

A. Personal Information

Taxpayer: Spouse:

Last Name _____

First Name _____

Middle Initial _____

Social Security # _____

Occupation _____

Date of Birth _____

Home Phone _____

Work Phone _____

Extension _____

FAX number - Home _____

FAX number - Work _____

eMail address _____

Address _____

City _____

State _____ Zip Code _____

State Tax Information: What County do you live in?

School District?

School District #

Contact Person - Who is filling out this organizer?

Filing Status: (Check)

Single

Married Filing Joint

Married Filing Separate

Head of Household (unmarried with child)

Dependents:

First Name MI Last Name Soc.Sec. # Date of Birth Relationship

Others, attach additional page.

Did dependent(s) live with you all year ? Yes No

If No, explain:

Taxpayer Spouse

Are you permanently & totally disabled? Yes No Yes No

Are you legally blind? Yes No Yes No

Are you a dependent of someone(such as parent)? Yes No Yes No

If deceased, date of death:

Referred By:

TAX RETURN PREPARATION FEES

Prices for all forms and schedules are the same for members and non-members except where otherwise stated.

Prices are in effect from October 16, 2002 until October 15, 2003.

Form/Schedule Description Non-Member Member Per

Minimum return preparation fee, regardless of size or group affiliation 149.00 99.00 Min.

1040, 1040A, 1040EZ Individual Income Tax Return 75.00-125.00 One-**FREE** Ea.
1040, 1040A, 1040EZ Each Additional Individual Income Tax Return 75.00-125.00 39.00 Ea.
 1040ES Estimated Tax for Individuals 19.00 Ea.
 1040X Amended Return for Individuals 69.00 59.00 Ea.
 1041 Fiduciary Income Tax Return 399.00 299.00 Ea.
 1045 Tentative Refund Application 149.00 Ea. Year
 1065 Partnership Return 399.00 299.00 Ea.
 1116 Foreign Tax Credit 49.00 Ea.
1120 or 1120S Corporate Return 399.00 299.00 Ea.
 2106 Employee Business Expenses 29.00 29.00 Ea.
 2210 Underpayment of Estimated Taxes 29.00 Ea.
 2441 Child/Dependent Care Expenses 29.00 Ea.
 2688** Add'l 2-month Extension to file 24.00 19.00 Ea.
 3903 Moving Expenses 29.00 Ea.
 4562 Depreciation and Amortization 29.00 19.00 Asset
 Minimum 39.00 Form
 4797 Sale of Business Property 29.00 19.00 Entry
 Minimum 39.00 Form
 4835 Farm Rental Income and Expenses 129.00 99.00 Ea.
 4868** Automatic 4-month Extension to File 24.00 19.00 Ea.
 4952 Investment Interest 29.00 Ea.
 5329 Early Withdrawal Penalty 29.00 Ea.
 6251 Alternative Minimum Tax 39.00 Ea.
 6252 Installment Sales 1st Year 49.00 Ea.
 Subsequent Years 29.00 Ea.
 8275 Disclosure Statement 29.00 Ea.
 8283 Non-Cash Charitable Contributions 19.00 Entry
 Minimum 39.00 Form
 8582 Passive Activity Loss Limitation 39.00 Ea.
 8606 Non-Deductible IRA Contributions 19.00 Ea.
 8812 Additional Child Tax Credit 19.00 Ea.
 8825 Rental Property Income/Loss (Front) 39.00 Prop.
 8829 Home Office Expenses 49.00 39.00 Ea.
 8863 Education Credits 39.00 Ea.
 9465 Installment Requests 29.00 Ea.
 940* Annual Fed. Unemployment Ins. Form 29.00 FREE w/TTB Ea.
 941* Quarterly Payroll Deposits 29.00 FREE w/TTB Ea.
 *Payroll Services available for free only to members of our Tax Toolbox program.
 ** Not applicable where client submits extensions. Client is solely responsible for State and Local
 Extensions.

