

**2019 Tax Worksheet - Please fill out and bring to your appointment!**

**Taxpayer/Spouse Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Social Security # (please verify)** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**NEW ADDRESS (if any)** \_\_\_\_\_  
**PHONE NUMBERS** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
**Taxpayer Email:** \_\_\_\_\_ **Spouse Email:** \_\_\_\_\_

**DEPENDENTS (if new client, list all; otherwise, list changes from last tax year):**

| Name  | Birthdate | Social Security # (please verify) |
|-------|-----------|-----------------------------------|
| _____ | _____     | _____                             |
| _____ | _____     | _____                             |
| _____ | _____     | _____                             |
| _____ | _____     | _____                             |

| <b>SOURCES OF INCOME:</b>        | Gross    | Federal Tax | State Tax |
|----------------------------------|----------|-------------|-----------|
| W-2 _____                        | \$ _____ | \$ _____    | \$ _____  |
| _____                            | _____    | _____       | _____     |
| _____                            | _____    | _____       | _____     |
| _____                            | _____    | _____       | _____     |
| Total W-2                        | \$ _____ | _____       | _____     |
| 1099-R _____                     | _____    | _____       | _____     |
| Soc. Security _____              | _____    | _____       | _____     |
| 1099-MISC _____                  | _____    | _____       | _____     |
| Unemployment _____               | _____    | _____       | _____     |
| State Tax Refund _____           | _____    | _____       | _____     |
| Alimony Received _____           | _____    | _____       | _____     |
| Gambling Winnings (1099-G) _____ | _____    | _____       | _____     |
| Other _____                      | _____    | _____       | _____     |
| Total Tax Withheld               | _____    | \$ _____    | \$ _____  |

**2019 ESTIMATED TAX PAYMENTS:**

|              | 1 <sup>st</sup> Quarter | 2 <sup>nd</sup> Quarter | 3 <sup>rd</sup> Quarter | 4 <sup>th</sup> Quarter |
|--------------|-------------------------|-------------------------|-------------------------|-------------------------|
| Date Paid:   | _____                   | _____                   | _____                   | _____                   |
| Amount Paid: | _____                   | _____                   | _____                   | _____                   |
|              |                         |                         | Total Amount: \$        | _____                   |

**INTEREST INCOME:**

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

**DIVIDEND INCOME:**

|       |          |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

**SPECIAL ADJUSTMENTS:**

|                                  |          |
|----------------------------------|----------|
| HSA Contributions (not on W-2)   | \$ _____ |
| HSA Distributions (Form 1099-SA) | \$ _____ |
| IRA Deposits (not on W-2)        | \$ _____ |
| Roth Deposits (not on W-2)       | \$ _____ |
| Keogh/SEP Deposits(not on W-2)   | \$ _____ |

|                                 |          |
|---------------------------------|----------|
| Alimony Paid                    | \$ _____ |
| Name: _____ SSN: _____          |          |
| Educator Out-of-Pocket Expenses | \$ _____ |
| Early Withdrawal Penalties      | \$ _____ |

**EDUCATION DEDUCTIONS/CREDITS:**

|                                         |          |
|-----------------------------------------|----------|
| Student Loan Interest                   | \$ _____ |
| Tuition (by individual, per form 1098T) | \$ _____ |
| Undergraduate Studies                   | \$ _____ |
| Graduate Studies                        | \$ _____ |
| Required Books & Supplies               | \$ _____ |
| Other                                   | \$ _____ |

|                      |             |
|----------------------|-------------|
| Taxpayer Name: _____ | <b>2019</b> |
|----------------------|-------------|

**ID Verification (for preparer use)**

**DIGITAL MAIL PICK UP**  
*(Must request paper copy-\$15 add'l charge applies)*