SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*

_____

ADDRESS *(Business Address Acceptable)*

_____

BUSINESS ACTIVITY, IF ANY, OF SOURCE

_____

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	$_____	_____
___/___/___	$_____	_____
___/___/___	$_____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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___/___/___	$_____	_____
___/___/___	$_____	_____

Comments: _____

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