

Dividend income (Provide 1099DIV forms)

Payer:	Total:	Capital Gains:	Ordinary Dividend:
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)

Capital gains (Provide 1099B forms)

Description:	Date Acquired:	Date Sold	Cost:	Sale Price:
(_____)	(__/__/__)	(__/__/__)	(_____)	(_____)
(_____)	(__/__/__)	(__/__/__)	(_____)	(_____)
(_____)	(__/__/__)	(__/__/__)	(_____)	(_____)

Pension / IRA Distribution (Provide 1099R forms)

Payer:	Gross Distribution:	Taxable Amount:	Roth Conversion:	Reason for withdrawal:
(_____)	(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)	(_____)
(_____)	(_____)	(_____)	(_____)	(_____)

State tax refund (Provide 1099G form)

Amount Received: (_____)

Alimony Received (does not include child support)

Payer Name: (_____) Payer SSN: (____ - ____ - ____) Amount: (_____)

Unemployment Received (Provide 1099G form)

Amount Received: (_____)

Social Security Received (Provide SSA-1099 forms)

Amount Received Taxpayer: (_____) Spouse: (_____)

Self Employed / Business Income (please fill out page 4): (_____)

Income from Rental property (please fill out page 5): (_____)

Miscellaneous Income

Tips (not on W2): (_____) Gambling winnings (provide W-2Gs): (_____) Child Support: (_____)

Scholarships/Grants: (_____) Jury Duty Pay: (_____)

Other (Description and amount): (_____)

Deductions

Medical and Dental Expenses – After Tax

Insurance premiums: () Medical miles driven: () Out of pocket expenses: ()

Did you have health insurance for every month of 2017? Yes () No () Please attach forms 1095 A, B and/or C
Taxes Paid

State and local income tax: () Real estate taxes (personal residence): ()

Real estate taxes (other non-rental property): ()

Interest Paid (Provide 1098 Forms)

Home Mortgage Interest Paid (1st): () Home Mortgage Interest Paid (2nd): ()

Home Mortgage Equity Line: () Private Mortgage Insurance Premiums: ()

Student Loan Interest: ()

Contributions to Qualified Organizations/501C3s (Provide Documentation)

Cash, Check, Credit Card: () Value of donated items: ()

Miscellaneous Deductions

Unreimbursed Employee Business Expenses: () Tax Return Prep Fees: ()

Investment Fees: () Safety Deposit Box Rental: ()

Educator Expenses: () Other: ()

Child and Dependent Care Expenses

Name of Care Provider: () Address: ()

SSN or Federal ID: () Amount: ()

Name of Care Provider: () Address: ()

SSN or Federal ID: () Amount: ()

Do you pay tuition to any primary or secondary private schools? Yes () No ()

Education Expenses

Tuition (Attach 1098 T Forms)

Student Name: () Amount: ()

Institution Name: () Institution Federal ID: (-)

Student Name: () Amount: ()

Institution Name: () Institution Federal ID: (-)

Amount Paid for required books/supplies: ()

	Taxpayer	Spouse
Traditional IRA Contributions:	()	()
Roth IRA Contributions:	()	()
SEP SIMPLE or KEOGH:	()	()

Business Income (Self-Employed)

Principal Business Activity/Profession: (_____) Business Name: (_____)

Business Address: (_____)

Cash Basis: (___) Accrual Basis: (___) First Year: (___)

Income

Gross Receipts or Sales: (_____)

Expenses

Advertising: (_____)

Commissions: (_____)

Employee Benefit Programs: (_____)

Insurance – Other than Health: (_____)

Health Insurance Premiums: (_____)

Interest: (_____)

Legal and Professional Fees: (_____)

Office Supplies and Expense: (_____)

Rent (property): (_____)

Equipment Rental: (_____)

Repairs: (_____)

Supplies: (_____)

Taxes: (_____)

Travel: (_____)

Mileage:

Business Miles: (_____)

Total Miles: (_____)

*If claiming actual automobile expenses:

Repairs: (_____) Interest: (_____)

Gas: (_____) Oil Changes: (_____)

Insurance: (_____) License: (_____)

Merchant Fees: (_____)

Bank Fees: (_____)

Software: (_____)

Professional Development: (_____)

Dues and Subscriptions: (_____)

Postage and Delivery: (_____)

Meals and Entertainment: (_____)

Utilities: (_____)

Wages: (_____)

Web Expense: (_____)

Phone: (_____)

Internet: (_____)

*If deducting home office expense use page 6

Assets Purchased:

Description: (_____)

Date: (___/___/___) Amount: (_____)

Description: (_____)

Date: (___/___/___) Amount: (_____)

Rental Property

Property Address: _____ % Ownership (____) Property Type _____
 Property 1 (_____) (____) (____)
Street City, State Zip

Property 2 (_____) (____) (____)
Street City, State Zip

Income/Rent Received: **Property 1** (____) **Property 2** (____)

Check if property was purchased or converted to rental property during the tax year: (___)

Expenses:

- Advertising: (____) (____)
- Association Dues: (____) (____)
- Cleaning: (____) (____)
- Insurance: (____) (____)
- Contract Labor: (____) (____)
- Yard Maintenance: (____) (____)
- Professional Fees: (____) (____)
- Management Fees: (____) (____)
- Mortgage Interest: (____) (____)
- Other Interest: (____) (____)
- Repairs/Maint: (____) (____)
- Supplies: (____) (____)
- Property Taxes: (____) (____)
- Telephone: (____) (____)
- Utilities: (____) (____)
- Other: (____) (____)

Number of Days Rented or Available for Rent:
 Property 1: (____)
 Property 2: (____)

Mileage:
 Business Miles: (____)
 Total Miles: (____)

Depreciable Improvements/Assets:
 Date: (___/___/___) Amount: (____) Description: (____)
 Date: (___/___/___) Amount: (____) Description: (____)
 Date: (___/___/___) Amount: (____) Description: (____)
 Date: (___/___/___) Amount: (____) Description: (____)

Home Office Deduction

Property:

Square feet of home: (_____)

Square feet used for business: (_____)

Expenses:

Insurance: (_____)

Internet: (_____)

Mortgage Interest: (_____)

Rent: (_____)

Repairs/Maint: (_____)

Property Taxes: (_____)

Telephone: (_____)

Utilities: (_____)

Other: (_____)

Miscellaneous Items

Alimony Paid

SSN of Payee: (____ - ____ - ____)

Amount Paid: (_____)

Estimated Tax Payments

Federal

Overpayment – previous tax year: (_____)

Quarter 1: Amount (_____) Date Paid (___/___/___)

Quarter 2: Amount (_____) Date Paid (___/___/___)

Quarter 3: Amount (_____) Date Paid (___/___/___)

Quarter 4: Amount (_____) Date Paid (___/___/___)

State

Overpayment – previous tax year: (_____)

Quarter 1: Amount (_____) Date Paid (___/___/___)

Quarter 2: Amount (_____) Date Paid (___/___/___)

Quarter 3: Amount (_____) Date Paid (___/___/___)

Quarter 4: Amount (_____) Date Paid (___/___/___)

Notes, Comments or Questions:
