

TAXPAYER: _____ DATE OF BIRTH: _____

E-MAIL: _____

SPOUSE: _____ DATE OF BIRTH: _____

E-MAIL: _____

W-2 INCOME SOURCES

EMPLOYER	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

INTEREST RECEIVED

PAYOR	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

Do you have a foreign bank account? YES NO

SOCIAL SECURITY RECEIVED

SELF	AMOUNT
_____	_____
_____	_____
SPOUSE	AMOUNT
_____	_____
_____	_____

DIVIDENDS RECEIVED

PAYOR	AMOUNT
_____	_____
_____	_____
_____	_____

Do you have a foreign investments? YES NO

For Capital Gains and Losses—Attach Details _____

PENSION AND IRA INCOME

_____	AMOUNT
_____	_____
_____	_____
IRA Distributions for 1st Time Home Buyers	_____

ESTIMATED TAX PAYMENTS

DATE	AMOUNT
FEDERAL #1	_____
FEDERAL #2	_____
FEDERAL #3	_____
FEDERAL #4	_____
FEDERAL EXTENSION	_____
STATE #1	_____
STATE #2	_____
STATE #3	_____
STATE #4	_____
STATE EXTENSION	_____

OTHER INCOME RECEIVED

PAYOR	AMOUNT
Unemployment Compensation	_____
Alimony Received	_____
Advanced Child Tax Credit received	_____
Other (Specify)	_____
_____	_____

CHILD CARE

Name of Provider	_____
Address of Provider	_____
Provider Identification #	_____
Amount Paid	_____
Name(s) of Dependent(s) Cared for	_____
_____	_____

IRA CONTRIBUTIONS

	TAXPAYER	SPOUSE
Traditional	_____	_____
Roth IRA	_____	_____
SEP IRA	_____	_____
_____	_____	_____

REMEMBER TO ATTACH ALL W-2s AND 1099s

TAX DEDUCTION REFERENCE SHEET

MEDICAL

AMOUNT

Prescription Medicines and Drugs _____

Doctors, Dentists & Nurses _____

Hospitals & Nursing Homes _____

Insurance Premiums (1095-A) _____

Long-term Care Premiums _____

Transportation (in Miles) & Lodging costs _____

Insurance Reimbursements _____

CONTRIBUTIONS

AMOUNT

Cash Contributions _____

Non-Cash Contributions _____

Travel (in miles) _____

TAXES

AMOUNT

Real Estate Tax _____

Auto Licenses _____

Sales Tax (any large purchases?) _____

Other Taxes _____

UNREIMBURSED BUSINESS EXPENSE

AMOUNT

Union Dues _____

Work Tools _____

Professional Equipment _____

Uniform Costs _____

Travel Costs _____

Entertainment Costs _____

Auto Mileage: Business _____

Auto Mileage: Total _____

Teacher classroom expenses _____

Other Costs (specify) _____

INTEREST PAID

MORTGAGE LOANS PAID TO BANK AMOUNT

Name of Bank #1 _____

Principal Balance _____ Interest Paid _____

Name of Bank #2 _____

Principal Balance _____ Interest Paid _____

MORTGAGE LOANS PAID TO INDIVIDUALS

Name of Individual _____

Address of Individual _____

Social Security Number _____

Interest Paid _____

INVESTMENT INTEREST PAID _____

MISCELLANEOUS

AMOUNT

Subscriptions _____

Safe Deposit Box _____

Income Tax Preparation _____

Job Seeking _____

Alimony Paid _____

Adoption Expenses Paid _____

Did you purchase a New Electric Car Yes No _____

Did you improve your home's energy efficiency Yes No _____

Are you a Renter? Yes No _____

Health Savings Account Contributions / Deductions _____

EDUCATION EXPENSES

AMOUNT

Student Loan Interest Paid _____

College Tuition Paid _____

Year of Tuition _____