

Taxpayer Name: _____

Phone Number: _____

ADDITIONAL CHARITABLE CONTRIBUTION WORKSHEET

IRS Requirements for Cash Contributions: You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution.

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|-------------|--------------------------------|----|-------------------------|----|-----------------|-----|
| Cash | Church | \$ | Official Charities | \$ | Airline Charity | \$ |
| | School/Education Contributions | \$ | Charitable Miles Driven | | | mi. |

IRS Requirements for Vehicle Contributions: The IRS requires written acknowledgment (1098-C) received from the charitable organization be attached to the return if you are taking a deduction over \$500. If your donation was valued at less than \$500 please complete the following:

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|----------------|----------------------------------|----|----------------------------|--------------------------------|----|--|
| Vehicle | Name of Charitable Organization: | | | | | |
| | Date of Donation | | Method to determine value: | Original Purchase Date & Price | \$ | |
| | Fair Market Value under \$500 | \$ | Make and Model of Vehicle: | How acquired? | | |

IRS Requirements for Non-Cash Contributions: The IRS requires an itemized list of all items donated and a receipt from the charitable organization. **Name and address are required for any donation over \$500.** Please make sure your receipt has a dollar value on it; if over \$500, you must submit the receipts.

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|-----------------|--|----|---------------------------------|----|---|--|
| Non-Cash | Charitable Organization receiving donated goods: | | | | | |
| | Address of this organization: | | | | | |
| | Date of Donation | | Resale Value of Furniture | \$ | Do you have an itemized list and the corresponding receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Original Purchase Date: | | Resale Value of Clothing | \$ | | |
| | How acquired? (purchase, inheritance, gift): | | Resale Value of Appliances | \$ | | |
| | Original Purchase Price: | \$ | Resale Value of Household Items | \$ | | |

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|-----------------|--|----|---------------------------------|----|---|--|
| Non-Cash | Charitable Organization receiving donated goods: | | | | | |
| | Address of this organization: | | | | | |
| | Date of Donation | | Resale Value of Furniture | \$ | Do you have an itemized list and the corresponding receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Original Purchase Date: | | Resale Value of Clothing | \$ | | |
| | How acquired? (purchase, inheritance, gift): | | Resale Value of Appliances | \$ | | |
| | Original Purchase Price: | \$ | Resale Value of Household Items | \$ | | |

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|-----------------|--|----|---------------------------------|----|---|--|
| Non-Cash | Charitable Organization receiving donated goods: | | | | | |
| | Address of this organization: | | | | | |
| | Date of Donation | | Resale Value of Furniture | \$ | Do you have an itemized list and the corresponding receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Original Purchase Date: | | Resale Value of Clothing | \$ | | |
| | How acquired? (purchase, inheritance, gift): | | Resale Value of Appliances | \$ | | |
| | Original Purchase Price: | \$ | Resale Value of Household Items | \$ | | |

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|-----------------|--|----|---------------------------------|----|---|--|
| Non-Cash | Charitable Organization receiving donated goods: | | | | | |
| | Address of this organization: | | | | | |
| | Date of Donation | | Resale Value of Furniture | \$ | Do you have an itemized list and the corresponding receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Original Purchase Date: | | Resale Value of Clothing | \$ | | |
| | How acquired? (purchase, inheritance, gift): | | Resale Value of Appliances | \$ | | |
| | Original Purchase Price: | \$ | Resale Value of Household Items | \$ | | |

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|-----------------|--|----|---------------------------------|----|---|--|
| Non-Cash | Charitable Organization receiving donated goods: | | | | | |
| | Address of this organization: | | | | | |
| | Date of Donation | | Resale Value of Furniture | \$ | Do you have an itemized list and the corresponding receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Original Purchase Date: | | Resale Value of Clothing | \$ | | |
| | How acquired? (purchase, inheritance, gift): | | Resale Value of Appliances | \$ | | |
| | Original Purchase Price: | \$ | Resale Value of Household Items | \$ | | |

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|-----------------|--|----|---------------------------------|----|---|--|
| Non-Cash | Charitable Organization receiving donated goods: | | | | | |
| | Address of this organization: | | | | | |
| | Date of Donation | | Resale Value of Furniture | \$ | Do you have an itemized list and the corresponding receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Original Purchase Date: | | Resale Value of Clothing | \$ | | |
| | How acquired? (purchase, inheritance, gift): | | Resale Value of Appliances | \$ | | |
| | Original Purchase Price: | \$ | Resale Value of Household Items | \$ | | |