

Personal Information

Taxpayer:

First Name and Initial			
Last Name			
Social Security Number			
Occupation			
Date of Birth (MM/DD/YYYY)			
Date of Death (MM/DD/YYYY)			
Driver's License or State-Issued ID Number			
State Issued			
Date Issued (MM/DD/YYYY)		Expiration Date (MM/DD/YYYY)	

Spouse/Significant Other/Partner:

First Name and Initial			
Last Name			
Social Security Number			
Occupation			
Date of Birth (MM/DD/YYYY)			
Date of Death (MM/DD/YYYY)			
Driver's License or State-Issued ID Number			
State Issued			
Date Issued (MM/DD/YYYY)		Expiration Date (MM/DD/YYYY)	

Contact Information:

Street Address	
Apartment/Unit/Suite Number	
City	
State	
ZIP or Postal Code	
Foreign Province or County	
Foreign Country	

Taxpayer Work Phone		Spouse Work Phone	
Taxpayer Home Phone		Spouse Home Phone	
Taxpayer Cell Phone		Spouse Cell Phone	
Taxpayer Fax Number		Spouse Fax Number	
Taxpayer E-Mail Address		Spouse E-Mail Address	

Preferred Method of Contact	
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May the IRS or other taxing authority discuss the return with the preparer?	
Is the Taxpayer claimed as a dependent on someone's tax return?	

Are you considered legally blind?	
Do you want to contribute to the Presidential Election Campaign Fund?	

Document Checklist

Taxpayer(s)

<input type="checkbox"/> Driver's License
<input type="checkbox"/> State-Issued ID
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Previous Year(s) Tax Return

Dependent(s)

<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Adoption Record
<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Child Care Provider Records
<input type="checkbox"/> Dependent Child Care Expenses

Income

<input type="checkbox"/> Forms W-2s	<input type="checkbox"/> Brokerage Statements	
<input type="checkbox"/> Forms W-2Gs	<input type="checkbox"/> Business Income Statement	
<input type="checkbox"/> Forms 1097s	<input type="checkbox"/> Unemployment Records & Statements	
<input type="checkbox"/> Forms 1099s	<input type="checkbox"/> HSA Statements	
<input type="checkbox"/> Schedule K	<input type="checkbox"/> Alimony Received	

Adjustments, Credits

<input type="checkbox"/> Business License	<input type="checkbox"/> Medical Expenses & Statements	<input type="checkbox"/> Charitable Contributions
<input type="checkbox"/> Business Financial Statements	<input type="checkbox"/> Alimony Paid or Received	
<input type="checkbox"/> Business Expense Records	<input type="checkbox"/> Mortgage Statement	<input type="checkbox"/> Charitable Organization Statement
<input type="checkbox"/> Form 5498s	<input type="checkbox"/> Property Tax Bill	
<input type="checkbox"/> Tax Bills Paid	<input type="checkbox"/> Mortgage Closing Statements	<input type="checkbox"/> Education & Tuition Expenses & Statements
<input type="checkbox"/> Unreimbursed business expenses	<input type="checkbox"/> Car Registration Paid	
<input type="checkbox"/> IRA Contributions	<input type="checkbox"/> Student Loan Interests	
<input type="checkbox"/> Forms 1098s	<input type="checkbox"/> Unreimbursed Moving Expenses	
<input type="checkbox"/> Forms 1099s	<input type="checkbox"/> Any Losses, such as theft	

Small Businesses, Partnerships & Corporations

<input type="checkbox"/> Business License	<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Square footage of Home Office & Entire Home
<input type="checkbox"/> Financial Statements	<input type="checkbox"/> Meals & Entertainment Log/Record	
<input type="checkbox"/> Expense Records	<input type="checkbox"/> Utility Bills	<input type="checkbox"/> Charitable Organization Statement
<input type="checkbox"/> Payroll Information on Employees	<input type="checkbox"/> Insurance Bills	
<input type="checkbox"/> Mileage Records	<input type="checkbox"/> Property Tax Bills	<input type="checkbox"/> Inventory Records, Beginning & Ending
<input type="checkbox"/> Assets Acquired Record	<input type="checkbox"/> W2/1099 Information Form	
<input type="checkbox"/> Depreciation Schedule	<input type="checkbox"/> Taxes Paid	
<input type="checkbox"/> Health Insurance Paid	<input type="checkbox"/> Names & SSN/EIN of individuals paid for services over \$600	
<input type="checkbox"/> Credit Card Statements		

