

	Taxpayer		Spouse	
Name				
Soc. Sec. No. *				
Occupation				
Date of Birth				
Home Address				Zip Code
Telephone No.	Home:	Business:		
Email			Cell:	

CHILDREN AND OTHER DEPENDENTS

Name	Relation	Birthdate	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 OR 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

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 @ 19 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	
State, Local, County Income Taxes – if not on W-2	
INTEREST EXPENSES:	
Home Mortgages	
Home Equity Loans	
Points Paid on Mortgage Refinances	
Points Paid – Home Purchase	
Student Loan Interest	
Home mortgage insurance (PMI) (Date of mortgage? _____)	
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	
MISCELLANEOUS DEDUCTIONS:	
Job Hunting Costs	
Safe Deposit Box	
Tax Service Fee	
Union & Professional Dues	
Uniforms & Work Tools	
Investment Expenses	
Required Education	

CHECK APPROPRIATE BOX

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive Social Security or retirement income at any time during the year? (furnish form) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any non-employer provided retirement? If yes, any contributions this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a KEOGH (self-employed) retirement plan? Furnish details as to contribution made, statement of account, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you operate your auto for business purposes and were you reimbursed less than 56 cents per mile? Did you incur other employee business expenses, which were not fully reimbursed (UNREIMBURSED EMPLOYEE EXPENSE)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur MOVING EXPENSES in connection with a change of jobs? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay or receive alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have health insurance for you and your dependents for the entire year? |

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

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Operation of a business, farm or rental property. Furnish detail of income & expenses. |
| <hr/> | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Partnerships, estates, trusts, small business corporations. Furnish K-1s |
| <input type="checkbox"/> | <input type="checkbox"/> | Sale or exchange of assets (including personal residence)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Miscellaneous income such as director's fees, commissions, prizes, etc. not listed elsewhere? Furnish detail. |

Please sign and date...

(Signature)

(Date)

(Signature)

(Date)