

3. WAGE, SALARY INCOME

Attach W-2s

Employer	Taxpayer	Spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. INTEREST INCOME

Attach 1099-INT & broker statements

Payer	Amount
_____	_____
_____	_____
_____	_____
Tax Exempt	_____
_____	_____
_____	_____

5. DIVIDEND INCOME

From Mutual Funds & Stocks-Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. PARTNERSHIP, TRUST, ESTATE INCOME

List payers of partnership, limited partnership, S-corporation, trust, or estate income -Attach K-1

7. INVESTMENTS SOLD

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest –Attach 1099-B & confirmation slips

Investment	Date Acquired	Date Sold	Cost	Sale Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. PROPERTY SOLD

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Imp.
Personal residence	_____	_____
Vacation Home	_____	_____
Land	_____	_____
Other	_____	_____

9 I.R.A.

Contributions for tax year income

	Amount	Date	Roth?
Taxpayer	_____	_____	_____
Spouse	_____	_____	_____

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for Withdrawal
_____	_____
_____	_____

10. PENSION, ANNUITY INCOME

Attach 1099-R Reason for Payer Payment

Payer	Reason for Payment
_____	_____
_____	_____
_____	_____

Did you receive:	Taxpayer		Spouse	
	Yes	No	Yes	No
Social Security Benefits	_____	_____	_____	_____
Railroad Retirement	_____	_____	_____	_____

Attach SSA 1099, RRB 1099

11. OTHER INCOME

List All Other Income (including non-taxable)

Alimony Received _____
 Child support _____
 Scholarship (Grants) _____
 Unemployment Compensation (repaid) _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery (expenses _____) _____
 Unreported Tips _____
 Director/ Executor's Fee _____
 Commissions _____
 Jury Duty _____
 Worker's Compensation _____
 Disability Income _____
 Veteran's Pension _____
 Payments from Prior Installment Sale _____
 State Income Tax Refund _____
 Other _____

12. MEDICAL/DENTAL EXPENSES

Medical Insurance premiums _____
 Prescription Drugs _____
 Insulin _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Braces _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Medical Therapy _____
 Hospitals and Nursing Homes _____
 Doctor/Dental/Orthodontist _____
 Lodging _____
 Mileage (no. of miles) _____ @ 12¢ _____

13. TAXES PAID

Real Property Tax (attach bills) _____
 Personal Property Tax _____
 Other _____

14. INTEREST EXPENSE

Mortgage interest paid (attach 1098) _____
 Interest paid to individual for your
 home _____
 Home Equity interest paid _____
 Investment interest paid _____
 Margin loan interest paid _____

15. CASUALTY/THEFT LOSS

For property damaged by storm, water, fire, accident, or stolen.

Location of Property _____

 Description of Property _____

 Amount of Damage _____
 Insurance Reimbursement _____
 Repair Costs _____
 Federal Grants Received _____

16. CHARITABLE CONTRIBUTIONS

Church _____
 United Way _____
 Scouts _____
 Telethons _____
 University, Public TV/Radio _____
 Heart, Lung, Cancer, etc. _____

 Wildlife Fund _____
 Salvation Army, Goodwill _____
 Other _____
 Non-Cash _____
 Volunteer (no. of miles) _____ @ 12¢ _____

17. JOB-RELATED MOVING EXPENSES

Date of move _____
 Move Household Goods _____
 Travel to New Home (no. of miles) _____
 Lodging During Move _____

18. EMPLOYMENT-RELATED EXPENSE THAT YOU PAID (Not self-employed)

Dues ----Union, Professional _____
 Books, Subscriptions, Supplies _____
 Licenses _____
 Tools, Equipment, Safety Equip. _____
 Uniforms (include cleaning) _____
 Sales Expense, Gifts _____
 Tuition, Books (work related) _____
 Entertainment _____
 Office in home:
 In Square a) Total home _____
 Feet b) Office _____ c)Storage _____
 Rent _____ Insurance _____
 Utilities _____
 Maintenance _____

19. CHILD & OTHER DEPENDANT CARE EXPENSES

Name of Care Provider	Address	Soc.Sec.No.or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

20. BUSINESS MILEAGE

Do you have written records? Yes No
 Did you sell or trade in a car used for business? Yes No
 If yes, attach copy of purchase agreement

Make/Year Vehicle _____
 Date Purchased _____
 Total Miles (personal & business) _____
 Business Miles (not to and from work) _____
 From First to Second Job _____
 Education (one way, work to school) _____
 Job seeking _____
 Other Business _____
 Round Trip Commuting Distance _____
 Gas, Oil, Lubrication _____
 Batteries, Tires, etc. _____
 Repairs _____
 Wash _____
 Insurance _____
 Interest _____
 Lease Payments _____
 Garage Rent _____

21. BUSINESS TRAVEL

If you are not reimbursed for exact amount, give total expenses.
 Airfare, Train, etc. _____
 Lodging _____
 Meals (no. of days _____)
 Taxi, Car Rental _____
 Other _____
 Reimbursement Received _____

22. INVESTMENT-RELATED EXPENSES

Tax Preparation Fee _____
 Safe Deposit Box Rental _____
 Mutual Fund Fee _____
 Investment Counselor _____
 Other _____

23. ESTIMATED TAX PAID

Due Date	Date Paid	Federal	State

24. OTHER DEDUCTIONS

Alimony Paid to _____
 Social Security No. _____ \$ _____
 Student Interest Paid \$ _____

25. EDUCATION EXPENSES

Student's Name	Type of Expense	Amount

26. QUESTIONS, COMMENTS, & OTHER INFORMATION

Residence:
 Town _____ County _____
 Village _____ School Dist. _____
 City _____