Interview Questions

Did your marital status change?								
Is this a different address or name?								
Did you have health insurance coverage in 2017?								
If married, did your spouse have health insurance coverage in 2017?								
If you have children, did they have health insurance coverage in 2017?								
If you, (your spouse or children) did have coverage, was it for the entire year?								
If no, please list months during which you were uninsured.								
MONTHS		<input type="checkbox"/> ALL 12	<input type="checkbox"/> JAN	<input type="checkbox"/> FEB	<input type="checkbox"/> MAR	<input type="checkbox"/> APR	<input type="checkbox"/> MAY	<input type="checkbox"/> JUN
		<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> SEP	<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> DEC	
Did you change jobs or look for a new job?								
Do you or your spouse have any transactions related to a health savings account (HSA)?								
Do you or your spouse have any transactions related to a medical savings account (MSA)?								
Did you receive a state refund and itemize last year?								
Did you receive unemployment income?								
Did you buy, sell or refinance a house?								
Did you receive money from a pension or IRA?								
Did you receive Social Security income?								
Did you receive any interest or dividends or have dividends reinvested?								
Was any of this in tax-free accounts?								
Did you have your own business?								
Did you have rental property?								
Did you pay or receive alimony?								
Did you put money in an Individual Retirement Account (IRA)?								
Did you receive jury duty pay?								
Did you receive lottery or gambling winnings or other prizes?								
If YES, what are your losses?								
Did you help support a parent at their home or nursing home?								
Did you receive any estate or trust income?								
Did you have any carryovers?								
Were you claimed as a dependent by another Tax Payer?								
If Married Filing Separate - Did you live with your spouse any time last year?								
If YES - is spouse filing a tax return?								
If YES - is spouse itemizing?								
Did you take any college courses?								
Are you paying on a student loan?								
Did you convert a traditional IRA to a Roth IRA in the tax year?								
Did you pay any state or local real estate tax?								
Did you sell any stocks or bonds?								
Did you purchase a new home in 2008/2009 that would qualify for repayment of the first-time homeowner's credit claimed?								
Did you make any energy saving improvements to your home in 2017?								
If YES, did you take a credit for energy saving improvements to your home between 2007 and 2016?								

Dependents

Dependent Information:

First Name and Initial	
Last Name	
Social Security Number	
Date of Birth (MM/DD/YYYY)	
Date of Death (MM/DD/YYYY)	
Relationship to Taxpayer	
Months Lived In Your Home	
Check Box if the Dependent Disabled	<input type="checkbox"/>
Did the Dependent have income over \$X,XXX	

First Name and Initial	
Last Name	
Social Security Number	
Date of Birth (MM/DD/YYYY)	
Date of Death (MM/DD/YYYY)	
Relationship to Taxpayer	
Months Lived In Your Home	
Check Box if the Dependent Disabled	<input type="checkbox"/>
Did the Dependent have income over \$X,XXX	

First Name and Initial	
Last Name	
Social Security Number	
Date of Birth (MM/DD/YYYY)	
Date of Death (MM/DD/YYYY)	
Relationship to Taxpayer	
Months Lived In Your Home	
Check Box if the Dependent Disabled	<input type="checkbox"/>
Did the Dependent have income over \$X,XXX	

First Name and Initial	
Last Name	
Social Security Number	
Date of Birth (MM/DD/YYYY)	
Date of Death (MM/DD/YYYY)	
Relationship to Taxpayer	
Months Lived In Your Home	
Check Box if the Dependent Disabled	<input type="checkbox"/>
Did the Dependent have income over \$X,XXX	

First Name and Initial	
Last Name	
Social Security Number	
Date of Birth (MM/DD/YYYY)	
Date of Death (MM/DD/YYYY)	
Relationship to Taxpayer	
Months Lived In Your Home	

Check Box if the Dependent Disabled	<input type="checkbox"/>
Did the Dependent have income over \$X,XXX	

First Name and Initial	
Last Name	
Social Security Number	
Date of Birth (MM/DD/YYYY)	
Date of Death (MM/DD/YYYY)	
Relationship to Taxpayer	
Months Lived In Your Home	
Check Box if the Dependent Disabled	<input type="checkbox"/>
Did the Dependent have income over \$X,XXX	

First Name and Initial	
Last Name	
Social Security Number	
Date of Birth (MM/DD/YYYY)	
Date of Death (MM/DD/YYYY)	
Relationship to Taxpayer	
Months Lived In Your Home	
Check Box if the Dependent Disabled	<input type="checkbox"/>
Did the Dependent have income over \$X,XXX	

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.	
List the years that a release of claim to exemption is given for a dependent child not living with you.	
If any of your dependents were a victim of identity theft and you have contacted the IRS, provide the identity protection PIN issued to you by the IRS	

Wages and Salaries

Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received

Taxpayer/ Spouse	Employer Name	Taxable Wages	Tax Withheld				
			Federal	FICA/ TIER I	Medicare	State	Local

Interest Income

Taxpayer, Spouse or Joint	Payer Name	Account Number	Prior Year Amount	Information Included

Dividend Income

Taxpayer, Spouse or Joint	Payer Name	Account Number	Prior Year Amount	Information Included

Brokerage Statements

Taxpayer, Spouse or Joint	Payer Name	Account Number	Prior Year Amount	Information Included

Business Income and Cost of Goods Sold

Name of Business	
Principal Business or Profession	

Business is Owner/Principal	
Employer ID Number	
Street Address	
City	
State	
ZIP or Postal Code	
Method of Inventory	
Method of Account	

Business Questions for 20XX		
Did you dispose of this business?		
If YES, what was the disposition date? (MM/DD/YYYY)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory?		
Were you involved in the operations of this business on a regular, continuous and substantial basis?		
Have you prepared, or will you prepare all required Forms 1099?		
Health insurance premiums paid for yourself and your dependents	2017 Amount	2016 Amount

INCOME

Payment Card and Third-Party Transactions: Include all Forms 1099-K		
Description	2017 Amount	2016 Amount

Miscellaneous Income: Include all Forms 1099-MISC		
Description	2017 Amount	2016 Amount

Other Income		
Description	2017 Amount	2016 Amount

COST OF GOODS SOLD:

	2017 Amount	2016 Amount
Beginning Inventory		
Purchases LESS Cost of Items Withdrawn for Personal Use		
Cost of Labor (Do Not Include Amounts Paid to Yourself)		
Materials and Supplies		
Other Cost of Goods Sold Description	2017 Amount	2016 Amount
Enter text here.		
Enter text here.		
Enter text here.		
Enter text here.		
Enter text here.		
Ending Inventory		

