

2014 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 _____
 *****Email:** _____ ***

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

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

| SOURCES OF INCOME: | 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 | _____ | \$ _____ | \$ _____ |

2013 ESTIMATED TAX PAYMENTS:

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

INTEREST INCOME:

_____ \$ _____

_____ \$ _____

_____ \$ _____

DIVIDEND INCOME:

_____ \$ _____

_____ \$ _____

_____ \$ _____

SPECIAL ADJUSTMENTS:

HSA Contributions (not on W-2) \$ _____

IRA Deposits \$ _____

Roth Deposits \$ _____

Keogh/SEP Deposits \$ _____

Alimony Paid \$ _____

Name: _____ SSN: _____

Educator Out-of-Pocket Expenses \$ _____

Early Withdrawal Penalties \$ _____

EDUCATION DEDUCTIONS/CREDITS:

Student Loan Interest \$ _____

Tuition (by individual, per form 1098T) \$ _____

Freshman/Sophomore \$ _____

Junior/Senior \$ _____

Required Books & Supplies \$ _____

Other \$ _____

Taxpayer Name: _____

2014

Please Circle your preference
 for delivery of your copy of taxes

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PICK UP MAIL EMAIL