

SALARIES List all employers and indicate husband or wife – Attach your W-2 Form from your employer.

H/W	Employer's Name	H/W	Employer's Name

CHECK HERE IF YOU ARE AN ACTIVE PARTICIPANT IN A PROFIT SHARING PLAN SELF SPOUSE

INTEREST YOU EARNED			DIVIDENDS YOU EARNED			
Attach your 1099 Forms or copy of year-end broker statement			Attach your 1099 Forms or copy of year-end broker statement			
HWJ	FROM WHOM RECEIVED	AMOUNT	HWJ	FROM WHOM RECEIVED	AMOUNT	# Of Shares Held on 12/31
		\$			\$	
		\$			\$	
	Tax Exempt Interest	\$			\$	
	Interest Income from Seller-Financed Mortgage	\$			\$	
	List Name of Payer _____				\$	
	Address _____				\$	
	Social Security Number _____				\$	

ATTACH ADDITIONAL SHEETS IF NECESSARY (If children under 14 had income for more than \$700, provide details.)

CAPITAL GAINS/LOSSES Sales of Real Estate, Personal Property, Stocks Bonds, etc.	ITEM SOLD	DATE SOLD	DATE ACQ'D	SELLING PRICE	COST	GAIN (LOSS)
						\$
					\$	\$
					\$	\$

	Property# 1	Property# 2	Property# 3
Rental Income			
Description and Address of Property			
Gross Rents	\$	\$	\$
Expenses			
Advertising	\$	\$	\$
Cleaning & Maintenance	\$	\$	\$
Commissions	\$	\$	\$
Insurance	\$	\$	\$
Mortgage Interest	\$	\$	\$
Repairs	\$	\$	\$
Supplies	\$	\$	\$
Taxes	\$	\$	\$
Utilities	\$	\$	\$
Other*	\$	\$	\$
Improvements	\$	\$	\$
What percentage of the property did you occupy during the year?	%	%	%
Check here is you actively participated in the operation.			
If this is a vacation home or condo; how many days was the property occupied by you?			
Attach closing statements for properties purchased, sold or refinanced during the current tax year.			

OTHER	
Pensions (Attach W-2P or 1099R)	\$
IRA Distributions (Attach 1099R)	\$
Partnerships (Attach K-1)	\$
Do you actively participate in this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
S. Corp (Attach K-1)	\$
Do you actively participate in this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estates or Trusts (Attach K-1)	\$
Proceeds of Installment Sales	\$
Alimony Received	\$
Social Security (Attach SSA 1099)	\$
State Income Tax Refund	\$
Tips (not included on W-2)	\$
Lottery or Other Winnings (Attach W-2G)	\$
Unemployment Compensation	\$
Farm Income (Attach Detail)	\$
Other	\$
If self-employed attach schedule of income and expenses	

	Taxpayer	Spouse
IRA contributions	\$	\$
Roth IRA contributions	\$	\$
NOTE: If your company has a pension plan your IRA contribution may be limited. This also applies to your spouse.		
Contributions to a Keogh (H.R. 10) Retirement Plan	\$	\$
Penalty for Early Withdrawal of Savings	\$	\$
Alimony – Paid to:	Social Security #:	
	\$	\$
Job-Related Educational Expenses:		
<i>Taxpayer</i> Books:\$	Tuition: \$	Miles Driven (from work to school)
<i>Spouse</i> Books:\$	Tuition: \$	Miles Driven (from work to school)
Business Use of Personal Auto:		
<i>Taxpayer</i> - Date Purchased:	Total Miles:	Business Miles: Commuting Miles:
<i>Spouse</i> - Date Purchased:	Total Miles:	Business Miles: Commuting Miles:
Expenses Paid Personally:		
<i>Taxpayer</i> - Gas: \$	Repairs: \$	Insurance: \$ Other:
<i>Spouse</i> - Gas: \$	Repairs: \$	Insurance: \$ Other:
Do you have another vehicle available for personal use?		
If your employer provided you with a vehicle, is personal use during off-duty hours permitted?		
Do you have evidence to support your deduction?		
If yes, is evidence written?		
Reimbursement Received	\$	\$
Other Non-reimbursed Business Expenses: Travel Expenses (Not including meals and entertainment)	\$	\$
Meals and Entertainment	\$	\$
Other	\$	\$
Student Loan (Attach Form 1098E)	\$	\$
Did you move more than 50 miles? If so, furnish details of expenses.		
(Proper substantiation is necessary for all of the deductions listed above)		