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TAX RETURN PREPARATION FEES (Continued)

Form/Schedules: Non-Member Member Per

A Itemized Deductions 49.00 39.00 Ea.
 B Interest and Dividend Income 9.00 Entry
 Minimum 29.00 Form
 C Sole-Proprietor Business 129.00 99.00 Ea.
 C-Ez Business (Short Form) 39.00 Ea.
 D Capital Gains and Losses 19.00 Entry
 Minimum 29.00 Form
 E Rental Property Income/Loss (Front) 49.00 39.00 Prop.
 E Supplement Income/Loss (Back) 19.00 K-1
 EIC Earned Income Credit 29.00 Ea.
 F Farm Income and Expenses 129.00 99.00 Ea.
 K-1 Partner/Shareholder Income Stmt. 35.00 29.00 Ea.

NOL Net Operating Loss
Calculations and/or Carryover 149.00 Ea.Yr.
R Credit for Elderly or Disabled 29.00 Ea.
SE Soc. Sec. Self-Employment Tax 35.00 29.00 Ea.
W-2 & W-3* Employment Withholding Statement 5.00 FREE Ea.
Minimum 25.00 FREE Set
1099 & 1096 Miscellaneous Income Statement 9.00 Ea.
Minimum 29.00 Set
State Income Tax Returns 59.00 Ea.
Any Form/Schedule not listed above 59.00 Ea.
Depreciation Schedule – Complete list 59.00
Bookkeeping Time required for tax preparation 99.00 69.00 Hour
Postage & Handling fee to return original documents 29.00
FedEx fee if not to meet filing deadline 29.00
Office visits 39.00 ½ Hour
Rush fee 20% of total invoice
Loan Amortization 29.00 Loan

ADDITIONAL SERVICES AVAILABLE

Form 1023/1024 Exempt Organization **Consulting** 89.00 Hour
Review of a Prior Year Tax Return 99.00 FREE
Monthly Accounting & Bookkeeping Services Call for quote
Consultation Time 69.00 FREE w/TTB
Audit Preparation (If we prepared the return) **FREE FREE**
Audit Representation (Free to members with audit protection) 100.00 89.00 Hour
Collection Representation 150.00 129.00 Hour
Tax Court Representation 300.00 259.00 Hour
Offer-In-Compromise/Installment Agreement Negotiations 2395.00 1999.00
Not to Exceed [minimum retainer of \$ 999.00]
Minimum return preparation fee, regardless of size or group affiliation 149.00 99.00 Min.

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B. Sources of Income checklist

Wages -

Enclose all W-2 forms. Send original Copy B and Copy 2. Keep a copy for yourself.

Self-employment -

Enclose one original of all 1099-MISC forms. Keep a copy for yourself.

Interest/Dividends - Enclose all 1099 INT/DIV forms.

Partnership/Corporation Income -

Enclose all K-1 forms or other statements.

Pension/IRA/Investment Distributions -

Send original Copy B and Copy 2 of 1099-R forms

Capital Gains - Enclose all copies of 1099-B forms

For all sales of Stocks, Bonds, or Mutual Funds, include the following statements:

- (1) Sale price and date of sale,
- (2) Purchase price and date of purchase, and
- (3) Dividends reinvested, if any.

Unemployment compensation - Enclose statement.

Social Security Benefits - Enclose statement.

State Income Tax Refund - Enclose Statement (1099G)

Real Estate Sales -

Send Closing Statements (purchase and sale). Plus list the major improvements and fixing-up expenses while property was owned.

Military -

Enclose a copy of Leave & Earning Statement from last day of this tax year.

Do you have any income for which you did not receive a statement?

NO YES Source Amount \$

Source Amount \$

ENCLOSE ANY OTHER DOCUMENTS YOU RECEIVED REFLECTING INCOME

C. Payments – Personal Taxes

FEDERAL QUARTERLY ESTIMATED TAX payments for this year: (Not Withholdings)

Normally, these payments are made with Form 1040-ES.

Amount Paid on: April 15th \$ June 15th \$

Sept 15th \$ Jan 15th \$

Payment (if any) made with form 4868, Extension Request \$

STATE QUARTERLY ESTIMATED TAX payments for this year: (Not Withholdings)

Amount Paid on: April 15th \$ June 15th \$

Sept 15th \$ Jan 15th \$

Payment (if any) made with State Extension Request \$

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Attach Your W-2 Forms Here

Attach Your 1099-R Forms Here

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1. Did you receive your advance child tax credit refund? yes no

How much did you receive? _____

2. Did you or your spouse contribute to an IRA (not employer plan) during the year?

YES NO

Regular IRA YOU \$ SPOUSE \$

ROTH IRA YOU \$ SPOUSE \$

3. Did you or your spouse take, not borrow, any money out of an IRA or any other retirement plan? YES NO

If YES, show separately for each person:

Amount of distribution \$

Amount transferred or rolled-over within the 60day, tax-free roll-over period \$

Enclose all copies of Form 1099-R (These should be attached above.)

