

**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:
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**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 ( <b>Not Pre-Tax</b> )	\$ _____
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 <b><i>Paid</i></b> in 2019 for '18	\$ _____
Estimated State income taxes paid in 2019	\$ _____
Sales Taxes on Vehicles, Boats & Other Items	\$ _____
Real Estate Tax on Personal Residence	\$ _____
Real Estate Tax on Investment Property	\$ _____
Qualified Mortgage Insurance	\$ _____

**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	\$ _____	\$ _____	\$ _____