in years)	_____
Investment Interest Paid	\$ _____
Boat or Mtor Home Interest*	\$ _____

*\*Must have eating, sleeping & toilet facilities*

## ADJUSTMENTS TO AGI

Educator Expenses	TP \$ _____	SP \$ _____
Health Savings Acct Contribution*	TP \$ _____	SP \$ _____
Moving Expenses (active military only)	TP \$ _____	SP \$ _____
Self-Employed SEP/SIMPLE/Qual Plans	TP \$ _____	SP \$ _____
Self-Employed Health Ins Deduction	TP \$ _____	SP \$ _____
Penalty on Early Withdrawal on Savings	TP \$ _____	SP \$ _____
Alimony Paid:	TP \$ _____	SP \$ _____
Recipients SSN _____		
Divorce/Separation Agreement Date _____		
Traditional IRA Contribution	TP \$ _____	SP \$ _____
Roth IRA Contribution	TP \$ _____	SP \$ _____
Student Loan Interest Deduction	TP \$ _____	SP \$ _____

*\*Not including payroll deductions or contributions from employer.*

## CHARITABLE CONTRIBUTIONS

**\*\*\*To be deductible, must have acknowledgement from qualified organization\*\*\***

Cash/Check/Credit Card	\$ _____
Other than Cash/Check (i.e. clothing/household items)	\$ _____

*If over \$500, please provide the following (attached add'l sheets if necessary)*

ITEM(S)	DATE DONATED	COST	FMV
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Automobile	_____	\$ _____	\$ _____
Boat	_____	\$ _____	\$ _____
Aircraft	_____	\$ _____	\$ _____
Charitable Miles Driven in 2024		# _____	

## 2024 ESTIMATED TAX PAYMENTS

	FEDERAL	STATE	CITY
1st Qtr (04/18/2024)	\$ _____	\$ _____	\$ _____
2nd Qtr (06/15/2024)	\$ _____	\$ _____	\$ _____
3rd Qtr (09/15/2024)	\$ _____	\$ _____	\$ _____
4th Qtr (01/16/2025)	\$ _____	\$ _____	\$ _____
2023 overpayment applied to 2024	\$ _____	\$ _____	\$ _____

## NOTES

# 2024 CREDITS

## MARKETPLACE INSURANCE PREMIUM TAX CREDIT

**\*\*\*\*PLEASE PROVIDE 2024 FORM 1095-A\*\***

In 2024, were you covered by health insurance purchased through the Health Insurance Marketplace?  Yes  No  
If yes, please provide Form 1095-A. It is needed to reconcile any advance premium tax credits (APTC) you received during the year.

## HIGHER EDUCATION EXPENSES (provide 1098-T)

Student 1 _____	Student 2 _____
School _____	School _____
Qualified Tuition Paid in 2024 \$ _____	Qualified Tuition Paid in 2024 \$ _____
Books & Required Supplies Paid in 2024 \$ _____	Books & Required Supplies Paid in 2024 \$ _____
Has student has completed first 4 years of college? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has student has completed first 4 years of college? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has student has been convicted of felony? <input type="checkbox"/> No <input type="checkbox"/> No	Has student has been convicted of felony? <input type="checkbox"/> No <input type="checkbox"/> No

## CHILD & DEPENDENT CARE EXPENSES

Child 1 _____ \$ _____	Child 2 _____ \$ _____
Caretaker _____ ID# _____	Caretaker _____ ID# _____
Address _____	Address _____
City _____ ST _____ ZIP _____	City _____ ST _____ ZIP _____

## RESIDENTIAL ENERGY CREDITS

### RESIDENTIAL ENERGY EFFICIENT PROPERTY (Any home owned and used as a residence during 2024)

Includes materials & labor for onsite preparation, assembly/original installation & piping/wiring to interconnect for the following improvements only:

Qualified Solar Electric Property Costs \$ _____	Qualified Geothermal Heat Pump Property Costs \$ _____
Qualified Solar Water Heating Property Costs \$ _____	Qualified Fuel Cell Property Costs \$ _____
Qualified Small Wind Energy Property Costs \$ _____	

### NONBUSINESS ENERGY PROPERTY CREDIT (Principal residence only)

If the total of any nonbusiness energy property credits taken in previous years (after 2005) is more than \$500, you cannot take the credit in 2023.

Insulation \$ _____	Natural Gas/Propane/Oil Water Heater \$ _____	Electric Heat Pump Water Heater \$ _____
Exterior Door \$ _____	Natural Gas/Propane/Oil Water Boiler \$ _____	Electric Heat Pump \$ _____
Exterior Window & Skylight \$ _____	Natural Gas/Propane/Oil Furnace \$ _____	Central Air Conditioner \$ _____
Certain Metal or Asphalt Roof \$ _____	Advanced Main Circulating Fan Used in Natural Gas/Propane/Oil Furnace \$ _____	Biomass Fuel Stove \$ _____

(Do not include installation costs on any of the above)

