

FORM 1

Forms Required

W2's from all employers
1099's for interest and dividends
1099's for pensions, annuities, IRA distributions, or other income
SSA 1099 for Social Security benefits
1098T for Education Credits
1095A Health Insurance purchased in the marketplace

Other Income Amounts

Unemployment Compensation
Alimony Received

Capital Gains (Losses)

<u>Item</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Cost Basis</u>	<u>Selling Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sale of Personal Residence

Date Acquired _____
Original Cost _____
Cost of Improvements _____
Closing Statements for Sale & Purchase of Residence

Estimated Tax Payment

#	<u>Date</u>	<u>Federal</u>	<u>State</u>
1	<u>4/15/2024</u>	_____	_____
2	<u>6/15/2024</u>	_____	_____
3	<u>9/15/2024</u>	_____	_____
4	<u>1/15/2025</u>	_____	_____

IRA Deductions

	<u>IRA</u>	<u>ROTH IRA</u>
Husband	_____	_____
Wife	_____	_____

Alimony Paid

To

SS #

Maine Use Tax

MICHAEL E. O'BRIEN ASSOCIATES

CLIENT:

FORM 2

Rental Income and Expenses

	Property 1	Property 2	Property 3
Number of Days Rented	_____	_____	_____
Rents Received	_____	_____	_____
Expenses:			
Repairs	_____	_____	_____
Advertising	_____	_____	_____
Auto	_____	_____	_____
Heat	_____	_____	_____
Insurance	_____	_____	_____
Interest	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Electric	_____	_____	_____
Water & Sewer	_____	_____	_____
Improvements	_____	_____	_____
Condo Fees	_____	_____	_____
_____	_____	_____	_____

Child Care Expenses

<u>Care Provider</u>	<u>Address</u>	<u>SS# or EIN</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____

Student Loan Interest Deduction

Student Name	_____
Interest Paid	_____

American Opportunity Education Credit

Student Name	_____
Expenses Paid	_____

Lifetime Learning Credit

Student Name	_____
Expenses Paid	_____

MICHAEL E. O'BRIEN ASSOCIATES

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FORM 3

ITEMIZED DEDUCTIONS

Medical and Dental

Drugs, Medicine	_____
Medical Ins. Premiums	_____
Doctors, Dentists	_____
Hospital	_____
Glasses	_____
Medical Supplies, Equip.	_____
Mileage	_____
Long Term Care Premiums - Husband	_____
Long Term Care Premiums - Wife	_____
Health Savings Premiums	_____

Taxes

Real Estate Tax	_____
Auto Excise Tax	_____

Interest

Home Mortgage - Bank	_____
Home Mortgage - Individual	_____
Points	_____
Equity Loans	_____
Investment	_____

Contributions

Church/Temple	_____
Cancer/Heart	_____
United Fund	_____
March Of Dimes	_____
Colleges	_____
Non-Cash Contributions	_____
Clothing/Merchandise	_____
Mileage	_____

MICHAEL E. O'BRIEN ASSOCIATES
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FORM 4

BUSINESS INCOME AND EXPENSES

Gross Sales _____

Cost of Sales
12/31/23 Inventory _____
Purchases ADD: _____
12/31/24 Inventory Subtract: _____
COGS _____

Deductions:
Advertising _____
Bank Charges _____
Auto & Truck _____
 Gas _____
 Repairs _____
 Insurance _____
 Excise _____
 Registration _____
 Tolls & Parking _____
Commissions _____
Credit Card Fees _____
Dues & Subscriptions _____
Freight _____
Insurance _____
Mortgage Interest _____
Other Interest _____
Internet _____
Laundry & Uniforms _____
Legal & Professional _____
Office _____
Postage _____
Rent _____
Rent - Equipment _____
Repairs _____
Supplies _____
Taxes _____
 Payroll _____
 Property _____
 Licenses _____
 Sales _____
Telephone _____
Travel _____
Meals & Entertainment _____
Utilities _____
Wages _____
Web Site _____
Contract Services _____

TOTAL _____

Business Vehicles:
Year and Make _____
Total Miles Driven _____
Business Miles Driven _____

Year and Make _____
Total Miles Driven _____
Business Miles Driven _____

Year and Make _____
Total Miles Driven _____
Business Miles Driven _____

**Purchases and Sales of Business
Equipment or Vehicles:**

Home Office Expenses:
Interest _____
Real Estate Taxes _____
Repairs & Maintenance _____
Rent _____
Electricity _____
Heat _____
Water & Sewer _____
Insurance _____