Business Expenses

Property & Equipment

Name of Business	
Principal Business or Profession	

Expenses	2017 Amount	2016 Amount
Advertising		
Car and Truck Expense		
Parking Fees and Tolls		
Commissions and Fees		
Contract Labor		
Employee Benefit Programs & Health Insurance (Other than Pension & Profit-Sharing Plans)		
Insurance (Other than Health)		
Interest – Mortgage (Paid to Banks, Etc)		
Interest – Other		
Legal and Professional Fees		
Office Expense		
Pension and Profit-Sharing Plans		
Rent or Lease – Vehicles, Machinery & Equipment		
Rent or Lease – Other Business Property		
Repairs and Maintenance		
Supplies (Not Included in Cost of Goods Sold)		
Taxes and Licenses		
Travel		
Meals and Entertainment		
Utilities		
Wages		
Dependent Care Benefits		

Other Expenses	2017 Amount	2016 Amount

Property and Equipment: Include a list if more space is needed			
X If Not New	Acquisitions – Description	Date Acquired (MM/DD/YYYY)	Cost
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

<input type="checkbox"/>			
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Disposition – Description	Date Acquired (MM/DD/YYYY)	Cost	Date Sold (MM/DD/YYYY)	Selling Price

Business Expense

Vehicle and Other Listed Property

Name of Business	
Principal Business or Profession	

Listed Property Questions	
	Do you have evidence to support your deduction?
	If YES, is the evidence written?
	Do you have evidence to support the business use percentage claimed on the listed property?
	If YES, is the evidence written?
If you are an employer who provides vehicles for use by employees:	
	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?
	Do you treat all use of vehicles by employees as personal use?
	Do you provide more than five (5) vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?
	Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?

VEHICLE(S):

	Vehicle 1	Vehicle 2
VEHICLE		
	Description of Vehicle	
	Date placed in service	
	Do you (or your spouse) have another vehicle available for your personal use?	
	Was your vehicle available for use during off-duty hours?	
MILEAGE		
	Total miles	
	Total business miles	
	Total commuting miles for the year	
ACTUAL EXPENSES		
	Gasoline	
	Repairs and Maintenance	
	Parking and Tolls	
	Insurance	
	Interest	
	Taxes	
	Fair market value of leased vehicle	
	Vehicle rentals and leases	

	Vehicle 3	Vehicle 4
VEHICLE		
	Description of Vehicle	

	Date placed in service		
	Do you (or your spouse) have another vehicle available for your personal use?		
	Was your vehicle available for use during off-duty hours?		
MILEAGE			
	Total miles		
	Total business miles		
	Total commuting miles for the year		
ACTUAL EXPENSES			
	Gasoline		
	Repairs and Maintenance		
	Parking and Tolls		
	Insurance		
	Interest		
	Taxes		
	Fair market value of leased vehicle		
	Vehicle rentals and leases		

		Vehicle 5	Vehicle 6
VEHICLE			
	Description of Vehicle		
	Date placed in service		
	Do you (or your spouse) have another vehicle available for your personal use?		
	Was your vehicle available for use during off-duty hours?		
MILEAGE			
	Total miles		
	Total business miles		
	Total commuting miles for the year		
ACTUAL EXPENSES			
	Gasoline		
	Repairs and Maintenance		
	Parking and Tolls		
	Insurance		
	Interest		
	Taxes		
	Fair market value of leased vehicle		
	Vehicle rentals and leases		

Business Use of Home

Name of Business	
Principal Business or Profession	

PARTIAL USE of YOUR HOME for BUSINESS	20XX
Square footage of home used exclusively for business	
Total square footage of home	
Were improvements made to the home and/or home office since the time you began the home for business?	
Was your home used for day care purpose?	
If YES, was it used for the entire year?	
If YES, total house home was used for day care during the year	

EXPENSES: Enter all Expenses at 100 percent		
Direct expenses benefit the business part of your home. Example: Cost of painting or repairs to specific area or room used for business.		
Indirect expenses are required for keeping up and running your entire home. Example: Real estate taxes.		
	Direct Expenses 20XX Amount	Indirect Expenses 20XX Amount
Casualty Losses		
Deductible Mortgage Interest paid to:		
Financial Institutions		
Individuals		
Real Estate Taxes		
Insurance		
Qualified Mortgage Insurance Premiums		
Repairs and Maintenance		
Utilities		
Rent		
OTHER EXPENSES:		

SELLER-FINANCED MORTGAGE INTEREST INFORMATION:		
Name of Individual to Whom Mortgage Interest was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest was Paid

Sales of Stocks, Securities, Capital Assets & Installment Sales

GAINS or LOSSES from SALES of STOCKS, SECURITIES and OTHER CAPITAL ASSETS:

INCLUDE ALL FORMS I099-A, I099-B, I099-S, AND COPIES OF MUTUAL FUND STATEMENTS FOR THE YEAR	
Did you have any of the following during the year?	
Mutual fund transactions	
Exchange of any securities or investments for something other than cash	
Sales of inherited property	
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale	
Commodity sales, short sales or straddles	
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC Interest	
Debts that became uncollectible	
Securities that became worthless	
Sale of any property where you will receive payments in future years	

Taxpayer, Spouse, or Jointly	Kind of Property and Description	Date Acquired (MM/DD/YYYY)	Date Sold (MM/DD/YYYY)	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld

INSTALLMENT SALES

DO NOT INCLUDE INTEREST RECEIVED IN PRINCIPAL AMOUNT			
Taxpayer, Spouse, or Jointly	Property and Description	Date Acquired (MM/DD/YYYY)	20XX Principal Received

Sale of Your Home and Moving Expense

SALE or EXCHANGE of YOUR HOME:

INCLUDE THE CLOSING STATEMENTS FROM THE PURCHASE AND SALE OF YOUR FORMER AND NEW HOME	
Former Home Information:	
Taxpayer, Spouse, or Joint	
Date Acquired	
Date Sold	
Selling Price	
Original Cost and Cost of Improvements:	
Sale Expenses:	
Commissions, legal fees, advertising and other expenses.	

