

TAX DATA SHEET FOR TAX YEAR _____

Tax Payer Name:	_____	SS#	_____
	Date of Birth: _____		_____
Tax Payer Name:	_____	SS#	_____
	Date of Birth: _____		_____
Address:	_____	Main Ph:	_____
County:	_____		_____
Email:	_____	Cell:	_____
Employment:	_____	Occupation:	_____
Employment:	_____	Occupation:	_____

CHILDREN AND/OR DEPENDENTS (IF APPLICABLE)

NAME:	SS#	RELATIONSHIP	DOB	LIVE IN HOME/INCOME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Filing Status: Single Married Filing Joint Married Filing Single Head of Household

Income: Please provide: W2s, Social Security info, pensions and annuities, and any other income info, dividend and interest income (Form 1099), investment statements, rental, farm or business

Gains and/or Losses: Any gain or loss from a sale or exchange of assets

Health Coverage: Please indicate if you and/or your family had health coverage for the entire year. If not, please indicate how many complete months you were covered. Provide Forms 1095-A, 1095-B, or 1095-C, whichever you received. We must report a penalty if any of your family did not have Ins. for the full year. Let us know if you are Exempt.

Estimated Tax Paid this year, if any:		Federal		State
Q1	Date	_____	\$ _____	Date _____ \$ _____
Q2	Date	_____	\$ _____	Date _____ \$ _____
Q3	Date	_____	\$ _____	Date _____ \$ _____
Q4	Date	_____	\$ _____	Date _____ \$ _____

Deductibles or Credits:	Taxpayer 1:	Taxpayer 2:
Traditional IRA	\$ _____	\$ _____
Keogh/SEP Contributio	\$ _____	\$ _____
Student Loan Int Pd	\$ _____	\$ _____
Medical Savings Acct	\$ _____	\$ _____
Other	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

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ITEMIZED DEDUCTIONS:

MEDICAL EXPENSES:	Amounts
Medical Ins	_____
Long Term Care Ins	_____
Hospital Ins	_____
Rx	_____
Doctor (all)	_____
Hospital	_____
Lab	_____
Ambulance	_____
False Teeth	_____
Braces	_____
Therapy	_____
Glasses/Contacts	_____
Hearing Aid	_____
Transp/Mileage	_____

Investment Interest	
Paid To:	For: _____

1099 Mortgage: \$ _____

Causalty Loss/Moving Expenses:
Please Provide Information

TAXES:

CHILD CARE INFO:	Name	_____
ANNUAL \$	Address	_____

DONATIONS TO:	\$	_____

MISC. DEDUCTIONS:	
Business Trip	\$ _____
Union Dues	_____
Tax Prep Cost	_____
Safe Deposit Box	_____
Professional Dues	_____
Uniform/Laundry	_____
Ed. Expense	_____
Tools	_____

Indiana State Deductions or Credits	
State College Contribution:	_____
\$	_____

Estimated Real Estate Tax	_____

Rent Paid	_____
Non-IN Purchase /Use Tax	_____
Other:	_____

This sheet is provided as a general reminder of the data required to prepare your tax return. Call us with questions or concerns.