

	Taxpayer	Spouse
Name:		
Soc. Sec. No. *		
Occupation:		
Date of Birth:		
Cell Phone:		
Business Phone:		
Email:		
Street Address:		
City, State, Zip:		

BANK INFORMATION FOR DIRECT DEPOSIT OF YOUR REFUNDS

Bank Name:	
Routing Number:	
Account Number:	

CHILDREN AND OTHER DEPENDENTS

Name	Relation	Date of Birth	Gross Income	Investment Income	Soc. Sec. No.*
1.					
2.					
3.					
4.					
5.					

*** Provide only if a new client or a new dependent is added.**

TUITION & CHILD CARE PROVIDER INFORMATION

Tuition Paid & Books -Post secondary education or grad school, books. (must furnish 1098-T)	
Name of School	Amount Paid
Child Care Provider	Amount Paid
Name:	
Address:	EIN: (EIN is required for this credit)

WAGES & SALARIES – ATTACH ALL COPIES OF W-2 FORMS, 1099 or 1099-R

ESTIMATED INCOME TAX DATA

	FEDERAL		KENTUCKY	
	Date Paid	Amount	Date Paid	Amount
Prior Yr. Overpymts. Cr.				
1 st Installment				
2 nd Installment				
3 rd Installment				
4 th Installment				
TOTALS				

INTEREST INCOME

(ATTACH 1099 FORMS, IF AVAILABLE AND SKIP THIS SECTION)

JTS	SOURCE	AMOUNT

J=Joint T=Taxpayer S=Spouse

DIVIDEND INCOME

(Attach Forms 1099, if available and skip this section)

SOURCE	TOTAL DIVIDENDS	CAP. GAIN DIST.	NONTAX DIST.

COMPLETE THE FOLLOWING:

KIND OF PROPERTY AND DESCRIPTION (Example, 100 sh. Of Z Co.)	DATE ACQUIRED	DATE SOLD	GROSS SALES PRICE	COST OR BASIS + EXP. OF SALE	GAIN OR LOSS

Provide broker statements, if available

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES:	AMOUNT
Prescription Drugs (Total)	
Medical Travel _____ miles @ 20 cents per mile	
Hospitals, Lab fees, X-rays, Nurses, Doctors (Total)	
Lodging (but not meals) while away from home for essential medical care	
Health Insurance Premiums **do not include amounts paid by your employer**	
Long term care insurance	
Reimbursement under medical insurance - Please show total reimbursements received directly by you for medical expenses <i>listed above</i>	
TAXES:	
Real Estate Tax	
Personal Property Tax-i.e. cars, boats, motorcycles (do not include sales tax from vehicle purchases)	
State, Local, County Income Taxes – if not on W-2	
Sales tax paid on major purchases (i.e. vehicles, appliances, equipment)	
INTEREST EXPENSES:	
Home Mortgages	
Home Equity Loans, if used to buy, build or improve a 1 st or 2 nd home	
Points Paid on Mortgage Refinances	
Points Paid – Home Purchase	
Student Loan Interest	
CONTRIBUTIONS: Additional substantiation requirements if more than \$250 per donation	
Church	
Other	
Charitable Travel _____ miles @ \$.14 per mile	
NOTE: If you made contributions of property (such as Goodwill), attach a description including the date you gave it, the original cost, and how you figured its value. Bring receipts to your interview. PLEASE NOTE THIS DEDUCTION IS SEVERELY RESTRICTED	
CASUALTY OR THEFT LOSSES – ATTACH EXPLANATION	

CHECK APPROPRIATE BOX

YES NO

- Did you receive **Social Security** or **retirement income** at any time during the year? **(furnish form)**
- Do you have any non-employer provided retirement? If yes, any contributions this year?
- Do you have a KEOGH (self-employed) retirement plan? Furnish details as to contribution made, statement of account, etc.
- Did you pay for the care of a dependent who is under 13 or incapacitated, to enable you and your spouse to work or be a full-time student?
- Did you pay or receive alimony?
- Are you happy?

DID YOU HAVE INCOME (OR LOSS) FROM THE FOLLOWING SOURCES:

YES NO

- Operation of a business, farm or rental property. Furnish detail of income & expenses.
- Partnerships, estates, trusts, small business corporations. **Furnish K-1s**
- Sale or exchange of assets (including personal residence)?
- Miscellaneous income such as director's fees, commissions, prizes, etc. not listed elsewhere? Furnish detail.
- Would you like a password-protected electronic copy of your tax return e-mailed to you?

Please sign and date...

(Signature)

(Date)

(Signature)

(Date)