

NONCASH CHARITABLE CONTRIBUTIONS

USE FOR CLOTHING & HOUSEHOLD GOODS CONTRIBUTIONS – SEE INSTRUCTIONS FOR USE

TAX YEAR: _____

Name(s) as shown on Form 1040	Your social security number
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PART 1 CHARITABLE ORGANIZATION:

	CONTRIBUTION VERIFICATION
Name	Agent for charity _____ Title _____
Address	Date _____ Were goods or services provided in return for the gift? <input type="checkbox"/> YES <input type="checkbox"/> NO
Location of Contribution	

PART 2 DETAIL OF CONTRIBUTION: Only include items for which you received no personal benefit.

	(a) KIND OF PROPERTY AND DESCRIPTION	(b) Date	ACQUIRED			(d) Cost or other basis	(e) CONDITION			(f) How value in col (g) was determined	(g) Amount claimed as deductible (Usually FMV*)
			(c) HOW				Excellent	Good	Qualified Appraisal		
			Purchased	Inherited	Gift						
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2											
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17											
18											
19											
20											
21											
22											
					TOTAL				TOTAL		

* Fair Market Value is what a willing buyer would pay a willing seller on the date the item was donated.