4. Did you pay any Student Loan Interest?

YES NO Amount paid \$ _____

5. Did you pay College tuition for yourself, a spouse or dependent?

YES NO

Amount paid Freshman/Sophomore term \$

Name of Student _____

Amount paid Junior/Senior term \$

Name of Student _____

Enclose all copies of form 1098-T

6. Did you move during the tax year?

YES NO

Date of Move:

DISTANCE FROM OLD HOME: TO OLD JOB , TO NEW JOB

7. Did you incur moving expenses as a result of a change in or relocation of your place of employment?

YES NO

AMOUNT PAID: Transport and store household goods \$ _____

AMOUNT PAID: Travel during household goods shipment (NO meals) \$

8. Did you pay any alimony or separate maintenance payments last year? yes no

Amount Paid: _____ To Whom: _____

Social Security Number : _____

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9. Did you receive any alimony or separate maintenance payments last year?

yes no Amount Received: _____

10. Did you incur child-care expenses during the year? YES NO

Amount paid \$ Number of children provided for:

Name of Care Provider _____

Address of Care Provider _____

Identification number of Care Provider _____

11. Did you have medical/dental expenses? NO YES

AMOUNT PAID \$ _____ (Not reimbursed by Insurer or Employer)

Refer to our tax strategy planner or www.mytaxman.net for a list of deductible medical expenses.

12. Do you have medical/dental insurance? NO YES

PREMIUMS PAID \$ (Not including pre-tax deductions)

13. Are you buying your main residence? NO YES

INTEREST PAID \$ REAL ESTATE TAXES PAID \$

(Include copy of Form 1098)

Did you refinance this year? NO YES

POINTS PAID \$ Term (in years)

Date of refinance _____

If you purchased or refinanced your home this year, please provide us a copy of the closing escrow for that transaction.

14. If you paid interest on a residential mortgage to an individual who did not issue you a Form 1098 we need the following information about the lender:

(Name)

(Address)

(Social Security number)

Interest paid \$

15. Real Estate taxes paid on other Properties or land you own:

(not your principal residence, and not rental property)

\$ **(Include copy of Form 1098)**

16. Did you pay additional STATE income tax, or receive a refund when you filed last year's State return?

AMOUNT PAID \$ REFUND \$

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17. Did you pay any State or Local Personal Property Tax **OTHER THAN REAL ESTATE TAX?** (example: tax on autos not used for business) NO YES

AMOUNT PAID \$ (**not** withheld from wages)

18. Did you pay any vehicle or boat licensing fees renewal fees? YES NO

Amount PAID \$ _____

19. Did you make any charitable contributions? NO YES

Amount Cash & Checks \$

Other contributions (clothing or household goods) \$

If total contributions are \$250 or more, attach copies of receipts received from charity to whom you made the donation, showing amount, date, and name & address of charity.

Charitable Mileage Driven _____ mi.

20. Did you suffer a theft or casualty (flood, fires, etc.) loss during the year?

NO YES

EXPLAIN:

Attach copies of loss report, police report, insurance report, etc., and record of any insurance reimbursement received.

21. Did you have any unreimbursed employee expenses? (Job travel, Union dues, Etc.)

NO YES

See question #4 for unreimbursed automobile expenses.

List nature and amount of each expense:

Refer to our tax strategy planner or www.mytaxman.net for a list of deductible employee expenses.

22. Did you pay for tax return preparation during the year?

NO YES AMOUNT PAID \$

Please include copy of invoice showing expenses **by form**, or by business and personal costs. (if someone other than My Tax Man prepared your return)

23. Did you pay any investment expenses? (i.e.: IRA or brokers' management fees, etc.)
List separately, with amounts paid, and explain.

Refer to our tax strategy planner or www.mytaxman.net for a list of deductible investment expenses.

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24. If you collected interest on a mortgage or loan during this tax year, we need the following information about the payer.

