

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

INCOME

WAGES (W-2 Income)		
Description	*SSN# (last 4 digits)	Amount
Self		
Spouse		
Other: (Explain)		

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/Estate/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 & Expense)		Unemployment Compensation (Enclose 1099-G)	
IRA/Keogh Distribution (Enclose Form 1099-R)		Other (Explain):	
Jury Duty		Other (Explain):	

GAINS AND LOSSES FROM SALE OF PROPERTY/INVESTMENTS				
Description	Date Acquired	Date Sold	Sale Price	Cost

Name:	
Address:	
CITY, ST, ZIP:	
PHONE:	
Fax:	
E-mail:	

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

DEDUCTIONS

TAXES PAID		
Real Estate		
Other		
Other		
Other		
Estimated Taxes	Federal	State
-Due 4/15		
-Due 6/15		
-Due 9/15		
-Due 1/15		

INTEREST PAID		
Type	Payee	Amount
Installment Sale		\$
Investment		
Mortgage (Form 1098)		
Home Equity		

IRA CONTRIBUTIONS		
Type	Date Pd	Amount
Traditional IRA		
Taxpayer		\$
Spouse		
Roth IRA		
Taxpayer		\$
Spouse		
Other		
Your current year IRA contribution may be made through April 15. Please note type of IRA.		

CHARITABLE GIFTS	
Cash Donations	Amount
Church	\$
Health Research	
Humane Society	
Public TV/Radio	
Salvation Army/Goodwill	
Schools	
Scouting	
United Way	
Non-Cash Donations	Amount
-Food Drives	\$
-Good Will	
-Supplies for Charity	
-Mileage miles x rate	

CHILD CARE EXPENSES	
Provider/ID #	Amount
	\$

CASUALTY / THEFT LOSS	
Damage/loss from	Amount
Fire Flood Wind	\$
Accident	
Theft	
Loss must occur in federally declared disaster area.	

HEALTH CARE EXPENSES	
Payment for:	Amount
Ambulance	\$
Chiropractor	
Crutches	
Dentist	
Doctor's Fees	
Equipment (prescribed)	
Eyeglasses/Contacts	
Hearing Aids & Supplies	
Hospital	
Insurance <Dental/Health>	
Laser Eye Surgery	
Lodging for Treatment	
Lona Term Care Premiums	
Medical Doctor	
Medical Mileage __ miles x __ rate	
Nursing Care	
Optometrist	
Orthodontist	
Physical Therapist	
Prescriptions & Drugs	
Smoking Cessation Program	
Supplemental Medicare (BI	
X-Ravs	

HSA INFORMATION	
Description	Amount
HSA Contributions	\$
<input type="checkbox"/> withheld from paycheck	
HSA Withdrawals	

EDUCATIONAL EXPENSES	
Description	Amount
Tuition	\$
Room	
Board	
Supplies	
Student Loan Interest	
Educator Expenses	
Other	

Note who for and where funds are used on receipts.

STATE TAXES PAID	
Description	Amount
Property Tax: Primary Residence	\$
Property Tax: Alternate Residence	
State Income Tax	
State Sales Tax: Major Purchases	

OTHER INFORMATION	
Description	Amount
	\$



**ANDERSON
DAVIS
CPA**