

PERSONAL INFORMATION

Taxpayer

Spouse

Social Security
Number
First Name
Last Name
Occupation
Date of Birth
Date of Death
Phone Number
Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Dependent Information

First Name

Last Name

Date of Birth

SS Number

Relationship

First Name	Last Name	Date of Birth	SS Number	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child Care Expenses

Name
Address

SS Number or EIN
Amount Paid

Name
Address

SS Number or EIN
Amount Paid

Direct Deposit

Routing Number
Account Number
Name of Institute
Type of Account

POSSIBLE ITEMIZED DEDUCTIONS

(LIST AMOUNTS FOR ITEMS YOU HAVE - KEEP RECIEPTS FOR YOU DEDUCTIONS)

MEDICAL EXPENSES

MEDICAL AND DENTAL
EXPENSES _____

INSURANCE PREMIUMS _____

LONG TERM CARE
PREMIUMS _____

PRESCRIPTION DRUGS _____

MEDICAL MILES DRIVEN _____

TAX EXPENSES

STATE AND LOCAL INCOM
TAX _____

REAL ESTATE _____

PERSONAL PROPERTY _____

MAJOR PURCHASES _____

ACTUAL EXPENSES _____

INTEREST

HOME MORTGAGE
INTEREST _____

REFINANCE POINTS _____

CHARITABLE CONTRIBUTIONS

CHECK OR CASH _____

NON CASH _____

GOODWILL _____

SALVATION ARMY _____

MISCELLANEOUS EXPENSES

(SUBJECT TO 2%
LIMITATION)

UNREIMBURSED EMPLOEE
EXP _____

UNION DUES _____

TAX PREPARATION _____

OTHER EXPENSES _____

SAFE DEPOSIT BOX
RENTAL _____

INVESTMENT EXPENSES _____

BOND PREMIUM AMOUNT _____

GAMBLING LOSSES _____