



**DEPENDENTS**

1. NAME - first, intial, last		RELATIONSHIP		SSN	
BIRTHDATE	STUDENT/DISABLED	INCOME	MOS LIVED W/ YOU	GRADE IN SCHOOL	PUBLIC OR PRIVATE

2. NAME - first, intial, last		RELATIONSHIP		SSN	
BIRTHDATE	STUDENT/DISABLED	INCOME	MOS LIVED W/ YOU	GRADE IN SCHOOL	PUBLIC OR PRIVATE

3. NAME - first, intial, last		RELATIONSHIP		SSN	
BIRTHDATE	STUDENT/DISABLED	INCOME	MOS LIVED W/ YOU	GRADE IN SCHOOL	PUBLIC OR PRIVATE

**INCOME AND DEDUCTION ITEMS - CIRCLE Y OR N; if Yes, then provide tax document....**

Marital status change?	Y OR N	Jury Duty?	Y OR N	Medical expenses?	Y OR N
Address change?	Y OR N	Any 1099-Misc?	Y OR N	Mortgage Interest?	Y OR N
Dependents change?	Y OR N	Rental properties?	Y OR N	Property Taxes?	Y OR N
Dependent of another?	Y OR N	Self-employed?	Y OR N	Rent Certificate?	Y OR N
W-2's?	Y OR N	Work from home?	Y OR N	Charity Donations?	Y OR N
State refund last year?	Y OR N	Health insurance all year?	Y OR N	Cancellation of Det	Y OR N
Interest or Dividends?	Y OR N	HSA account?	Y OR N	College Tuition?	Y OR N
Buy, sell investments?	Y OR N	IRA/SEP contributions out of work?	Y OR N	Bankruptcy?	Y OR N
Unemployment?	Y OR N	IRA to ROTH conversion?	Y OR N	Gift \$15K+?	Y OR N
Retirement distribution?	Y OR N	Student Loan Interest?	Y OR N	Foreign Banks?	Y OR N
Social Sec or Railroad?	Y OR N	Educator?	Y OR N	Live outside US?	Y OR N
K-1's?	Y OR N	Daycare?	Y OR N	Any tax notices?	Y OR N
Gambling?	Y OR N	Buy, sell, refinance home?	Y OR N	MN K12 expenses?	Y OR N
Alimony?	Y OR N	Repaying 1 <sup>st</sup> time homebuyer credit?	Y OR N	529 Contributions?	Y OR N

**ESTIMATED TAX PAYMENTS**

	FEDERAL		STATE	
	\$\$\$	Date Paid	\$\$\$	Date Paid
Prior Year Carryover				
Q1 - April 15				
Q2 - June 15				
Q3 - September 15				
Q4 - December 31 or January Current Year				