

INCOME Tax Worksheet

Tax Payer's name _____ D.O.B _____
 Spouse's name _____ D.O.B _____
 Phone Number _____
 Has your address changed? _____

Are you claiming anyone on your return? No _____ Yes _____ we need :

SS#	Names	D.O.B	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide us with your e-mail. _____

Please bring all:

W-2's, 1099- INT, other 1099s, 1099-DIV, K-1s, property tax bill, 1098 mortgage statement

Medical Expenses:

Long term care Ins. _____
 Medical Insurance _____
 Mileage _____
 Other (Dr., Hospital, _____
 Rxs,etc.) _____

Work related expenses:

Meals _____
 Mileage _____
 Other _____
 Prof Books & Publctns _____
 Reimbursement Rcvd _____
 Safety Clothing _____

Other Expenses:

Realestate tax _____
 Vehicle tax _____
 Accounting/legal _____
 Tax Prep paid last yr. _____
 Mortg interest paid _____
 Contributions _____
 Charity Mileage _____
 Student loan int paid _____

Safe Deposit Box _____
 Uniforms _____
 Union Dues _____

Estimated Taxes Paid

Date	Federal	State
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you buy a new home this year?

If you did you will need to bring in your settlement statement.

Do you have child care expense?

No _____ Yes _____ we need:

Name	Adress	ID #of Providers	Amount
_____	_____	_____	_____
_____	_____	_____	_____

Did you sell any stock or mutual funds?

No _____ Yes _____ we will need the cost information.

Did you have a rental?

No _____ Yes _____ We will need a breakdown of income, expenses, and mileage.

Did you contribute to an IRA?

No _____ Yes _____ was it:

____ Regular _____ Roth

How much? _____

Do you have a Business? No _____ Yes _____ we need a break down of income,expenses, and mileage.