

General Information

Tax Year _____

Name (Taxpayer) _____	SS # _____ - ____ - ____	Date of Birth _____	Occupation _____
Name (Spouse) _____	SS # _____ - ____ - ____	Date of Birth _____	Occupation _____
Address _____	City _____	State _____	Zip Code _____
Phone (Cell) _____	Phone (Home) _____	Phone (Work) _____	
Email (Personal 1) _____	Email (Personal 2) _____	Email (Work) _____	

Dependent Information

Name	SS #	Date of Birth	Relationship to Taxpayer	Time Lived in Household	Dependent Had Income during tax year?
1. _____	_____ - ____ - ____	_____			
2. _____	_____ - ____ - ____	_____			
3. _____	_____ - ____ - ____	_____			
4. _____	_____ - ____ - ____	_____			
5. _____	_____ - ____ - ____	_____			
6. _____	_____ - ____ - ____	_____			
7. _____	_____ - ____ - ____	_____			

Income

Source of Income (1099s)	Amount	Interest Income	Amount	Dividend Income	Amount
1. _____	\$ _____	1. _____	\$ _____	1. _____	\$ _____
2. _____	\$ _____	2. _____	\$ _____	2. _____	\$ _____
3. _____	\$ _____	3. _____	\$ _____	3. _____	\$ _____
4. _____	\$ _____	4. _____	\$ _____	4. _____	\$ _____

Medical Expenses

Interest Expense

Health Insurance Premium Payments	Yes / No	\$ _____	Home Mortgage Interest	Yes / No	\$ _____
Medicare Premium Payments	Yes / No	\$ _____	2nd Mortgage Interest	Yes / No	\$ _____
Out of Pocket Doctor and Dental payments	Yes / No	\$ _____	Equity Line of Credit Interest	Yes / No	\$ _____
Prescription medication	Yes / No	\$ _____	Mortgage Insurance Premium	Yes / No	\$ _____
Hospital and Lab fees	Yes / No	\$ _____	Points paid (Purchase/Refinancing)	Yes / No	\$ _____
Transportation (_____ miles) and Lodging	Yes / No	\$ _____	Student Loan Interest Payment	Yes / No	\$ _____
Glasses and Contacts	Yes / No	\$ _____	Investment Interest Payment	Yes / No	\$ _____
Hearing Aids	Yes / No	\$ _____			
Other:	Yes / No	\$ _____			

Charitable Contributions

Taxes Paid

Cash Donations to Charities:	\$ _____	Estimaed Taxes Paid (excluding through W-2s)	Federal	State	City	Other
1. _____	: \$ _____	Installment 1	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	: \$ _____	Installment 2	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	: \$ _____	Installment 3	\$ _____	\$ _____	\$ _____	\$ _____
Non-Cash Donations (clothing etc.)	\$ _____	Installment 4	\$ _____	\$ _____	\$ _____	\$ _____
1. _____	: \$ _____	Taxes Paid in Current Year for Prior Year Return				
2. _____	: \$ _____	1. _____	\$ _____			
3. _____	: \$ _____	2. _____	\$ _____			
Mileage Driven for Charity	_____	Real Estate Tax:				
Vehicle Donation (provide details):		Property 1	\$ _____			
1. _____	: \$ _____	Property 2	\$ _____			

Other Expenses

College Tuition & Fees	Yes / No	\$ _____	Uniforms (including safety shoes)	Yes / No	\$ _____
Other Education Expenses (R&B, books, etc.)	Yes / No	\$ _____	Small Tools	Yes / No	\$ _____
Out of Pocket Doctor and Dental payments	Yes / No	\$ _____	Expenses related to Job Seeking	Yes / No	\$ _____
Required Professional Dues	Yes / No	\$ _____	Safety Deposit Box	Yes / No	\$ _____
Union Dues	Yes / No	\$ _____	Tax Preparation Fees	Yes / No	\$ _____
Malpractice Insurance Premiums	Yes / No	\$ _____			

Other Information

Are you currently married?	Yes / No	\$ _____	Did you receive any unemployment benefits during the tax year?	Yes / No	\$ _____
Did you marital status change during the tax year?	Yes / No	\$ _____	Did you own a rental property during the tax year?	Yes / No	\$ _____
Did you make or receive any alimony payments during the tax year?	Yes / No	\$ _____	Did you buy/sell any other real estate during the tax year?	Yes / No	\$ _____
Did you have a child during the tax year?	Yes / No	\$ _____	Did you refinance any homes during the tax year?	Yes / No	\$ _____
Was there a change in dependents during the tax year?	Yes / No	\$ _____	Did you have any gambling winnings or losses during the tax year?	Yes / No	\$ _____
Did you pay for child care during the tax year?	Yes / No	\$ _____	Did you receive any income from tips during the tax year?	Yes / No	\$ _____
Did you contribute to an IRA, Roth IRA, or SEP during the tax year?	Circle One	\$ _____	Did you receive any other income during the tax year? (partnership, estate, trust, etc.?)	Yes / No	\$ _____
Did you contribute to a Health Savings account during the tax year?	Yes / No	\$ _____	Did you move during the year due to a new job?	Yes / No	\$ _____
Did you own a business during the tax year?	Yes / No	\$ _____	Did you incur child or dependent care expenses during the tax year?	Yes / No	\$ _____
Did you use a personal vehicle in your business?	Yes / No	\$ _____	Did you buy a hybrid vehicle during the tax year?	Yes / No	\$ _____
Was there any sale of stocks or mutual fund during the tax year?	Yes / No	\$ _____	Did you make energy improvements to your house during the tax year?	Yes / No	\$ _____