MOVING EXPENSES:

Taxpayer, Spouse, or Joint	
Were the moving expense reimbursed by your employer?	
Enter reimbursement not included in wages on your Form W-2	
Mileage:	Miles
Number of miles from old home to new workplace	
Number of miles from old home to old workplace	
Number of automobile miles in move	
Transportation Expenses:	Amount
Costs of transportation of household goods and personal effects	
Costs of travel and lodging (do not include meals or automobile expenses)	
Automobile expenses (gasoline, repairs & maintenance, parking, tolls, etc.)	
Meals (Pennsylvania only)	

Individual Retirement Account (IRA) Information

INDIVIDUAL RETIREMENT ACCOUNT (IRA):

Taxpayer OR Spouse	
IRA QUESTIONS	
Are you covered by an employer's retirement plan?	
If NO, Is your spouse covered by n employer's retirement plan?	
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?	
If NO, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?	
Did you use any IRA as security for a loan this year?	
Did you have any transactions with any IRA during the year?	
If YES, explain	
IRA VALUES, ROLLOVERS, and DISTRIBUTIONS	
INCLUDE COPIES OF ALL FORMS 1099-R	
Total value of all traditional IRAs on December 31, 20XX	
Outstanding rollovers on December 31, 20XX	
Total distributions converted to Roth IRAs	
Total retirement plans converted to Roth IRAs	
CONTRIBUTIONS	
INCLUDE COPIES OF ALL FORMS 5498	
IRA:	
Contributions in the current year for the current year tax return	
Contributions in the current year for last year tax return	
Amount for the current year you choose to be treated as nondeductible	
Roth IRA:	
Contributions made for the current tax year	

DISTRIBUTIONS:

INCLUDE ALL FORMS 1099-R and ANY NONTAXABLE DISTRIBUTION DETAILS						
Name of Payer	20XX Gross Distribution	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is This a Rollover	200XX Gross Distribution

Pension, Annuity, and Retirement Plan Information

PENSIONS and ANNUITIES:

INCLUDE ALL FORMS I099-R and ANY NONTAXABLE DISTRIBUTION DETAILS						
Taxpayer, Spouse, or Jointly	Name of Payer	20XX Gross Distribution	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is This a Rollover

SELF-EMPLOYED RETIREMENT PLAN:

INCLUDE COPIES OF ALL FORMS I099-R		
	Taxpayer	Spouse
Have you established a self-employed retirement of SIMPLE plan with deductible contributions?		
Do you want to contribute the maximum amount allowed?		
CONTRIBUTIONS TO:	20XX AMOUNT	20XX AMOUNT
Simplified Employee Pension Plan		
Defined Benefit Plan		
Defined Contribution Plan		
SIMPLE Plan		

Rental and Royalty Income

LOCATION OF PROPERTY:		
Taxpayer, Spouse, or Joint		
Type of Property		
Have you prepared or will you prepare all require FORMS 1099?		20XX
Ownership percentage		
How many days was this property rented at fair market value?		
How many days was this property used personally (including use by family members)?		
INCOME:		20XX AMOUNT
Rent Received		
Royalties Received		
PAYMENT CARD AND THIRD-PARTY TRANSACTIONS: INCLUDE ALL FORMS 1099-K		20XX AMOUNT
MISCELLANEOUS INCOME: INCLUDE ALL FORMS 1099-MISC		20XX AMOUNT
OTHER INCOME:		20XX AMOUNT

Rental and Royalty Expenses

LOCATION OF PROPERTY		
EXPENSES:		20XX AMOUNT
Advertising		
Auto and Travel		
Cleaning and Maintenance		
Commissions		
Insurance		
Legal and Other Professional Fees		
Management Fees		
Mortgage Interest Paid to Banks, ETC.		
Mortgage Interest Paid to Individuals		
Other Interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent Care Benefits		
OTHER EXPENSES:		20XX AMOUNT

Partnership, S Corporation, Estate, Trust, and REMIC Income

PARTNERSHIP INCOME: INCLUDE ALL SCHEDULE K-1

Taxpayer, Spouse, or Jointly	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S CORPORATION INCOME: INCLUDE ALL SCHEDULE K-1

Taxpayer, Spouse, or Jointly	Entity Name	Employer ID Number	Health Insurance Paid by Entity

