

## Casualties and Thefts

**Name:**

**SSN:**

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area <input type="checkbox"/> Loss from Midwestern Disaster Area			
Fair market value after incident					

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