|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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. |  |  |  |  |
| 1st Installment |  |  |  |  |
| 2nd Installment |  |  |  |  |
| 3rd Installment |  |  |  |  |
| 4th 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 *listed above* |  |
| 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**

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 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)?

Did you incur MOVING EXPENSES in connection with a change of jobs?

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?

**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

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.

Please sign and date...

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)