

## 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			
Fair market value after incident					

**Appendix A Information for Ponzi losses**

Part II Computation of Deduction

Initial investment	Percentage of qualified investment	
Subsequent investments	Actual recovery	
Income reported in prior years	Potential insurance / SIPC recovery	
Withdrawals		

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State      Zip

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			
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