

Worksheet for Personal Use Property Disaster Casualty Loss or Theft

Taxpayer Name: _____

Tax Year: _____

(1) Item	(2) Cost or other Basis	(3) Date Insurance Filed & Claim Amount (See Below)	(4) Gain From Casualty or Theft *	(5) Fair Market Value Before Casualty	(6) Fair Market Value After Casualty	(7) Column (5) Minus Column (6)	(8) Smaller of Column (2) or Column (7)	(9) Casualty/Theft Loss (Column (8) Minus Column (3)) **

Insurance Claims: Please provide copies of Insurance Claim Documents

*If column (3) is greater than column (2), enter the difference here and skip columns (5) through (9) for that item

**If zero or less, enter -0-