

CHARITABLE CONTRIBUTION WORKSHEET

IF NOT ITEMIZING - DO NOT COMPLETE

IRS requires receipts to claim deduction. Do you have receipts for your contributions? _____

**** DO NOT send us your receipts. Keep receipts for your records.**

Charitable Miles _____

MONETARY CONTRIBUTIONS

(Do not include QCD from your RMD)

LEGAL NAME OF CHARITY	AMOUNT DONATED	LEGAL NAME OF CHARITY	AMOUNT DONATED

NON - CASH CONTRIBUTIONS

NAME OF CHARITY: _____			
ADDRESS _____	DATE DONATED _____	DATE ACQUIRED _____	
CITY, STATE ZIP _____	HOW WAS IT ACQUIRED _____	DONORS COST _____	
DESCRIPTION of items donated _____	FAIR MARKET VALUE _____	HOW DID YOU VALUE THIS? _____	
NAME OF CHARITY: _____			
ADDRESS _____	DATE DONATED _____	DATE ACQUIRED _____	
CITY, STATE ZIP _____	HOW WAS IT ACQUIRED _____	DONORS COST _____	
DESCRIPTION of items donated _____	FAIR MARKET VALUE _____	HOW DID YOU VALUE THIS? _____	
NAME OF CHARITY: _____			
ADDRESS _____	DATE DONATED _____	DATE ACQUIRED _____	
CITY, STATE ZIP _____	HOW WAS IT ACQUIRED _____	DONORS COST _____	
DESCRIPTION of items donated _____	FAIR MARKET VALUE _____	HOW DID YOU VALUE THIS? _____	