ESTATE and TRUST INCOME: INCLUDE ALL SCHEDULE K-1

Taxpayer, Spouse, or Jointly	Entity Name	Employer ID Number

REAL ESTATE MORTGAGE INVESTMENT CONDUIT (REMICE) INCOME: INCLUDE ALL SCHEDULE Q

Taxpayer, Spouse, or Jointly	Entity Name	Employer ID Number

Miscellaneous Income, Adjustments and Alimony

INCLUDE FORMS W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC AND 1099-G

MISCELLANEOUS INCOME and ADJUSTMENTS:	Taxpayer 20XX Amount	Spouse 20XX AMOUNT
Taxable Pensions and Annuities Received		
Nontaxable Pensions and Annuities Received		
Federal Withholding on Pensions and Annuities		
State Withholding on Pensions and Annuities		
Unemployment Compensation Received		
Unemployment Compensation Repaid in 20XX		
Social Security Benefits Received		
Social Security Benefits Repaid in 20XX		
Medicare Premiums Withheld		
Teir I Railroad Retirement Benefits Received		
Teir I Railroad Retirement Benefits Repaid in 20XX		
Taxable IRA Distributions		
Nontaxable IRA Distributions		
Total Lump Sum Social Security Received		
Lump Sum Taxable Social Security		
Other Federal Withholding		
Other State Withholding		

STATE and LOCAL INCOME TAX REFUNDS:

Taxpayer, Spouse, or Jointly	STATE	CITY	TAX YEAR	INCOME TAX REFUND	
				STATE	LOCAL

OTHER INCOME:

Taxpayer, Spouse, or Jointly	NATURE and SOURCE	20XX AMOUNT

Miscellaneous Adjustments

EDUCATOR EXPENSE: DEDUCTION for AMOUNTS PAID BY EDUCATORS of KINDERGARTEN through GRADE 12

Taxpayer, Spouse, or Jointly	20XX AMOUNT

HEALTH SAVINGS ACCOUNT (HSAs)

Taxpayer, Spouse, or Jointly	DESCRIPTION	20XX AMOUNT
	Contributions made for 20XX	
	Distributions received from all HSAs in 20XX	
What type of coverage applies to your high deductible health plan?		
Were any HSA contributions listed above also shown on your Form W-2?		
Were all distributions from your HAS for unreimbursed medical expenses?		
Did you or your spouse enroll in Medicare?		
If YES, what month did you enroll?		
What month did you spouse enroll?		

OTHER ADJUSTMENTS to INCOME: INCLUDE ALL FORMS 1098-E for STUDENT LOAN INTEREST PAID

Taxpayer, Spouse, or Jointly	NATURE and SOURCE	20XX AMOUNT

Itemized Deductions - Medical and Taxes

MEDICAL AND DENTAL EXPENSES:

	TAXPAYER, SPOUSE, OR JOINTLY	20XX AMOUNT
Prescription Medicines and Drugs		
Total Medical Insurance Premiums Paid*		
Long-Term Care Expenses		
Total Insurance Reimbursement		
Number of Miles Traveled for Medical Care		
Lodging		
Doctors, Dentists, ETC.		
Hospitals		
Lab Fees		
Eyeglasses and Contacts		
		20XX AMOUNT
Taxpayer Long-Term Care Insurance Premiums Paid		
Spouse Long-Term Care Insurance Premiums Paid		
Do Not Include Medicare Premiums or Premiums Deducted in Computing Taxable Wages Reported on a W-2		

OTHER MEDICAL EXPENSES:

TAXPAYER, SPOUSE, OR JOINTLY	DESCRIPTION	20XX AMOUNT

TAXES PAID: INCLUDE COPIES of YOUR TAX BILLS

	TAXPAYER, SPOUSE, OR JOINTLY	20XX AMOUNT
Personal Property Taxes Paid (Include Vehicle Taxes)		
General Sales Taxes Paid on Specified Items		
ITEMIZE REAL ESTATE TAXES BY STATE:		
TAXPAYER, SPOUSE, OR JOINTLY	REAL ESTATE TAXES	20XX AMOUNT

OTHER TAXES PAID:

TAXPAYER, SPOUSE, OR JOINTLY	DESCRIPTION	20XX AMOUNT

If you purchased or sold your home in 20XX, did you include any taxes from your closing statement in the amount above?	
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Itemized Deductions - Mortgage Interest and Points

MORTGAGE QUESTIONS:

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below?	
Did you refinance your home? (If YES, enclose the closing statement)	
If YES, how many years is your new mortgage loan?	
Did you purchase a new home or sell your home during the year?	
If YES, enclose the closing statements from the purchase and sale of your new and former homes.	
If YES, also, did you (or your spouse, if married at the time of purchase) have ownership interest in a principal residence in the US during the 3 years period prior to the purchase of this home?	
If YES, also, did you (or your spouse, if married at the time of purchase) own and use the same home as a principal residence in the US for any 5 consecutive year during the 8 year period ending on the purchase date of the new home?	

HOME MORTGAGE INTEREST PAID to FINANCIAL INSTITUTIONS:

TAXPAYER, SPOUSE, OR JOINTLY	PAID TO	DID YOU RECEIVE FORM I098?	20XX AMOUNT

OTHER HOME MORTGAGE INTEREST PAID:

TAXPAYER, SPOUSE, OR JOINTLY	PAID TO		DID YOU RECEIVE FORM I098?	20XX AMOUNT
	NAME	ADDRESS		

DEDUCTIBLE POINTS:

TAXPAYER, SPOUSE, OR JOINTLY	PAID TO	DID YOU RECEIVE FORM I098?	20XX AMOUNT

MORTGAGE INSURANCE PREMIUMS:

PREMIUMS PAID OR ACCRUED FOR QUALIFIED MORTGAGE INSURANCES.

TAXPAYER, SPOUSE, OR JOINTLY	20XX AMOUNT

INVESTMENT INTEREST EXPENSE:

INTEREST PAID ON MONEY YOU BORROWED THAT IS ALLOCABLE TO PROPERTY HELD FOR INVESTMENT.

