

	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

<b>Tuition Paid &amp; Books</b> -Post secondary education or grad school, books. (must furnish 1098-T)	
<b>Name of School</b>	<b>Amount Paid</b>
<b>Child Care Provider</b>	<b>Amount Paid</b>
<b>Name:</b>	
<b>Address:</b>	<b>EIN:</b> (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 <sup>st</sup> Installment				
2 <sup>nd</sup> Installment				
3 <sup>rd</sup> Installment				
4 <sup>th</sup> Installment				
<b>TOTALS</b>				

## 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

<b>MEDICAL EXPENSES:</b>	<b>AMOUNT</b>
Prescription Drugs (Total)	
Medical Travel _____ miles @ 16 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 <b>**do not include amounts paid by your employer**</b>	
Long term care insurance	
Reimbursement under medical insurance - Please show total reimbursements received directly by you for medical expenses <i>listed above</i>	
<b>TAXES:</b>	
Real Estate Tax	
Personal Property Tax-i.e. cars, boats, motorcycles ( <b>do not include sales tax</b> from vehicle purchases)	
State, Local, County Income Taxes – if not on W-2	
Sales tax paid on major purchases (i.e. vehicles, appliances, equipment)	
<b>INTEREST EXPENSES:</b>	
Home Mortgages	
Home Equity Loans, if used to buy, build or improve a 1 <sup>st</sup> or 2 <sup>nd</sup> home	
Points Paid on Mortgage Refinances	
Points Paid – Home Purchase	
Student Loan Interest	
<b>CONTRIBUTIONS: Additional substantiation requirements if more than \$250 per donation</b>	
Church	
Other	
Charitable Travel _____ miles @ \$.14 per mile	
<b>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</b>	
CASUALTY OR THEFT LOSSES – ATTACH EXPLANATION	
<b>How much was your stimulus check:</b>	
<b>How much did you receive in advanced child tax credit payments:</b>	

**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)