

TAX DATA SHEET FOR TAX YEAR \_\_\_\_\_

Taxpayer #1 Name: \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Email \_\_\_\_\_

Cell # \_\_\_\_\_

Taxpayer #2 Name: \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Email \_\_\_\_\_

Cell # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Text or Email when tax returns are completed?

CHILDREN AND/OR DEPENDENTS (IF APPLICABLE)

NAME:	SS#	RELATIONSHIP	DOB	LIVE IN HOME/INCOME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Filing Status:    Single                      Married Filing Jointly                      Married Filing Single                      Head of Household

Income:                      Please provide: W2s, Social Security Info, pensions and annuities, and any other income info, dividend and interest come (Form 1099), investment statements, rental, farm or business

Gains and/or Losses:                      Any gain or loss from a sale or exchange of assets

Health Coverage:                      Please indicate if you and/or your family had health coverage for the entire year. If not, please indicate how many complete months you were covered. Provide Forms 1095-A, 1095-B, or 1095-C, whichever you were issued. Let us know if you are Exempt.

Estimated Tax paid this year, if any:		Federal	State
Q1	Date _____	\$ _____	Date _____   \$ _____
Q2	Date _____	\$ _____	Date _____   \$ _____
Q3	Date _____	\$ _____	Date _____   \$ _____
Q4	Date _____	\$ _____	Date _____   \$ _____

Deductions or Credits:	Taxpayer 1	Taxpayer 2
Traditional IRA	\$ _____	\$ _____
Keogh/SEP Contribution	\$ _____	\$ _____
Student Loan Interest paid	\$ _____	\$ _____
Health Savings Acct	\$ _____	\$ _____
Other	\$ _____	\$ _____

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ITEMIZED DEDUCTIONS:

MEDICAL EXPENSES:	AMOUNTS
Medical Ins	_____
Long Term Care Ins	_____
Prescriptions	_____
Physician & Other Medical Expenses	_____
Transportation/Mileage	_____

TAXES:

Real Estate	_____
Personal Property	_____

DONATIONS:

Cash	_____
Non-cash	_____

Investment Interest  
 Paid to: \_\_\_\_\_ For: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1098 Mortgage Interest \$ \_\_\_\_\_

Child Care Provider Tax ID# \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Amount paid \$ \_\_\_\_\_

Casualty Loss: Please Provide Information

Indiana State Deductions or Credits	
State College Contribution	
_____	\$ _____
_____	\$ _____
Rent Paid	\$ _____
Landlord name/address: _____	
_____	
_____	
529 Contributions	
Acct # _____	\$ _____
Non-IN Purchase/Use Tax	\$ _____
Other	\$ _____