

2015 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	_____	\$ _____	\$ _____

2015 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: _____

2015

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