

TAX YEAR \_\_\_\_\_

**TAX-AID**®

**Tax Record Collector**



**Anderson, Davis & Associates**  
 Certified Public Accountants  
 1406 B Crain Hwy South, Suite 204  
 Glen Burnie, Maryland 21061  
 410-766-2645  
 andersondaviscpa.com

**DEPENDENTS**

Name	*SSN # (last 4 digits)	Student	Grade	Income	Relationship	Date of Birth

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_

**INCOME**

**WAGES (W-2 Income)**

Description	*SSN # (last 4 digits)	Amount
Self		
Spouse		
Other: (Explain)		

Use this envelope to store payroll stubs to confirm W-2's at year end.

**SELF-EMPLOYMENT**

Type of employment	C**	Amount

**DIVIDEND INCOME**

Payee Name	C**	Amount	Payee Name	C**	Amount

**INTEREST INCOME**

Payee Name	C**	Amount	Payee Name	C**	Amount

**OTHER INCOME**

Type of Income	Amount	Type of Income	Amount
Alimony (pre-2019 agreements)		Pensions/Annuities (Enclose 1099-R or detail)	
Commissions/Bonuses (not reported on W-2)		S-corp/Partner/Estates/Trusts (Enclose K-1 Forms)	
Awards/Gambling Winnings (Enclose 1099-MISC, W2G)		Social Security (Box 5)	
Farm (Furnish Schedule or Detail)		Tips/Gratuities (Not reported on W-2)	
Hobby (Income & Expenses)		Unemployment Compensation (Enclose 1099-G)	
IRA/Keogh Distribution (Enclose Form 1099-R)		Other (Explain):	
Jury Duty (Or other Public Service)		Other (Explain):	

**GAINS AND LOSSES FROM SALE OF PROPERTY/INVESTMENTS**

Description (Enclose transaction recap)	Date Acquired	Date Sold	Sale Price	Cost

**RENTAL PROPERTY**

INCOME	Property		
	(1)	(2)	(3)
(1)			
(2)			
(3)			
<b>EXPENSES</b>			
Accounting Fees			
Association Dues			
Advertising			
Appliances			
Auto-Travel			
Commissions			
Furnace-Air Conditioning			
Insurance			
Interest: Mortgage (Form 1098)			
Interest: Other			
Janitor-Yard Work			
Legal Fees			
Maintenance			
Management			
Plumbing			
Roofing			
Supplies			
Taxes			
Telephone			
Trash Removal			
Utilities: Heat			
Utilities: Electrical/Other			
<b>TOTAL EXPENSE</b>			
<b>NET INCOME</b>			

\*Full Social Security Number (SSN) may be required if not already on file.

\*\*Code: T=Taxpayer S=Spouse J=Joint

Place tax records in this envelope and keep in a safe place.

