

GENERAL INFORMATION

Taxpayer's Name _____	Social Security No. _____	Birth Date _____	Occupation _____
Spouse's Name _____	Social Security No. _____	Birth Date _____	Occupation _____
Address _____		City _____	State _____ Zip _____
Home/Cell Phone _____		Business Phone _____	E-mail _____
Resident School District _____		Resident City/Township _____	

DEPENDENTS

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP	MONTHS LIVED IN YOUR HOME	DEPENDENT'S INCOME
					\$
					\$
					\$
					\$
					\$
					\$
					\$

INCOME

WAGES		INTEREST		DIVIDENDS	
EMPLOYER	AMOUNT	RECEIVED FROM	AMOUNT	RECEIVED FROM	AMOUNT
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$

OTHER INCOME

Type of Income	Amount	Type of Income	Amount
Alimony Received	\$	Railroad Retirement - Taxpayer - Tier I	\$
Bartering Income	\$	- Tier II	\$
Disability Income	\$	Railroad Retirement - Spouse - Tier I	\$
Gambling/Lottery Winnings	\$	- Tier II	\$
Jury Duty/Election Board	\$	Social Security Benefits - Taxpayer	\$
Odd Jobs (Babysitting, etc.)	\$	- Spouse	\$
Pension - Taxpayer/Spouse	\$	State or Local Income Tax Refunds	\$
- Taxpayer/Spouse	\$	Scholarships	\$
- Taxpayer/Spouse	\$	Tips (Food Service, Hair Stylist, etc.)	\$
IRA/SEP - Taxpayer/Spouse	\$	Unemployment Compensation	\$
- Taxpayer/Spouse	\$	Prizes and Awards	\$
- Taxpayer/Spouse	\$	Other (Describe)	\$

PERSONAL DEDUCTIONS

MEDICAL

Health Insurance Premiums Paid	\$
Long-Term Care Insurance Paid - Taxpayer	\$
- Spouse	\$
Medicare Premiums	\$
Doctors, Dentists & Nursing Care	\$
Prescribed Medicines & Drugs	\$
Hospital Costs & Lab Fees	\$
Transportation (miles _____) Other Costs	\$
Eyeglasses, Contacts, Hearing Aids, Batteries, etc.	\$
Other (Describe)	\$
	\$

INTEREST

Home Mortgage Interest	\$
2nd Mortgage Interest	\$
Equity/Line of Credit Interest	\$
If Paid to an Individual:	\$
Name	SS#
Address	
City	State
Zip	
Mortgage Insurance Premiums	\$
Points Paid on Purchase or Refinance	\$
Investment Interest Paid	\$
Student Loan Interest	\$

TAXES

Estimates Paid:	1st	2nd	3rd	4th
Federal	\$	\$	\$	\$
State	\$	\$	\$	\$
City	\$	\$	\$	\$
School District	\$	\$	\$	\$
Real Estate Tax	\$			
Sales Tax Paid on Vehicle Purchases	\$			
Other	\$			

CHARITABLE CONTRIBUTIONS

<i>List only those for which you have adequate records.</i>	
Church	\$
Charities:	\$
	\$
	\$
Charity Miles Driven	
Other than cash contributions (Describe):	\$
	\$

CREDITS

Child & Dependent Care Expenses	\$
Adoption Expenses	\$
Home Energy Credit Expenses	\$
Description	
College Tuition & Fees	\$
Other College Expenses	\$
Other Educational Expenses	\$

MISCELLANEOUS

Union/Professional Dues	\$
Safe Deposit Box	\$
Tax Preparation Fee	\$
Uniforms, Safety Shoes, Small Tools	\$
Job Seeking Expenses	\$
Gambling Losses	\$
Other (Describe)	\$

OTHER QUESTIONS

	Yes	No		Yes	No
1. Did your marital status change this year?			10. Did you have rental property this year?		
2. Are you or your spouse blind or disabled?			11. Did you buy or sell any shares of stock or mutual fund?		
3. Any changes in dependents from last year?			12. Did you buy or sell any real estate during the year?		
4. Did you pay for child care while you worked?			13. Did you receive unemployment compensation this year?		
5. Did you purchase a new hybrid vehicle this year?			14. Did you or your spouse receive tip income this year?		
6. Did you make any energy improvements to your home?			15. Do you have income from a partnership, estate or trust?		
7. Did you contribute to an IRA, SEP or Roth IRA?			16. Do you or your spouse PAY or RECEIVE alimony?		
8. Did anyone in your household attend college?			17. Do you use your personal vehicle in your business?		
9. Did you operate a business in the current year?			18. Did you pay or were you reimbursed for other business expenses?		