

## GENERAL INFORMATION

Taxpayer's Name _____	Social Security No. _____	Birth Date _____	Occupation _____
Spouse's Name _____	Social Security No. _____	Birth Date _____	Occupation _____
Address _____		City _____	State _____ Zip _____
Home/Cell Phone _____		Business Phone _____	E-mail _____
Resident School District _____		Resident City/Township _____	
Taxpayer's Drivers License # _____	Issue Date _____	Expiration Date _____	
Spouse's Drivers License # _____	Issue Date _____	Expiration Date _____	

## DEPENDENTS

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO TAXPAYER	LIVED WITH TAXPAYER ALL YEAR?	COVERED BY HEALTH INSURANCE?
				YES / NO	
				YES / NO	
				YES / NO	
				YES / NO	

## INCOME

WAGES & RETIREMENT	INTEREST		DIVIDENDS	
W-2 EMPLOYERS:	RECEIVED FROM	AMOUNT	RECEIVED FROM	AMOUNT
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
1099-R PENSION & IRA INCOMES:		\$		\$
		\$		\$
		\$		\$

## OTHER INCOME

Type of Income	Amount	Type of Income	Amount
Alimony Received	\$	State or Local Income Tax Refunds	\$
Bartering Income	\$	Scholarships	\$
Disability Income	\$	Tips (Food Service, Hair Stylist, etc.)	\$
Gambling/Lottery Winnings	\$	Unemployment Compensation	\$
Jury Duty/Election Board	\$	Prizes and Awards	\$
Odd Jobs (Babysitting, etc.)	\$	Other (Describe)	\$
Social Security Benefits - Taxpayer	\$		\$
	\$		\$

## PERSONAL DEDUCTIONS

MEDICAL		INTEREST	
Health Insurance Premiums Paid	\$	Home Mortgage Interest	\$
Long-Term Care Insurance Paid - Taxpayer	\$	2nd Mortgage Interest	\$
		Equity/Line of Credit Interest	\$
	\$	What was the purpose or use of the funds received from the above loan?	
Medicare Premiums	\$	Did you buy, build or improve the mortgaged property?	
Doctors, Dentists & Nursing Care	\$	Did you purchase a vehicle, pay for a vacation, or make other purchases with these funds? If so, please describe.	
Prescribed Medicines & Drugs	\$	Mortgage Insurance Premiums	\$
Hospital Costs & Lab Fees	\$	Points Paid on Purchase or Refinance	\$
Transportation (miles _____) Other Costs	\$	Investment Interest Paid	\$
Eyeglasses, Contacts, Hearing Aids, Batteries, etc.	\$	Student Loan Interest	\$
Other (Describe)	\$		
	\$		

## TAXES

Estimates Paid:	1st	2nd	3rd	4th
Federal	\$	\$	\$	\$
State	\$	\$	\$	\$
City	\$	\$	\$	\$
School District	\$	\$	\$	\$
Real Estate Tax	\$			
Sales Tax Paid on Vehicle Purchases	\$			
Other	\$			

## CHARITABLE CONTRIBUTIONS

<i>List only those for which you have adequate records.</i>	
Church	\$
Charities:	\$
	\$
	\$
Charity Miles Driven	
Other than cash contributions (Describe):	\$
RMD contributions	\$

## CREDITS

Child & Dependent Care Expenses	\$
Provider's Name, Address and EIN:	
College Tuition & Fees (Form 1098-T Required)	\$
Other College Expenses	\$
Other Educational Expenses	\$

## MISCELLANEOUS

Gambling Losses	\$
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## OTHER QUESTIONS

	Yes	No
1. Did your marital status change this year?		
2. Are you or your spouse blind or disabled?		
3. Any changes in dependents from last year?		
4. Did you contribute to an IRA, SEP or Roth IRA?		
5. Have you ever contributed to a Roth IRA?		
6. Do you have a Health Savings Account (HSA)?		
7. Did you buy or sell any real estate during the year?		
8. Did you receive unemployment compensation this year?		
9. Do you or your spouse PAY or RECEIVE alimony?		
10. Do you use your personal vehicle in your business?		

## HEALTH INSURANCE CHECKLIST

	Yes	No
1. Did you have health insurance during the year?		
2. Did your spouse and dependents have health insurance this year?		
3. Was your health insurance in force all twelve months?		
4. Who is your health insurance provider(s)?	Names:	
5. Did you receive any Forms 1095-A, 1095-B or 1095-C?		