(Name)

(Address)

(Social Security number) Amount collected: Interest \$

Principal\$

PLEASE ATTACH ALL COPIES OF FORMS 1099 INT AND 1099 DIV HERE

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BUSINESS COMPLIANCE QUESTIONNAIRE / ANNUAL REPORT

1. WHAT IS YOUR COMPANY NAME?

2. WHAT IS YOUR FEDERAL IDENTIFICATION NUMBER?

3. DO YOU HAVE A FICTITIOUS NAME STATEMENT (DBA)? Yes No

If yes, attach.

4. DO YOU HAVE A SEPARATE COMPANY CHECKING ACCOUNT? Yes No

5. DO YOU HAVE A SEPARATE COMPANY CREDIT CARD? Yes No

6. ATTACH YOUR BUSINESS CARD FOR THIS COMPANY.

7. DO YOU HAVE A FAMILY EMPLOYMENT AGREEMENT? Yes No

If Yes, attach.

8. IF YOU EMPLOYED FAMILY MEMBERS DURING THE YEAR, ATTACH COPIES OF THEIR W-2

FORMS.

9. DO YOU HAVE A MEDICAL REIMBURSEMENT PLAN? Yes No

If yes, attach.

10. DO YOU HAVE A BUSINESS PLAN? Yes No

If yes, attach.

RESULTS OF FAILURE TO COMPLY WITH THE ABOVE BUSINESS PRACTICES

1. POSSIBLE LOSS OF AUDIT PROTECTION.

2. YOUR BUSINESS COULD BE VIEWED AS A HOBBY.

3. IF YOU ARE AUDITED AND THE DEDUCTIONS YOU HAVE CLAIMED ARE DISALLOWED, YOU MAY BE SUBJECT TO INCREASED TAXES, PENALTIES AND

INTEREST.

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D. Tax Reduction Questions

25. Are you in business for yourself (self-employed, contractor, home based business, even part-time)?

NO YES

If you have more than one business – complete questions 1,2 & 3 separately for each business.

If your business is incorporated, use the worksheet for corporations and partnerships located near the end of this organizer.

Federal ID # Date started: ____/____/____

Who is business owner?

Business Name:

Business Address:

Main Product or Service: _____

Did you work in this business at least 2 hours per week? YES NO

26. Business Income and Expenses (If you have more than one business, complete questions 1, 2 and 3 separately for each business.)

If this business is a corporation or partnership, do not use this section. Use the worksheet for those

types of businesses located near the end of this organizer.

Gross Receipts & Sales not reported to you on a 1099 (Income this tax year) \$

Gross Receipts & Sales reported to you on a 1099 \$

Returns & Allowances (Refunds to customers) \$

Beginning Inventory (If any) (Always 0 in first year of business) \$

Purchases of items to resell as they are \$

Personal Use Items \$

Cost of **Contract Labor** (Not Employee Wages) \$

Cost of **Materials** that went into your finished product \$

Ending Inventory (Physical count of inventory on hand on 12/31 at your cost) \$

Business Expenses

**Only enter expenses into 1 category, do not double-enter. If unsure how to classify, place in "other expenses" with description.*

Advertising \$

Bad debts (Accrual only) \$

Commissions *Paid By* you \$

Medical Expenses reimbursed to employees \$

Education Expenses reimbursed to employees \$

Employee Business Expense Reimbursements \$

Insurance (except health, home, auto, or life) \$

Interest (except home or auto) \$

Legal/Professional \$

Office expense \$

Pension plans for employees \$

Rent of Vehicles or Equipment \$

Rent of property (except home) \$

Repairs & Maintenance (other than home or auto) \$

Supplies \$

Taxes & Licenses (other than home or auto) \$ _

Travel Expense \$

Meals & Entertainment \$

Utilities (other than home) \$

Wages (Paid by business/W-2's and W-3 filed) \$

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Other expenses: (Make separate list if too many to list below)

Accounting \$ \$

Bank Charges \$ \$

Credit & Collection \$ \$

Delivery & Freight \$ \$

Dues & Subscriptions \$ \$

Gifts \$ \$

Internet Access \$ \$

Janitorial \$ \$

Laundry & Cleaning \$ \$

Meeting Fees \$ \$

Outside Services \$ \$

Permits & Fees \$ \$

Postage \$ \$

Printing \$ \$
Seminars \$ \$
Telephone (Business Line) \$ \$
Cell Phone \$ \$
Voicemail \$ \$
Pager \$ \$
Web Hosting \$ \$
\$ \$

Assets purchased for business use during this tax year:

% business Month / Year

Asset use Purchased Price

\$
\$
\$
\$
\$
\$
\$
\$
\$

Additional assets - list on separate sheet.

