

## Casualty/Theft Loss Worksheet

**\*\* IF YOUR LOSS WAS COVERED BY INSURANCE AND YOU DID NOT TIMELY FILE AN INSURANCE CLAIM YOU ARE NOT ENTITLED TO ANY CASUALTY LOSS DEDUCTION ON YOUR TAX RETURN \*\***

**\*\* IF YOU DID NOT FILE AN INSURANCE CLAIM, YOU MAY DEDUCT ONLY THE PART OF THE LOSS THAT WAS NOT COVERED BY INSURANCE. \*\***

Name: \_\_\_\_\_

Casualty description: \_\_\_\_\_  
\_\_\_\_\_

Did you file a claim with your insurance company for this loss?      YES      NO  
\_\_\_\_\_

What date did the casualty/theft occur?      \_\_\_\_\_

Was the loss part of a federally declared disaster?      YES      NO  
\_\_\_\_\_

What was the original purchase price of the property?      \$ \_\_\_\_\_

Cost of any improvements after original purchase & before loss:      \$ \_\_\_\_\_

Fair Market Value of the property **before** the loss occurred:      \$ \_\_\_\_\_

Fair Market Value of the property **after** the loss occurred:      \$ \_\_\_\_\_

Has this property been depreciated on a tax return?      YES      NO

(If so, amount of depreciation taken as a previous deduction):      \$ \_\_\_\_\_

Amount of insurance reimbursement received:      \$ \_\_\_\_\_

Amount of disaster relief payment received:      \$ \_\_\_\_\_

Amount of other reimbursements received (charity, employer, etc):      \$ \_\_\_\_\_

Was the property personal property or from income producing property?      \_\_\_\_\_

Was the property used in performing services as an employee?      YES      NO  
\_\_\_\_\_

### Expenses: (Please have receipts available upon request)

Personal, family living or funeral expense:      \$ \_\_\_\_\_

Cost of temporary housing:      \$ \_\_\_\_\_

Transportation/Parking/Tolls:      \$ \_\_\_\_\_

Medical expenses as a direct result of the loss:      \$ \_\_\_\_\_

Cost of repairs to property:      \$ \_\_\_\_\_  
(materials, supplies, workers, etc)