TAXPAYER, SPOUSE, OR JOINTLY	PAID TO	20XX AMOUNT

Itemized Deductions - Mortgage Interest

IF THE TOTAL MORTGAGES ON YOUR RESIDENCE(S) ARE GREATER THAN \$1,000,000, PLEASE PROVIDE THE FOLLOWING INFORMATION ON ALL MORTGAGES, LINES OF CREDIT, OR OTHER BORROWINGS AGAINST YOUR HOME(S).

PRIMARY RESIDENCE	LOAN #1	LOAN #2	LOAN #3
Bank			
Account Number			
Principal Balance at 01/01/20XX			
Principal Balance at 12/31/20XX			

SECONDARY RESIDENCE	LOAN #1	LOAN #2	LOAN #3
Bank			
Account Number			
Principal Balance at 01/01/20XX			
Principal Balance at 12/31/20XX			

THIRD RESIDENCE	LOAN #1	LOAN #2	LOAN #3
Bank			
Account Number			
Principal Balance at 01/01/20XX			
Principal Balance at 12/31/20XX			

FOURTH RESIDENCE	LOAN #1	LOAN #2	LOAN #3
Bank			
Account Number			
Principal Balance at 01/01/20XX			
Principal Balance at 12/31/20XX			

FIFTH RESIDENCE	LOAN #1	LOAN #2	LOAN #3
Bank			
Account Number			
Principal Balance at 01/01/20XX			
Principal Balance at 12/31/20XX			

Itemized Deductions - Contributions

CASH CONTRIBUTIONS:

INCLUDE ALL FORMS 1098-C or OTHER DOCUMENTATION

You cannot deduct cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, use condition or better in order to be deductible unless the item donated is worth more \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TAXPAYER, SPOUSE, OR JOINTLY	ORGANIZATION or DESCRIPTION OF CONTRIBUTION	20XX AMOUNT

TAXPAYER, SPOUSE, OR JOINTLY	CONSERVATION REAL PROPERTY	20XX AMOUNT
	100% Limit	
	50% Limit	

TAXPAYER, SPOUSE, OR JOINTLY	PAID TO	20XX AMOUNT
	Number of miles traveled performing volunteer work for qualified charitable organizations	

NONCASH CONTRIBUTION TOTALING \$500 or LESS:

INCLUDE ALL DOCUMENTATION

TAXPAYER, SPOUSE, OR JOINTLY	DESCRIPTION OF DONATED PROPERTY	20XX AMOUNT

**NONCASH CONTRIBUTION TOTALING MORE THAN \$500:
INCLUDE ALL FORMS 1098-C or OTHER DOCUMENTATION**

TAXPAYER, SPOUSE, OR JOINTLY	
Description of the Donated Property	
Donee Organization Name	
Donee Organization Address	
Date Property was Acquired by the Taxpayer	
Date Property was Donated	
Cost or Basis of the Donated Property	
Fair Market Value of the Donated Property	
Which of the following methods was used to determine the fair market value? CAUTION: Generally, contributions in excess of \$5,000 of similar property will require an appraisal (does not apply to marketable securities)	<input type="checkbox"/> Appraisal <input type="checkbox"/> Thrift Shop Value <input type="checkbox"/> Catalog <input type="checkbox"/> Comparable Sale <input type="checkbox"/> Other
If OTHER, please explain	
Which of the following describes how this donated property was acquired?	<input type="checkbox"/> Purchase <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Exchange

Itemized Deductions - Miscellaneous

MISCELLANEOUS ITEMIZED DEDUCTIONS:

DESCRIPTIONS	TAXPAYER, SPOUSE, OR JOINTLY	20XX AMOUNT
Union and Professional Dues		
Tax Preparation Fee		
Professional Subscriptions		
Hobby Expense (To Extent of Income)		
Safe Deposit Box		
Uniforms and Protective Clothing		
Work Tools		
Gambling Losses		
Estate Taxes		

OTHER ITEMIZED DEDUCTIONS:

EXAMPLES:

- Certain Legal and Accounting Fees
- Investment Expense
- Employment Agency Fees
- Custodial Fees
- Certain Educational Expense

TAXPAYER, SPOUSE, OR JOINTLY	DESCRIPTION	20XX AMOUNT

CASUALTY or THEFT LOSS:

TAXPAYER, SPOUSE, OR JOINTLY		
Property Description		
Which of the following describes the type of property that sustained casualty or theft loss?	<input type="checkbox"/> Personal Use <input type="checkbox"/> Business Use <input type="checkbox"/> Income Producing <input type="checkbox"/> Employee Use <input type="checkbox"/> Personal Use Due to Hurricane Katrina	<input type="checkbox"/> Personal Use Attributable to a Federally Declared Disaster between 2007 and 2009 <input type="checkbox"/> Personal Use Attributable to Midwestern Disaster Area <input type="checkbox"/> Personal Use Attributable to Insolvent or bankrupt financial Institution Losses on Deposits
Date Acquired (MM/DD/YYYY)		
Date Damaged (MM/DD/YYYY)		

Original Cost or Other Basis	
Fair Market Value BEFORE Casualty	
Fair Market Value AFTER Casualty	
Cost of Replacement	
Insurance Reimbursement	

Child/Dependent Care Expense, and Education Expense

CHILD/DEPENDENT CARE EXPENSES:

