

LINEITEM,C,80

TAX ORGANIZER

1989 INFORMATION

OVER 65 BLIND

NAME _____ () () CHECK
 FILING STATUS ONE:
 SPOUSE _____ () () -----
 MARRIED FILING JOINTLY ()
 MARRIED FILING SEPERATE ()
 TOTAL EXEMPTIONS _____ SINGLE ()
 HEAD OF HOUSEHOLD ()

W2 INFORMATION

COMPANY	HUSBAND GROSS	WIFE GROSS	FEDERAL FICA	STATE WITHHOLDING	WITHHOLDING
---------	---------------	------------	--------------	-------------------	-------------

-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

TOTALS

=====

INTEREST AND DIVIDEND INCOME

INTEREST

DIVIDENDS

NAME OF PAYER	AMOUNT	NAME OF PAYER	AMOUNT
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

DESCRIPTION	AMOUNT
HEALTH INSURANCE	
MEDICAL TRAVEL	
EYE GLASSES	
TOTAL	TOTAL
=====	=====

TAX ORGANIZER

1989 INFORMATION

-----PAGE 3----

TAXES YOU PAID	GIFTS TO CHARITY (UNDER \$3000 EA)	
	PAID TO	AMOUNT
REAL ESTATE TAXES	_____	-----
PERSONAL PROPERTY TAX	_____	-----
OTHER TAXES	_____	-----

_____ - - - - -
SUBTOTAL _____ - - - - -

STATE AND LOCAL INCOME TAXES
- - - - -

WITHHELD FROM INCOME _____ - - - - -

PD WITH LAST YR RETURN _____ - - - - -

TOTAL TAXES _____
TOTAL GIFTS LESS
THAN \$3000 PER DONEE _____

INTEREST YOU PAID HOME MORTGAGE INTEREST
- - - - -
PAID TO AMOUNT PAID TO AMOUNT
- - - - -
- - - - -
- - - - -

TOTAL MORTGAGE INT TOTAL GIFTS GREATER
- - - - - THAN \$3000 PER DONEE
- - - - -
TOTAL CHARITY GIFTS
=====

PERSONAL INTERST
(Credit cards, car loans, etc)
- - - - -
PAID TO AMOUNT PAID TO AMOUNT
- - - - -
- - - - -
- - - - -
- - - - -
- - - - -

TOTAL PERSONAL INT
=====

TAX ORGANIZER

1989 INFORMATION

-----PAGE 4-----

MISCELLANEOUS DEDUCTIONS (JOB EXPENSES AND MOST OTHER MISC DEDUCTIONS)

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
JOB TRAVEL (MEALS)		SAFE DEPOSIT BOX	
JOB TRAVEL (LODGING)			
JOB TRAVEL (AUTO)			
JOB TRAVEL (OTHER)			
JOB SUPPLIES			
UNION DUES			
PUBLICATIONS			
UNIFORM COST			
UNIFORM CLEANING			
TAX PREPERATION FEE			
TOTAL JOB RELATED MISC DEDUCTIONS	=====		

MISCELANEOUS DEDUCTIONS NOT SUBJECT TO 2% FLOOR
(Primarily for Handicapped persons with Job related expenses)

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL MISC DEDUCTIONS
NOT SUBJECT TO 2% FLR
=====

TAX ORGANIZER
1989 INFORMATION

-----PAGE 5----

PROFIT OR LOSS FROM BUSINESS OR PROFESSION

- 1 GROSS RECEIPTS OR SALES _____
- 2 LESS COST OF GOODS SOLD (see schedule next page) . . . _____
- 3 GROSS PROFIT (line 1 less line 2). _____
- 4 OTHER INCOME _____
- 5 GROSS INCOME (add line 3 and 4). _____
- 6 LESS DEDUCTIONS (Total from below) _____
- 7 NET PROFIT OR (LOSS) _____

DEDUCTIONS

- ADVERTISING. _____ REPAIRS. _____
- BAD DEBTS _____ SUPPLIES _____
- BANK SERVICE CHARGES _____ TAXES. _____

CAR AND TRUCK EXPENSE _____ REMT _____

COMMISSIONS _____ TRAVEL _____

DEPLETION. _____ MEALS & ENTERTAINMENT _____

DEPRECIATION _____ UTILITIES. _____

DUES AND PUBLICATIONS. _____ TELEPHONE. _____

EMPLOYEE BENEFIT PRG _____ WAGES. _____

FREIGHT. _____ INSURANCE. _____

INTEREST _____ LAUNDRY & CLEANING . _____

LEGAL & PROFESSIONAL . _____ OFFICE EXPENSE . . . _____

OTHER DEDUCTIONS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

TOTAL OTHER DEDUCTIONS _____

GRAND TOTAL DEDUCTIONS _____

TAX ORGANIZER

1989 INFORMATION

-----PAGE 6-----

COST OF GOODS SOLD

1 INVENTORY AT BEGINNING OF YEAR _____

2 PURCHASES _____

3 COST OF LABOR _____

4 MATERIALS AND SUPPLIES _____

OTHER COSTS:

DESCRIPTION	AMOUNT
-------------	--------

5 TOTAL OTHER COSTS _____

6 ADD LINES 1 THROUGH 5 _____

7 LESS INVENTORY END OF YEAR. (_____)

8 COST OF GOODS SOLD. _____

TAX ORGANIZER
1989 INFORMATION

-----PAGE 7-----

RENTAL INCOME OR LOSS

	* PROPERTY A *	* PROPERTY B *	* PROPERTY C *
DESCRIPTION-ADDRESS	*	*	*
RENTS RECEIVED	*	*	*
LESS EXPENSES (total below)			
RENT INCOME OR (LOSS)			

NET RENT OR (LOSS) OF ALL PROPERTIES _____

RENT EXPENSES

ADVERTISING	*	*	*	*
AUTO AND TRAVEL	*	*	*	*
CLEANING & MAINTENANCE	*	*	*	*
COMMISSIONS	*	*	*	*
INSURANCE	*	*	*	*
LEGAL AND PROFESSIONAL	*	*	*	*
INTEREST	*	*	*	*
REPAIRS	*	*	*	*
SUPPLIES	*	*	*	*
TAXES	*	*	*	*

UTILITIES	*	*	*	*	
	*-----	*-----	*-----	*-----	*
WAGES AND SALARIES	*	*	*	*	*
	*-----	*-----	*-----	*-----	*

OTHER EXPENSES

DESCRIPTION					
	*-----	*-----	*-----	*-----	*
	*	*	*	*	
-----	*-----	*-----	*-----	*-----	*
	*	*	*	*	
-----	*-----	*-----	*-----	*-----	*
	*	*	*	*	
-----	*-----	*-----	*-----	*-----	*
	*	*	*	*	
-----	*-----	*-----	*-----	*-----	*

TOTAL EXPENSES _____