## ADOPTION CREDIT

Child 1 _____	Child 2 _____
Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child	Was the child: <input type="checkbox"/> Disabled <input type="checkbox"/> Special Needs <input type="checkbox"/> Foreign Child
Was the adoption final in 2024 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the adoption final in 2024 or earlier? <input type="checkbox"/> Yes <input type="checkbox"/> No
Adoption Fees \$ _____	Adoption Fees \$ _____
Attorney(s) Fees \$ _____	Attorney(s) Fees \$ _____
Court Costs \$ _____	Court Costs \$ _____
Travel Expenses (incl. Meals & Lodging) \$ _____	Travel Expenses (incl. Meals & Lodging) \$ _____
Re-Adoption Expenses re: Foreign Child \$ _____	Re-Adoption Expenses re: Foreign Child \$ _____
Amount of employer-provided benefits received \$ _____	Amount of employer-provided benefits received \$ _____

## M PROPERTY TAX CREDIT

No. of Months _____ Rent (per Month) \$ _____	No. of Months _____ Rent (per Month) \$ _____
Landlord _____	Landlord _____
Address _____	Address _____
City _____ ST _____ ZIP _____	City _____ ST _____ ZIP _____

# 2024 SCHEDULE C (SOLE PROPRIETORSHIP & SINGLE MEMBER LLC)

BUSINESS 1

BUSINESS 2

Business Name		
Address		
City/State/Zip		
Business Activity		
Product or Service		

## PPP/EIDL/EIDG

Please indicate the amount received in 2024 from any of the following:

Paycheck Protection Program (PPP)	\$		\$	
<b>Have you applied for PPP loan forgiveness?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Economic Injury Disaster Loan (EIDL)	\$		\$	
Economic Injury Disaster Grant (EIDG)	\$		\$	
Other:	\$		\$	

## 1099 DUE DILIGENCE

Were payments made in 2024 that would require filing Form(s) 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you file all required Form(s) 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## INCOME & EXPENSES

Gross Receipts (including all 1099s)	\$		\$	
Returns & Allowances	\$		\$	
Other Income	\$		\$	
Cost of Goods Sold				
Beginning Inventory as of 01/01/24 (At Cost)	\$		\$	
Purchases	\$		\$	
Cost of Labor	\$		\$	
Materials & Supplies	\$		\$	
Other Costs	\$		\$	
Ending Inventory as of 12/31/24 (At Cost)	\$		\$	
Advertising	\$		\$	
Bank Charges	\$		\$	
Commissions & Fees	\$		\$	
Dues & Publications	\$		\$	
Insurance - Health	\$		\$	
Insurance - Other	\$		\$	
Interest	\$		\$	
Licenses	\$		\$	
Legal & Professional	\$		\$	
Meals	\$		\$	
Office Expense	\$		\$	
Postage & Freight	\$		\$	
Rent	\$		\$	
Repairs & Maintenance	\$		\$	
Taxes	\$		\$	
Telephone	\$		\$	
Travel	\$		\$	
Utilities	\$		\$	
Wages	\$		\$	

## AUTO

Auto (Mileage):				
- Total Miles (driven in 2024)	#		#	
- Business Miles (driven in 2024)	#		#	
Auto (Actual Expenses):				
Base Price-Trade In+Sales Tax	\$		\$	
Car Wash	\$		\$	
Gasoline	\$		\$	
Insurance	\$		\$	
Interest	\$		\$	
Lease Vehicle Payments	\$		\$	
Oil Changes	\$		\$	
Parking Fees/Tolls	\$		\$	
Registration	\$		\$	
Repairs & Maintenance	\$		\$	
Tires	\$		\$	

## 2024 SCHEDULE E (RENTAL REAL ESTATE & ROYALTIES)

Did more than 1/2 of the personal services performed in all trades/businesses involve real property trades/business which you materially participated?  Yes  No

Did you perform more than 750 hours of services in real property trades/business in which you materially participated?  Yes  No

PROPERTY 1

PROPERTY 2

PROPERTY 3

Property Type (see below): \_\_\_\_\_

1=Single	Family	Residence	2=Multi	Family	Residence	3=Vacation/Short Term	4=Commercial	5=Land	6=Royalties	7=Self Rental
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Did you actively participate in rental?  Yes  No  Yes  No  Yes  No

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

# Days Rented @ Fair Rental Value      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_

# Days Used Personally      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_

Gross Rents      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Gross Royalties      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

### INCOME & EXPENSES

Advertising      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Association Fees      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Cleaning & Maintenance      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Commissions      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Insurance      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Legal & Professional      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Management Fees      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Mortgage Interest      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

- Form 1098      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

- Other      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Painting & Decorating      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Repairs & Maintenance      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Supplies      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Taxes      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Utilities      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Other: \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Other: \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Major Improvements:

Description _____	Description _____	Description _____
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Amount \$ _____	Amount \$ _____	Amount \$ _____
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Date in Service _____	Date in Service _____	Date in Service _____
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Description _____	Description _____	Description _____
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Amount \$ _____	Amount \$ _____	Amount \$ _____
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Date in Service _____	Date in Service _____	Date in Service _____
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### AUTO

Auto (Mileage):

- Total Miles (driven in 2024)      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_

- Business Miles (driven in 2024)      # \_\_\_\_\_      # \_\_\_\_\_      # \_\_\_\_\_

Auto (Actual Expenses):

Base Price-Trade In+Sales Tax      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Car Wash      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Gasoline      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Insurance      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Interest      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Lease Vehicle Payments      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Oil Changes      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Parking Fees/Tolls\$ \$ \$Registration      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Repairs & Maintenance      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Tires      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

# NOTES

Please list any questions or additional information you may have. If in response to a specific page, please reference page & item in question.