

TAX DATA - 2016

TAXPAYER

SPOUSE

NAME _____

NAME _____

Occupation _____

Occupation _____

Birth Date _____

Birth Date _____

Address _____

Cell # _____ Telephone (work) _____ (home) _____

DEPENDENTS

FULL NAME RELATIONSHIP BIRTHDATE

INCOME (enclose all W-2s, 1099s, & K-1s)

WAGES (# of W-2s) _____

UNEMPLOYMENT _____

TAXABLE INTEREST _____

SOCIAL SECURITY _____

BOND INTEREST:

IRA/ KEOGH/ SEP _____

U.S. _____

PENSION _____

STATE _____

ALIMONY _____

DIVIDENDS _____

STATE TAX REFUND _____

PROPERTY TAX REFUND _____

How many months did you have health insurance in 2016?

DEDUCTIONS

MEDICAL

Prescription medicine _____

Drs, Hospitals, etc _____

Medical Insurance (premiums) _____

Long-term care insurance _____

Parking & Auto miles (19¢) _____

Lodging - medical _____

Eyeglasses, other _____

CONTRIBUTIONS

Paid by check _____

Paid by cash (with receipt) _____

Paid by cash (no receipts - no deduction)

Travel - mileage (14¢) _____

Clothing, household goods, etc.

(Receipts and detail required for all deductions)_

TAXES

Real Estate _____

Auto License (list individually) _____

Sales tax paid (major purchases) _____

2016 State taxes paid in 2015 _____

2016 Estimated tax payments (list in detail)

MISCELLANEOUS

Alimony Paid _____

Tax Service (include mileage) _____

Dependent school costs (list in detail)

Tuition/Supplies _____

Computer/Other _____

College tuition paid _____

(list by student) _____

Investment expense _____

Other _____

INTEREST

Home Mortgage _____

Mortgage interest - 2nd home _____

Home Equity Loan _____

Mortgage interest paid to individuals:

Amount _____

Name/SSN _____

Address _____

School interest paid _____

Mortgage points paid _____

Investment interest paid _____

Mortgage insurance premium paid _____

Refinance (include closing papers)

RETIREMENT

Regular IRA contribution _____
 Roth IRA contribution _____
 Nondeductible IRA cont _____
 Roth conversion _____

CHILD CARE (including amount paid by employer)

Name _____
 Address _____
 Name _____
 Address _____
 Name _____
 Address _____

Date paid _____
 Date paid _____
 Date paid _____
 Date converted _____

Amount paid _____
 Social security (ID#) of payee _____
 Amount paid _____
 Social security (ID#) of payee _____
 Amount paid _____
 Social security (ID#) of payee _____

EMPLOYEE JOB RELATED EXPENSES / CREDITS

MISCELLANEOUS

Job related education:
 Tuition/Books _____
 Mileage _____
 Teaching Supplies _____
 Job Search Cost:
 Fees/resumes, etc _____
 Mileage _____

Other _____
 Safety equipment _____
 Uniforms & Cleaning _____
 Union dues _____
 Work tools _____
 Mileage to and from 2nd job _____
 Safe deposit rental _____
 Other _____

BUSINESS AUTO EXPENSE

Lease payments _____
 Gas & oil _____
 Washes _____
 Tires _____
 Insurance _____
 Interest _____
 License / taxes _____
 Parking tolls _____
 Repairs _____
 Other _____

Year & make of auto _____
 Date purchased _____
 Purchase price _____
 Total '16 miles driven _____
 Bus. '16 miles driven _____

Do you have another vehicle for personal use? _____
 Do you have a mileage log? _____

EMPLOYEE BUSINESS TRAVEL

Airfare _____
 Entertainment _____
 Meals & tips _____
 Telephone _____
 Office supplies _____
 Lodging (# of nights _____) \$ _____
 Promotion (gifts) _____
 Laundry & cleaning _____
 Car rental, taxis, etc. _____
 Other _____

CREDIT YOU MAY QUALIFY FOR

Foreign Tax _____
 Child Care _____
 Education _____
 Retirement _____
 Child Tax _____
 Residential Energy _____
 Elderly/Disabled _____
 Adoption _____

BANKING INFORMATION

If you would like your refund directly deposited to your bank account, please include the institution and bank account number that you would like your refund deposited to. Please bring a cancelled or voided check to verify this information.

Bank name _____
 Bank Routing # (nine digits) _____

Account type Savings Checking Joint
 Account # (ten digits) _____

CAPITAL GAIN (LOSS) SCHEDULE

Security	# of Shares	Date Bought	Date Sold	Sale (Net Proceeds)	Cost (amount paid)	Net Gain (loss)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

INCOME TAXES PAID

Federal Estimates	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Extension
Date	_____	_____	_____	_____	_____
Amount	_____	_____	_____	_____	_____
State Estimates	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Extension
Date	_____	_____	_____	_____	_____
Amount	_____	_____	_____	_____	_____

RECEIPTS, MEMOS, INVOICES, CANCELLED CHECKS & LOG BOOKS ARE REQUIRED BY THE IRS AS PROOF FOR DEDUCTIONS CLAIMED. ENCLOSE YOUR 2017 REAL ESTATE STATEMENT (STATE COPY) OR 2016 RENT CREDIT FORM IF YOU WOULD LIKE A REFUND FORM PREPARED.