2018 Taxpayer/Spouse Name	Cax Worksheet - F Birthdate	Please fill out and bring to your appointment! Social Security # (please verify) Occupation			
NEW ADDRESS (if any) PHONE NUMBERS Home ***Email	W	ork	Cell	F	`ax **
DEPENDENTS (if new clien Name		, list changes fro Birthdate	m last tax yea	ar): Social Security	# (please verify)
SOURCES OF INCOME: W-2		Gross \$		Federal Tax	State Tax \$
				·	
1099-R	Total W-2	\$			
Soc. Security					
1099-MISC					
Unemployment State Tax Refund Alimony Received Gambling Winnings (1099-G))				
Other	Total Tax Withhe	eld		\$	\$
2018 ESTIMATED TAX PA 1 st (YMENTS: Quarter	2 nd Quarter		3 rd Quarter	4 th Quarter
Date Paid:					
INTEREST INCOME:	\$		Alimony Pa Name:		\$ SSN:
DIVIDEND INCOME: \$ \$ \$			Educator Out-of-Pocket Expenses \$ Early Withdrawal Penalties \$ EDUCATION DEDUCTIONS/CREDITS: \$ Student Loan Interest \$ Triving during the base of the state o		
SPECIAL ADJUSTMENTS:\$HSA Contributions (not on W-2)\$IRA Deposits (not on W-2)\$			Tuition (by individual, per form 1098T) \$ Undergraduate Studies \$ Graduate Studies \$ Required Books & Supplies \$ Other \$		ies \$ \$
Roth Deposits (not on W-2) Roth Deposits (not on W-2) Keogh/SEP Deposits(not or) \$		Taxpayer Name: 2018		
□ ID Verification (for prepa	urer use)		DIGITA	L MA	AIL PICK UF

(Must request paper copy-\$15 addt'l charge applies)