

Individual Tax Return Summary

taxpayer name:

	husband	wife	dependent	dependent	dependent	dependent
Cell #						
email address						
home address						
profession						
employed by						
retired? Receiving SS benefits?						
W2 Income						
1099 income/Sched C?						
home office? sq ftg:						
social security #						
DOB / age @ EOY						
filing status last year						
AGI for last year						
Tax due/(refund) last year						
Stimulus/Rebates rcvd last year						

Bring (or send via fax or email) the following: Bank smtms & Credit Card smtms for entire year with cancelled check info (payee), cash receipts, plus all tax documents that you rcvd:

W2s, 1099s, K-1s, IRA, SS & Broker smtms, Tuition smtms, Mortgage & Property tax smtms, Donation rcpts, Dependent care # & payee info) If investment sales, need date & cost of purchase

		husband		wife	
		Previous Yr	Current Yr	Previous Yr	Current Yr
W-2 INCOME	W2 Income				
	1099 INCOME				
	1099-C INCOME (Cancellation of Debt)				
BUSINESS INCOME	NON 1099 INCOME				
K-1 INCOME	K-1 NET REVENUE				
	ADDRESS/TYPE OF PROP				
RENTAL PROPERTY	RENTAL INCOME RCVD				
ROYALTY INCOME	O&G ROYALTIES RECEIVED				
	O&G PROD TAXES WITHHELD				
	O&G DEPLETION/DEPRECIATION				
INVESTMENTS?	RETIREMENT ACCOUNTS?				
	DISTRIBUTIONS TAKEN				
	PARTICIPATE IN 401K/was it rollover?				
	NON-IRA ACCTS(stocks,CD,mutual fund)?				
	DIVIDENDS RECEIVED per 1099				
	INTEREST INCOME per 1099				
	GAINS/LOSSES per 1099				
	GAMBLING LOSSES				
		Veh#1	Veh#2	Veh#1	Veh#2
AUTO EXPENSE	VEHICLE MAKE MODEL YEAR				
	PURCHASE PRICE & DATE PURCHASED				
	USED MILEAGE DEDUCTION LAST YR?				
	MILES:TOTAL/BUS/COMMUTE				
	FUEL/OIL				
	INSURANCE				
	INTEREST ON NOTE PAYMENTS				
	REPAIR/MAINTENANCE				
	TAXES/LICENSES				
	PERMITS/TAGS				
	TOLLS/PARKING				
		Business#1	Business#2	Business#1	Business#2
BUSINESS or RENTAL EXP	BANK FEES				
	BUSINESS ASSETS PURCHASED				
	BUSINESS MEALS & ENTERTAINMENT				
	CONTRACT LABOR				
	CELL PHONE				
	CREDIT CARD FEES/PROCESSING FEES				
	COMPUTER COSTS				
	DUES & SUBSCRIPTIONS				

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taxpayer name:

	<u>husband</u>	<u>wife</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>
	INTEREST/FINANCE CHARGES	_____	_____	_____	_____	_____
	JANITORIAL COSTS	_____	_____	_____	_____	_____
	LEGAL/PROFESSIONAL FEES	_____	_____	_____	_____	_____
	OFFICE SUPPLIES	_____	_____	_____	_____	_____
	POSTAGE/COURIER	_____	_____	_____	_____	_____
	RENTAL EXPENSE	_____	_____	_____	_____	_____
	REPAIR/MAINTENANCE	_____	_____	_____	_____	_____
	TELEPHONE/FAX/INTERNET	_____	_____	_____	_____	_____
	TOOLS/SUPPLIES(non-office)	_____	_____	_____	_____	_____
	TRAVEL EXPENSE	_____	_____	_____	_____	_____
	Travel - Lodging	_____	_____	_____	_____	_____
	Travel - Meals/Entertainment	_____	_____	_____	_____	_____
	Travel - Transportation	_____	_____	_____	_____	_____
	WEB SITE / ADVERTISING	_____	_____	_____	_____	_____
CASUALTY/LOSSES?	describe losses, incl date:	_____	_____	_____	_____	_____
MEDICAL EXPENSES	DOCTOR	_____	_____	_____	_____	_____
	RX	_____	_____	_____	_____	_____
	HOSPITAL	_____	_____	_____	_____	_____
	OTHER MEDICAL	_____	_____	_____	_____	_____
	MILEAGE TO DOCTOR	_____	_____	_____	_____	_____
INSURANCE	paid by employer/reimb?	_____	_____	_____	_____	_____
	HEALTH	_____	_____	_____	_____	_____
	LTD	_____	_____	_____	_____	_____
	LIFE	_____	_____	_____	_____	_____
	HOMEOWNERS	_____	_____	_____	_____	_____
MORTGAGE INTEREST	MAIN HOME	_____	_____	_____	_____	_____
	SECOND HOME	_____	_____	_____	_____	_____
	RENTAL HOME	_____	_____	_____	_____	_____
TAXES	ESTIMATED TAX PAYMENTS	_____	_____	_____	_____	_____
	FEDERAL TAX WITHHELD FROM INCOME	_____	_____	_____	_____	_____
	FEDERAL TAX WITHHELD FROM DISTRIBUTIONS	_____	_____	_____	_____	_____
	FEDERAL TAX ON PRIOR YEAR DEBT	_____	_____	_____	_____	_____
	PROPERTY TAX ON RESIDENCE	_____	_____	_____	_____	_____
	PROPERTY TAX ON RENTAL PROP	_____	_____	_____	_____	_____
	PROPERTY TAX ON BUS.ASSETS	_____	_____	_____	_____	_____
	PROPERTY TAX ON 2ND HOME	_____	_____	_____	_____	_____
	SALES TAX ON MAJOR PURCHASES	_____	_____	_____	_____	_____
UTILITIES	ELECTRIC & GAS	_____	_____	_____	_____	_____
	WATER/SEWER/TRASH	_____	_____	_____	_____	_____
		<u>husband</u>	<u>wife</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>
EDUCATION	TUITION PAID PER STATEMENT	_____	_____	_____	_____	_____
	BOOKS/SUPPLIES	_____	_____	_____	_____	_____
	CHILD CARE.....payee name/address/SS#	_____	_____	_____	_____	_____
	DAYCARE/PRIVATE SCHOOL FEES	_____	_____	_____	_____	_____
	INTEREST ON STUDENT LOANS	_____	_____	_____	_____	_____
		<u>husband</u>	<u>wife</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>
UNREIMBURSED EMP EXP	SEE BUSINESS EXPENSE SECTION	<u>Previous Yr</u>	<u>Current Yr</u>	<u>Previous Yr</u>	<u>Current Yr</u>	<u>Current Yr</u>
	TO COMPILE THE NUMBERS FOR EMPLOYEE'S	_____	_____	_____	_____	_____
	UNREIMBURSED EXPENSES, IF APPLICABLE	_____	_____	_____	_____	_____
DONATIONS	Name, address,date,amt and/or items donated:	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____