Birthdate Social Security # (please verify) Occupation Taxpayer/Spouse Name NEW ADDRESS (if any) ________ Work ____ Cell _____ Fax ______ *** ***Email: **DEPENDENTS** (if new client, list all; otherwise, list changes from last tax year): Birthdate Social Security # (please verify) Name **SOURCES OF INCOME:** Federal Tax State Tax Gross W-2 Total W-2 Soc. Security____ 1099-MISC _____ Unemployment State Tax Refund Alimony Received Gambling Winnings (1099-G) Other ____ Total Tax Withheld **2017 ESTIMATED TAX PAYMENTS:** 2nd Quarter 3rd Ouarter 4th Quarter 1st Quarter Date Paid: Amount Paid: Total Amount: \$ Alimony Paid **INTEREST INCOME:** Name:_____ SSN: Educator Out-of-Pocket Expenses Early Withdrawal Penalties \$ **DIVIDEND INCOME:** EDUCATION DEDUCTIONS/CREDITS: Student Loan Interest Tuition (by individual, per form 1098T) \$ Undergraduate Studies \$ **SPECIAL ADJUSTMENTS: Graduate Studies** \$ Required Books & Supplies HSA Contributions (not on W-2) Other IRA Deposits (not on W-2) Roth Deposits (not on W-2) \$ Taxpayer Name: Keogh/SEP Deposits(not on W-2) DIGITAL MAIL

☐ ID Verification (for preparer use)

2017 Tax Worksheet - Please fill out and bring to your appointment!

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