

**CLIENT INFORMATION**

Last Name First Name Cell Phone #	Taxpayer	Spouse	Contact Information	
			Home Phone #	_____
			Work Phone #	_____
			Email Address	_____

**Add/Remove DEPENDENTS BIRTH DATE & SOC. SEC. # REQUIRED**

Add	Del	Name of Dependent	Birth date	Soc. Sec. #	Relationship	Months

ESTIMATED TAX PAYMENTS: 1ST: \_\_\_\_\_ 2ND: \_\_\_\_\_ 3RD: \_\_\_\_\_ 4TH: \_\_\_\_\_

**INCOME**

**INTEREST INCOME - PLEASE BRING 1099s**

Received from \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**DIVIDEND INCOME - PLEASE BRING 1099s**

ALIMONY RECEIVED \$ \_\_\_\_\_  
 STATE TAX REFUND \$ \_\_\_\_\_

**ITEMIZED DEDUCTIONS**

**MEDICAL EXP. (Not paid via HSA, FSA or Pretax expenses)**

Medicine & Drugs-Prescription Only \$ \_\_\_\_\_  
 Doctors, Dentists & Nurses \$ \_\_\_\_\_  
 Hospitals & Nursing Homes \$ \_\_\_\_\_  
 Medical Insurance Premiums Paid (Not Pre-Tax) \$ \_\_\_\_\_  
 Medicare Premiums from Social Security \$ \_\_\_\_\_  
 Long Term Care Premiums Paid (Taxpayer) \$ \_\_\_\_\_  
 Long Term Care Premiums Paid (Spouse) \$ \_\_\_\_\_  
 Medical Travel in Miles \_\_\_\_\_  
 Other Medical Expense Itemized: \$ \_\_\_\_\_  
 HSA Distribution \$ \_\_\_\_\_  Direct Cont. \$ \_\_\_\_\_

**CHARITABLE CONTRIBUTIONS**

(Must have signed receipt for amounts over \$250.)  
 Cash Contributions: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Out-of-Pocket Volunteer Expenses: \$ \_\_\_\_\_  
 Non-Cash Contributions: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Charitable Travel Miles \_\_\_\_\_

**TAXES**

State Income Taxes Paid in 2017 for '16 \$ \_\_\_\_\_  
 Estimated State income taxes paid for 2017 \$ \_\_\_\_\_  
 Sales Taxes on Vehicles, Boats & Other Items \$ \_\_\_\_\_  
 Real Estate Tax on Personal Residence \$ \_\_\_\_\_  
 Real Estate Tax on Investment Property \$ \_\_\_\_\_  
 Personal Property Taxes (Value Based) \$ \_\_\_\_\_

**EMPLOYEE BUSINESS EXPENSE**

Union & Professional Dues \$ \_\_\_\_\_  
 Professional Publications \$ \_\_\_\_\_  
 Small Tools for Job \$ \_\_\_\_\_  
 Uniforms \$ \_\_\_\_\_  
 Job Search Expense \$ \_\_\_\_\_  
 Safety Equipment \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**INTEREST EXPENSE**

Home Mortgage Interest on Form 1098: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Qualified Mortgage Insurance Premiums \$ \_\_\_\_\_  
 Home Mortgage Int. Paid to Individual \$ \_\_\_\_\_  
 Paid to: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_

**OTHER EXPENSES**

Tax Preparation Fee \$ \_\_\_\_\_  
 Safe Deposit Box \$ \_\_\_\_\_  
 Investment Advisory Fees \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**OTHER DEDUCTIONS**

Alimony Paid to: \_\_\_\_\_ Social Security # \_\_\_\_\_ \$ \_\_\_\_\_  
 Payments to an IRA: Taxpayer \$ \_\_\_\_\_ Regular / Roth Spouse \$ \_\_\_\_\_ Regular / Roth  
 Qualifying Student Loan Interest \$ \_\_\_\_\_ Qualified Educator Expense \$ \_\_\_\_\_

**CREDITS**

**CHILD AND DEPENDENT CARE CREDIT (to allow both parents or head of household to work)**

Name of Provider \_\_\_\_\_ Address (#, Street, City, State, Zip) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Child Cared For \$ \_\_\_\_\_

**AMERICAN OPORTUNITY AND LIFETIME LEARNING CREDIT / TUITION DEDUCTION (FORM 1098-T REQUIRED)**

Student Name	A.O. or Lifetime Credit	Tuition and Fees	Books	Scholarships/Grants/GI Bill
_____	A.O. Credit Lifetime	\$ _____	\$ _____	\$ _____
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