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27. Do you, or your spouse have a self-employed retirement plan? (SEP/SIMPLE/KEOGH)

YOU SPOUSE NEITHER

Amount contributed, for You \$, your spouse \$ _____

Do you want us to calculate the maximum contribution amount, and notify you prior to completion of the return? YES NO

28. Did you use your automobile for your business or for your employer (excluding commuting) during this tax year? YES NO

If **yes**, complete the following:

How many autos do you own?

Do you use more than one automobile at the same time for business?

Answer **NO** if you use various vehicles at different times. YES NO

Did you buy or trade in or sell a vehicle used for business this year? YES NO

If YES - send us copies of the sale and purchase contracts.

Auto #1 Auto #2 Auto#3

Primary business or job in which auto is used.

Do you own the automobile? YES or NO

Do you have a written mileage log? YES or NO

If leased, annual lease payment

Period of lease (in months)

Date lease began

Make, Model and year of automobile

Gross Vehicle Weight Rating (GVWR) (*On data plate*)

Total miles driven during the year for each car

Employee miles driven during the year ___

Business miles driven during the year ___

Total miles driven between similar jobs ___

Charitable miles driven during the year

Real Estate rental miles driven

Medical miles driven during the year

Miles driven for another business if more than one
Date first used for business
Purchase price of automobile at purchase
(Including leased vehicles)
Date Purchased:

Expenses of operation:

Gas
Oil
Repairs
Insurance
Property Tax
License/Registration
Parking/Tolls
Interest paid on auto loan (in dollars)

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29. Did you use a portion of your home as an office for the business listed in Question 1 above?

YES NO

How many hours do you work in your home office per week: _____

How many days each week do you work in your home office: _____

Number business hours out of office per week: _____

Is the management function of the business performed in the home office? YES NO

Do you meet customers there? YES NO

Is the home office where money changes hands in your business? YES NO

Are the tasks performed in the home office "Primary Business Functions" YES NO

Was this area used regularly and exclusively for business? YES NO

If you answered **yes** to the question above, or **IF YOU STORED INVENTORY, TOOLS, or DISPLAYED**

PRODUCT SAMPLES in your house complete the following:

HOME OFFICE BUSINESS USE PERCENTAGE CALCULATOR:

1) Enter the total square footage of your home, include your basement and garage only if they are used for business. _____

2) Enter the square footage of the room or area that you use regularly and exclusively as an office. _____

3) Enter the square footage of any room other than your office, including basement or garage, in which you store inventory or product samples and **DO NOT** use this space more than occasionally for personal purposes.

(Examples: basement used for nothing else, not even laundry; formal dining room used only at Christmas and Thanksgiving) _____

4) Enter the square footage of the footprint of the space **ACTUALLY OCCUPIED** by any inventory or product samples that are kept in any other rooms not covered by question #3.

(Examples: kitchen, bathroom, bedroom, etc.) _____

Was your home used for a daycare business? YES NO

If yes: # Hours per day _____ # Days per week _____ # Weeks this tax year _____

If you own (or are buying) your home, answer the following:

Cost of home (purchase price, including land, plus improvements) \$

Land value on day of purchase \$

Mortgage Interest you paid \$

Real estate tax \$

Homeowner's insurance \$

Repairs and Maintenance \$

Annual cost of utilities:(Electricity, Gas, Water, NO TELEPHONE \$

Mortgage insurance \$

Other expenses (security, HOA dues, etc.) \$

If you are renting your home, answer the following:

Annual Rent \$

Annual cost of utilities:(Electricity, Gas, Water, NO TELEPHONE) \$

Repairs and Maintenance \$

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ATTACH ALL COPIES OF FORM 1099-B HERE

SALES OF STOCKS AND OTHER PROPERTIES

30. Capital Gains - Enclose all copies of 1099-B forms

For all sales of Stocks, Bonds, or Mutual Funds, include the following statements:

(4) Sale price and date of sale,

(5) Purchase price and date of purchase, and

(6) Dividends reinvested, if any.

