

CLIENT INFORMATION

	Taxpayer	Spouse	Contact Information
Last Name			Home Phone # _____
First Name			Work Phone # _____
Cell 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 \$ _____ <input type="checkbox"/> Direct Cont.	\$ _____

INTEREST EXPENSE

Home Mortgage Interest on Form 1098:	
_____	\$ _____
_____	\$ _____
_____	\$ _____

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 2018 for '17	\$ _____
Estimated State income taxes paid in 2018	\$ _____
Sales Taxes on Vehicles, Boats & Other Items	\$ _____
Real Estate Tax on Personal Residence	\$ _____
Real Estate Tax on Investment Property	\$ _____
Personal Property Taxes (Value Based out of state)	\$ _____

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	\$ _____	\$ _____	\$ _____
_____	A.O. Credit Lifetime	\$ _____	\$ _____	\$ _____