

## INDIVIDUAL TAX RETURN WORKSHEET

*Please call our office if you would like to receive organizer worksheets with your specific information or worksheets for rental, farm or business tax matters*

Taxpayer (T) _____	Spouse (S) _____
SSN (if new client) _____	SSN (if new client) _____
DOB (if new client) _____	DOB (if new client) _____
Cell ph # _____	Cell ph # _____
Email address: _____	Email address: _____
Address (if new) _____	
County: _____	School District: _____

<b>FOR DIRECT DEPOSIT OF REFUNDS:</b>	
Bank name	_____
Routing Number	_____
Account Number	_____
Checking or savings	_____

### PLEASE BRING IN THE FOLLOWING:

- \* **ALL W2s, 1099 / 1098 (interest, dividend, Patr. Dividend Etc.)**
- \* **ALL tax forms / Correspondence received from the government**
- \* **Documents concerning retirement plan contributions / withdrawals**
- \* **Year-end Social Security benefit statements**
- \* **College tuition expense documentation**
- \* **Any health insurance coverage statements (1095-A, 1095-B, or 1095-C)**

Any new dependents this tax year ? (circle one) YES NO

if yes: Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

### ITEMIZED DEDUCTIONS WORKSHEET

MEDICAL OUT-OF-POCKET EXPENSES:	\$ _____	TAXES PAID:	
(detail)	\$ _____	Real Estate	\$ _____
	\$ _____	Auto license	\$ _____
Charitable Contributions:		Other taxes	\$ _____
Total amount donated:	\$ _____		
Non- cash contributions (date/charity)	\$ _____		

