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

### CHILDREN AND OTHER DEPENDENTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relation | Date of Birth | GrossIncome | 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. |  |  |  |  |
| 1st Installment |  |  |  |  |
| 2nd Installment |  |  |  |  |
| 3rd Installment |  |  |  |  |
| 4th 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 @ 18 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 (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 1st or 2nd 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?

**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.

Would you like a password-protected electronic copy of your tax return e-mailed to you?

Please sign and date...

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

(Signature) (Date)

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

 (Signature) (Date)