TAXPAYER, SPOUSE, OR JOINTLY	
Were you or your spouse a full time student or disabled?	
Did you pay an individual for services performed in your home?	
	AMOUNT
Expenses incurred in 20XX but paid in 20XX	
Employer- provided dependent care benefits that were forfeited in 20XX	
20XX carryover used in grace period	

CHILD/DEPENDENT CARE PROVIDERS:

PROVIDER 1:	
Name	
Street Address	
City, State, ZIP or Postal Code, and Country	
Social Security or Employer Identification Number	
Telephone Number	
	20XX AMOUNT
Expenses Incurred and Paid in 20XX	
Expenses incurred and NOT paid in 20XX	

PROVIDER 2:	
Name	
Street Address	
City, State, ZIP or Postal Code, and Country	
Social Security or Employer Identification Number	
Telephone Number	
	20XX AMOUNT
Expenses Incurred and Paid in 20XX	
Expenses incurred and NOT paid in 20XX	

PROVIDER 3:	
Name	
Street Address	
City, State, ZIP or Postal Code, and Country	
Social Security or Employer Identification Number	
Telephone Number	
	20XX AMOUNT
Expenses Incurred and Paid in 20XX	
Expenses incurred and NOT paid in 20XX	

PROVIDER 4:

Name	
Street Address	
City, State, ZIP or Postal Code, and Country	
Social Security or Employer Identification Number	
Telephone Number	
	20XX AMOUNT
Expenses Incurred and Paid in 20XX	
Expenses incurred and NOT paid in 20XX	

QUALIFYING PERSONS for CHILD/DEPENDENT CARE EXPENSE:

FIRST NAME and INITIAL	LAST NAME	SOCIAL SECURITY NUMBER	20XX EXPENSES INCURRED

**HIGHER EDUCATION EXPENSES for EDUCATION CREDITS and/or TUITION FEES DEDUCTION:
INCLUDE COPIES OF ALL FORMS 1098-T**

Qualified expense are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses

FIRST NAME and INITIAL	LAST NAME	SOCIAL SECURITY NUMBER	20XX EXPENSES INCURRED

Federal Tax Payments

REFUND APPLICATION:

If you have an overpayment of 20XX taxes, do you want the excess:	
Refunded	
Applied to your 20XX estimated tax liability	

FEDERAL ESTIMATED TAX PAYMENTS:

	AMOUNT DUE	DATE PAID IF NOT DATE DUE (MM/DD/YYYY)	AMOUNT PAID
20XX 1 st Quarter Estimate Due 04/15/20XX			
20XX 2 nd Quarter Estimate Due 06/15/20XX			
20XX 3 rd Quarter Estimate Due 09/15/20XX			
20XX 4 th Quarter Estimate Due 01/15/20XX			
20XX Overpayment Applied to 20XY Estimate			

TAX PLANNING

Do you expect any of the following to occur in 20XY	
A change in your marital status	
A change in your number of dependents	
A substantial change in your income	
A substantial change in your withholding	
A substantial change in deductions	

If you answered YES to any of the above questions, provide details.	

State and City Tax Payments

STATE and CITY ESTIMATED TAX PAYMENTS:

TAXPAYER, SPOUSE, OR JOINTLY			
STATE/CITY			
	AMOUNT DUE	DATE PAID IF NOT DATE DUE (MM/DD/YYYY)	AMOUNT PAID
20XX 1 st Quarter Estimate Due 04/15/20XX			
20XX 2 nd Quarter Estimate Due 06/15/20XX			
20XX 3 rd Quarter Estimate Due 09/15/20XX			
20XX 4 th Quarter Estimate Due 01/15/20XX			
If you have an overpayment of 20XX taxes, do you want the excess applied to your 20XY estimated tax liability?			
20XX Overpayment Applied to 20XY Estimate			
Balance of Prior Year(s)' Tax Paid in 20XX Plus Amount Paid with 20XX Extensions			
Estimated Tax Payment for 20XX paid in 20XX			

TAXPAYER, SPOUSE, OR JOINTLY			
STATE/CITY			
	AMOUNT DUE	DATE PAID IF NOT DATE DUE (MM/DD/YYYY)	AMOUNT PAID
20XX 1 st Quarter Estimate Due 04/15/20XX			
20XX 2 nd Quarter Estimate Due 06/15/20XX			
20XX 3 rd Quarter Estimate Due 09/15/20XX			
20XX 4 th Quarter Estimate Due 01/15/20XX			
If you have an overpayment of 20XX taxes, do you want the excess applied to your 20XY estimated tax liability?			
20XX Overpayment Applied to 20XY Estimate			
Balance of Prior Year(s)' Tax Paid in 20XX Plus Amount Paid with 20XX Extensions			
Estimated Tax Payment for 20XX paid in 20XX			

TAXPAYER, SPOUSE, OR JOINTLY			
STATE/CITY			
	AMOUNT DUE	DATE PAID IF NOT DATE DUE (MM/DD/YYYY)	AMOUNT PAID
20XX 1 st Quarter Estimate Due 04/15/20XX			

20XX 2 nd Quarter Estimate Due 06/15/20XX			
20XX 3 rd Quarter Estimate Due 09/15/20XX			
20XX 4 th Quarter Estimate Due 01/15/20XX			
If you have an overpayment of 20XX taxes, do you want the excess applied to your 20XY estimated tax liability?			
20XX Overpayment Applied to 20XY Estimate			
Balance of Prior Year(s)' Tax Paid in 20XX Plus Amount Paid with 20XX Extensions			
Estimated Tax Payment for 20XX paid in 20XX			