ITEMIZED DEDUCTIONS

Medical Insurance Premiums	\$
Long-term Care Premiums	\$
Prescription Medicine & Drugs & Insulin	\$
Miles Driven for Medical Care	\$
Other Medical Transportation & Lodging	\$
Dr.	\$
Dr.	\$
Dr.	\$
Dr.	\$
Dentist	\$
Specialist	\$
Chiropractor	\$
Radiology	\$

Hearing Aids	\$
Eye Glasses	\$
Lab Fees	\$
Ambulance	\$
Hospitals (List)	\$
Hospitals (List)	\$
Insurance Reimbursement on above exp.	\$
Long Term Care Reimbursement (attach 1099 LTC)	\$
Other (List other medical expense below – specify)	\$
	\$
	\$
	\$
	\$

NOTE: Medical Expenses are deductible to the extent they exceed 7.5% of your adjusted gross income.

Interest Paid	
Home mortgage interest (Form 1098)	\$
Home mortgage interest paid to individuals (Attach name, address and social security number of mortgage holder)	\$
Closing points on new home	\$
Closing points on refinancing	\$
Investment Interest	
Interest paid on investment property	\$
Margin Interest	\$
Taxes	
State and local taxes	\$
Real estate taxes	\$
Personal property taxes	\$
	\$

Contributions	
Church/Temple	\$
Other (please list below)	\$
	\$
	\$
	\$
	\$
	\$
Miles Driven for charitable purposes	
Non-cash contributions (list below)	
	\$
	\$
	\$
	\$
	\$

MISCELLANEOUS: (Paid personally)

NOTE: These expenses are deductible only to the extent they exceed 2% of adjusted gross income.

Tax preparation	\$
Uniforms	\$
Tools	\$
Interest Expenses	\$

Safety Deposit Box	\$
Union and professional Dues	\$
Telephone used for business	\$
Professional books and magazines	\$

Casualty losses through fire, storm, theft or casualty not reimbursed – attach sheet with detailed explanation for each separate loss.

Description of Property	Date Purchased	Cost	Fair Market Value before loss	Date of loss	Fair Market Value after loss

HOPE AND LIFETIME LEARNING CREDIT:

Student(s) Name	Tuition and fees paid (do not include books, room board and other expenses)	Were payments for the first 2-years of post-secondary education?

CHILD AND DEPENDENT CARE EXPENSES (Children must be under 13 years old)

Provider's name	Provider's Address	Provider's Social Security or EIN #	Amount Paid

Information about the child for whom the care was provided	
Child's name	Amount Paid

Note: If you paid cash wages of \$1300 or more in the year, or \$1000 or more in any calendar quarter, to an individual for services performed in your home, you may be required to file an employer tax return. Ask your accountant for information.
New Jersey, Massachusetts and California residents: Supply necessary information for renter's credit.

Did you give or receive gifts in excess of \$11,000 from any on individual? If so, please provide name, address and social security number of recipient.

NOTES: _____

DECLARATION: I HAVE REVIEWED THE INFORMATION GIVEN TO YOU ON THIS FORM AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, COMPLETE AND READY FOR YOUR PREPARATION OF MY INCOME TAX RETURN. I ACKNOWLEDGE THAT I HAVE MAINTAINED ADEQUATE DOCUMENTATION TO SUBSTANTIATE ALL DEDUCTIONS THAT I HAVE CLAIMED.

Signature _____ Date _____

(Must be signed)