

DID YOU MAKE ESTIMATED TAX PAYMENTS? ___Yes ___No
If yes, complete the box(es) below.

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL
Fed					
State					

INCOME

Wages

Please copy all of your W2 forms and attach. Number of W2s attached: _____

Retirement Benefits

Please copy all of your 1099R forms and attach. Number of 1099Rs attached: _____

Interest

***Review all of your forms 1099-INT and report the following:

Payer's Name	Interest Earned (Box 1)

***Please note – You can enclose copies of form(s) 1099-INT rather than complete the table(s) above. However, you should retain the original(s) with your copy of your tax return.

If federal taxes were withheld or you had interest from US Treasury bonds, please enclose a copy of the 1099-INT in question.

Dividends

***Review all of your forms 1099-DIV and report the following:

Payer's Name	Box 1a -Total Ordinary Dividends	Box 1b – Qualified Dividends	Box 2a – Cap. Gain Distributions

***Please note – You can enclose copies of form(s) 1099-DIV rather than complete the table(s) above. However, you should retain the original(s) with your copy of your tax return.

If you are not sure about the dividends you received, please attach a copy of each 1099-DIV and it will be calculated into the tax return.

Other Benefits/Income Received

Did you have income (or loss) on K-1 from Partnership, LLC, S Corp., Estate or Trust during the tax year?

Attach copies of all K-1s and other Misc. Forms related to other income.

	Unemployment	Alimony	State Refund	Other
Taxpayer				
Spouse				

Do you have funds in a foreign account? Yes No

Did you have any stock sales during the tax year? If yes, submit all 1099B forms. Yes No

Capital Assets Sold (Securities, Real Estate, etc.) Attach copies of Forms 1099B and 1099S.

Description of Property	Date Sold	Sale Price	Depreciation Taken (if applicable)	Cost or Basis

*To qualify for long term capital gain rates, assets sold must have been held for more than one year.

CHILD CARE

Child Care Deductions (Number of Dependents Qualifying: _____)

Provider's Name & Address (Include Individual's Name and/or Org. Name)	SS No. or Federal ID	Amount	

Did you receive employer-provided dependant care assistance benefits? Yes No Amount: \$ _____

Personal Itemized Deductions

Medical	Amount
Prescription Drugs.....	_____
Medical Insurance Premiums.....	_____
Long Term Care Ins. Premiums.....	_____
Medicare Premiums.....	_____
Doctors/Dentists.....	_____
Clinic/Lab Tests.....	_____
Hospitals.....	_____
Eyeglasses/Hearing Aids.....	_____
Orthopedic Shoes/Braces.....	_____
Medical Long Distance Phone.....	_____
Other _____	_____
_____	_____
_____ Miles.....	_____
Fares: Taxi, Bus, etc.....	_____
Do you have a medical savings acct.?	_____

Interest

Deductible Home Mortgage Interest Paid to Financial Institutions.....	_____
Home Equity Interest.....	_____
Deductible Home Mortgage Interest Paid to Individuals:*	
Name Address:*	_____

Social Security No.:*	_____
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	_____
Investment Interest (list).....	_____
_____	_____
_____	_____
_____	_____

Taxes	Amount
Real Estate.....	_____
Personal Property.....	_____
State & Local Income Tax.....	_____

Charitable Contributions

Cash Contributions* _____	_____
_____	_____
_____	_____
_____	_____
Other Than Cash Contributions.....	_____
_____	_____
_____	_____
_____ Miles for Charity	_____

*Contributions of \$250 or more require written substantiation from the organizations.

Miscellaneous Deductions Subject to 2% AGI

Un-reimbursed Employee Business Expense _____	_____
Union & Professional Dues.....	_____
Safe Deposit Box Rental.....	_____
Tax Return Preparation Fee.....	_____
Business Publications.....	_____
Business Telephone Calls.....	_____
Tools, Supplies, Equipment.....	_____
Employment-Related Education.....	_____
Investment Expenses.....	_____
Other _____	_____

Miscellaneous Deductions Not Subject to 2% AGI

Gambling Losses (limited to winnings)..	_____
_____	_____
_____	_____