TAXPAYER, SPOUSE, OR JOINTLY			
STATE/CITY			
	AMOUNT DUE	DATE PAID IF NOT DATE DUE (MM/DD/YYYY)	AMOUNT PAID
20XX 1 st Quarter Estimate Due 04/15/20XX			
20XX 2 nd Quarter Estimate Due 06/15/20XX			
20XX 3 rd Quarter Estimate Due 09/15/20XX			
20XX 4 th Quarter Estimate Due 01/15/20XX			
If you have an overpayment of 20XX taxes, do you want the excess applied to your 20XY estimated tax liability?			
20XX Overpayment Applied to 20XY Estimate			
Balance of Prior Year(s)' Tax Paid in 20XX Plus Amount Paid with 20XX Extensions			
Estimated Tax Payment for 20XX paid in 20XX			

TAXPAYER, SPOUSE, OR JOINTLY			
STATE/CITY			
	AMOUNT DUE	DATE PAID IF NOT DATE DUE (MM/DD/YYYY)	AMOUNT PAID
20XX 1 st Quarter Estimate Due 04/15/20XX			
20XX 2 nd Quarter Estimate Due 06/15/20XX			
20XX 3 rd Quarter Estimate Due 09/15/20XX			
20XX 4 th Quarter Estimate Due 01/15/20XX			
If you have an overpayment of 20XX taxes, do you want the excess applied to your 20XY estimated tax liability?			
20XX Overpayment Applied to 20XY Estimate			
Balance of Prior Year(s)' Tax Paid in 20XX Plus Amount Paid with 20XX Extensions			
Estimated Tax Payment for 20XX paid in 20XX			

Gifts Made Outright to an Individual

NOTE: ONLY COMPLETE FORMS 34 and/or 35 IF in the CURRENT YEAR:

- You made gift of cash or marketable securities to an individual that exceeded \$XX,XXX; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premium on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. in addition, include any gifts you made for educational or medical expenses. You can exclude amount paid directly to a qualifying educational organization for tuition. You can exclude amounts paid directly to health care providers if the expenses are related to non-elective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

GIFT 1:	
Person giving gift	
Name of person receiving gift	
Address of person	
Your relationship to the person (e.g. son, daughter, or friend)	
Age of person	
Date(s) of gift(s)	
Description and amount of assets gifted (e.g., \$XX.XX in cash or XXX shares of ABC stock)	
Cost basis of assets gifted if other than cash	
Value of assets gifted if other than cash	

GIFT 2:	
Person giving gift	
Name of person receiving gift	
Address of person	
Your relationship to the person (e.g. son, daughter, or friend)	
Age of person	
Date(s) of gift(s)	
Description and amount of assets gifted (e.g., \$XX.XX in cash or XXX shares of ABC stock)	
Cost basis of assets gifted if other than cash	
Value of assets gifted if other than cash	

GIFT 3:	
Person giving gift	
Name of person receiving gift	
Address of person	
Your relationship to the person (e.g. son, daughter, or friend)	
Age of person	
Date(s) of gift(s)	
Description and amount of assets gifted (e.g., \$XX.XX in cash or XXX shares of ABC stock)	
Cost basis of assets gifted if other than cash	
Value of assets gifted if other than cash	

GIFT 4:	
Person giving gift	
Name of person receiving gift	
Address of person	
Your relationship to the person (e.g. son, daughter, or friend)	
Age of person	
Date(s) of gift(s)	
Description and amount of assets gifted (e.g., \$XX.XX in cash or XXX shares of ABC stock)	
Cost basis of assets gifted if other than cash	
Value of assets gifted if other than cash	

Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

GIFT 1:	
Name of trust receiving the gift	
Name of trustee	
Address of trustee	
Trust identification number	
Name of the beneficiary of the trust	
Your relationship to the beneficiary (e.g. son, daughter, or friend)	
Age of beneficiary	
Date(s) of gift(s)	
Description and amount of assets gifted (e.g., \$XX.XX in cash or XXX shares of ABC stock)	
Cost basis of assets gifted if other than cash	
Value of assets gifted if other than cash	

GIFT 2:	
Name of trust receiving the gift	
Name of trustee	
Address of trustee	
Trust identification number	
Name of the beneficiary of the trust	
Your relationship to the beneficiary (e.g. son, daughter, or friend)	
Age of beneficiary	
Date(s) of gift(s)	
Description and amount of assets gifted (e.g., \$XX.XX in cash or XXX shares of ABC stock)	
Cost basis of assets gifted if other than cash	
Value of assets gifted if other than cash	

GIFT 3:	
Name of trust receiving the gift	
Name of trustee	
Address of trustee	
Trust identification number	

Name of the beneficiary of the trust	
Your relationship to the beneficiary (e.g. son, daughter, or friend)	
Age of beneficiary	
Date(s) of gift(s)	
Description and amount of assets gifted (e.g., \$XX.XX in cash or XXX shares of ABC stock)	
Cost basis of assets gifted if other than cash	
Value of assets gifted if other than cash	

GIFT 4:	
Name of trust receiving the gift	
Name of trustee	
Address of trustee	
Trust identification number	
Name of the beneficiary of the trust	
Your relationship to the beneficiary (e.g. son, daughter, or friend)	
Age of beneficiary	
Date(s) of gift(s)	
Description and amount of assets gifted (e.g., \$XX.XX in cash or XXX shares of ABC stock)	
Cost basis of assets gifted if other than cash	
Value of assets gifted if other than cash	

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

Include a copy of the following:

- A copy of the trust document(s) unless previously furnished to us.
- A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.