

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

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

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 @ IRS mileage rate: see www.TheLaneCPA.com | |
| 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 | |
| | |
| How much was your stimulus check: | |
| How much did you receive in advanced child tax credit payments: | |
| | |
| | |
| | |
| | |
| | |

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?

Do you like tacos?

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)