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31. Do you own property that is rented to others (Rental Property)?

NO Yes

If YES, Complete the following questions:

Make copies of this page, and complete a separate set of questions for each property owned.

Number of days rented during the year

Number of days you personally used the property

Number of days the property was used by related party

Number of days spent on maintenance and repairs

Do you actively participate in the management of this rental?

Type of Property (Duplex, Condo, Single Residence, etc.)

Address

Date Purchased: First year claimed as rental:

Purchase Price (including land) \$

Land Value when purchased \$

Cost of Capital improvements since purchase \$

(attach depreciation schedule)

Current Year: Rent Received \$

Expenses: Other Expenses (List):

Advertising \$ \$

Auto (Miles) \$ \$

Travel \$ \$

Cleaning & Maintenance \$ \$

Commissions \$ \$

Insurance \$ \$

Legal/Professional Fees \$ \$

Management Fees \$

Mortgage Interest \$

Mortgage Interest/PMI \$ _____

Repairs \$ - If over \$500, list separately.

Supplies \$

Property Taxes \$

Utilities \$

Prior Depreciation taken:

Attach depreciation schedule, form 4562, and copy of Schedule E for all years the property has

been used as rental property. (This is not necessary if MY TAX MAN, INC. prepared last year's

return)

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32. Rental Information: (For computation of State Renter's Credit, if you rented your primary residence from someone else during any part of this tax year).

Landlord's Name
Landlord's Address
Landlord's telephone number
Amount of rent paid \$
Dates rented From: To:
Address of property rented: (If different from current address)
Is the cost of heat included in your rent? YES NO

33. Use the following space to tell us anything else you think we need to know to prepare your return. For example, did you dispose of any property or pay alimony?

34. WHAT ELSE TO SEND:

- Copy of the last 3 year's prior Federal and State returns, unless MY TAX MAN, INC. prepared your returns for you last year. If you would like a formal review of your prior returns, download our Deduction Review Organizer from our website: www.mytaxman.net
- If military, copy of Leave and Earnings Statement (12/31), with Year-to-date Figures Included.
- Your estimate of the preparation fees from the fee schedule, or a \$99 deposit for our minimum fee (see the front page for payment options). If preparation fees are more than your deposit, you will be notified of the difference, and you may select payment option at that time.

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Worksheet for Corporations & Partnerships

Instructions: Fill out the informational questions below and send us a printed copy of your end of year income statement and balance sheet reports from your corporate accounting software.

Name _____

Address _____

Federal EIN _____

State EIN _____

State Sales Tax # _____

Business Activity _____

Product or service _____

S-corp C-corp Partnership

Date of Incorporation _____

Date of S-corp election _____

If LLC, How is your LLC recognized for tax purposes?

S-corp C-corp Partnership

Yes No

Has this corporation ever changed its subchapter election (C to S, or S to C) ?

Does this corporation own 50% or more of the voting stock of another corporation?

Is this corporation a subsidiary in an affiliated group?

Does any individual or entity own 50% or more of this corporation's stock?

Did this corporation declare and pay a dividend this year?

Did this corporation distribute any property to shareholders?

Did this corporation own shares of any controlled foreign corporations?

Did this corporation have an interest in a foreign financial account?

Did this corporation receive a distribution from or transfer a distribution to a foreign trust?

Did a foreign person own 25% of this corporation?

Number of shares outstanding _____

List each shareholder and the number of shares owned along with address and SS#

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OTHER CORPORATION INCOME:

Dividends _____

Dividends from 20%-or-more owned corporations _____

Interest _____
Tax exempt interest _____
Rents _____
Royalties _____
Other income (attach schedule)

ASSETS PURCHASED FOR USE IN YOUR BUSINESS

Asset Date purchased Cost

TAX PAYMENTS

Estimated Tax Payments
Quarter Date Amount
1 _____
2 _____
3 _____
4 _____
Payments made with extension _____

BALANCE SHEET ITEMS

List amounts as of the end of your tax year
Cash on hand _____
Accounts receivable _____
US Government obligations _____
Tax exempt securities _____
Mortgage and real estate loans _____
Other investments (attach schedule)
Accounts payable _____
Debt due in less than 1 year _____
Other liabilities (attach schedule)
Was any additional money invested in (not loaned to) the business during the tax year?
YES NO