

TAXPAYER INFORMATION 2016

**1*.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **First Name** | **M.** | **Last Name** | **SSN / ITIN** | **Date of Birth** | **Occupation** |
| **Tax Payer** |  |  |  |  |  |  |
| **Spouse** |  |  |  |  |  |  |
|  | | | | | | **Relationship** |
| **Dependent** |  |  |  |  |  |  |
| **Dependent** |  |  |  |  |  |  |
| **Dependent** |  |  |  |  |  |  |
| **Dependent** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Address** |  | | | | **Phone Cell** |  |
| **Apartment/ Unit #** |  | | | | **Home** |  |
| **City** |  | | | | **Work** |  |
| **State** |  | **Zip Code:** |  | | **Personal e-mail** |  |
| **Foreign address** | | | |  | | |

**2*. Income -* $ $**

|  |  |  |  |
| --- | --- | --- | --- |
| **Salary & Wages W-2** |  | **1099-Misc Business / SE** |  |
| **1099-Int Interest** |  | **1099-R Retirement** |  |
| **1099-Div Dividend** |  | **1099-C Cancelation of Debt** |  |
| **1099-G 2015 State Refund** |  | **1099-SA HSA Distribution** |  |
| **1099-B Capital Gain/Loss** |  | **Rental Property** |  |
| **Unemployment** |  | **Social Security Benefits** |  |
| **Paid Family Leave** |  | **Foreign Bank Interest** |  |
| **K 1** |  |  |  |

**3*. Adjustments $ $***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Traditional IRA Taxpayer*** |  | ***Roth IRA Taxpayer*** |  |
| **Spouse** |  | **Spouse** |  |
| **HSA Contribution Taxpayer** |  | **SEP IRA Taxpayer** |  |
| **Spouse** |  | **Spouse** |  |
| **Student Loan Interest ,1098 E** |  | **Tuition Fees 1098-T** |  |
| **Alimony Paid** |  |  |  |

**4 You have any Foreign Bank Accounts? Yes / No**

* **IF YES, Total of your foreign bank accounts exceed $10,000 USD? Yes / No**

**Do they exceed $50,000 USD (Single), $100,000 USD (Married)? Yes / No**

**If you have a filing requirement? (FBAR ) Fin Cen 114 :**  http://bsaefiling.fincen.treas.gov/main.html

**5*. Moving / Relocation Expense* – If Moved 50 Miles >**

|  |  |  |  |
| --- | --- | --- | --- |
| **miles from old home to new workplace** |  | **miles from old home to old workplace** |  |
| **Transportation of Goods / Car** | **$** | **Travel/ Lodging (no meals)** | **$** |
| **Storage** | **$** | **Reimbursed by Employer** | **$** |
|  | | | |

**6*. Taxes Paid in 2016 -***

|  |  |  |  |
| --- | --- | --- | --- |
| **Real Estate Taxes** | **$** | **State Tax Payment 2015** | **$** |
| **License Fee DMV** | **$** | **Sales Tax paid 2016** | $ |
| **Foreign Tax Paid** | **$** |  |  |

**7. Medical / Dental Expense** – **Must exceed 10% of your AGI. For Age 65 > 7.5 % of your AGI.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Premiums** |  | **Hospital/Dentist Co-Pay** |  |
| **Prescriptions Cost** |  | **Medical Miles** |  |
| **Contact lens/Eye glasses** |  | **Medical Equipment** |  |
| **you have full year coverage for you, your spouse *and* all dependents:** | | **Yes No Exempt** | |
| **If no, check the months you have qualified coverage:** | | **Jan Feb Mar Apr May Jun**  **Jul Aug Sep Oct Nov Dec** | |
| **Purchased Health coverage From** | | **Public Exchange Private insurance**  **Employer Sponsored employment**  **Government-Sponsored Medicare, Medical**  **Other,       Market Place , Obama Care Plan** | |

**8. *Mortgage Interest* , Home Located in the US:**

|  |  |  |
| --- | --- | --- |
|  | **Primary Home** | **Secondary Home** |
| **Mortgage Interest** |  |  |
| **Points paid for loan: ( refinance )** |  |  |
| **Mortgage Insurance Premiums** |  |  |

**9*. Interest Paid to Foreign Bank located outside* US. Country Name:**

|  |  |  |
| --- | --- | --- |
| **Name of the Bank** |  |  |
| **Address** |  |  |
| **Interest paid: JAN To DEC** | $ | $ |

**10*. Donations By Cash & Check* *- Religious, Educational, Scientific, or Non-Profit Organization*.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Charity** |  | **Cash amount** | **$** |
| **Date of Donation** | **Check amount** | **$** |
|  | | | |
| **Name of Charity** |  | **Cash amount** | **$** |
| **Date of Donation** | **Check amount** | **$** |

**11*. Non-Cash Donations* - e.g. *Salvation Army , Goodwill , Thrift Stores***

|  |  |
| --- | --- |
| **Name & address of Charity** |  |
| **F M V of Item Donated** |  |
| **Date of Donation** |  |
| **Item donated?** | **CLOTHES , HOUSEHOLD , ELECTRONICS , TOYS , BOOKS , FURNITURES Etc ,** |

**12*. Work Related Expenses - $ $***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Continuing Education*** |  | ***Job Search*** |  |
| **Software & Hardware** |  | **Dry Cleaning/ Laundry** |  |
| **Books & Stationary** |  | **Uniforms** |  |
| **Professional Memberships** |  | **Union Dues** |  |
| **Parking & Tolls** |  | **Business Mileage** |  |
| **Home Office** |  | **Travel for Edu/ Training** |  |

**$ $**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Fees/ Work Visa** |  | **Casualty & Theft Loss** |  |
| **Tools/Equipment** |  | **Investment Expense** |  |
| **Work Cell Phone**  **Internet** |  | **Gambling Loss** |  |
| **Work Subscriptions** |  | **Tax Preparation fees paid 2016** |  |
| **Safe Deposit Box Rent** |  |  |  |

**13. *Child Day Care Expense* - For Child Age 13 <**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day Care Name** |  | **Tax ID / SSN** |  |
| **Phone Number** |  | **Amount Paid in 2016** | **$** |
| **Address** |  | **FSA Amount Reimbursed by employer (W2, Box 10)** | **$** |
|  | | | |
| **Daycare Name** |  | **Tax ID / SSN** |  |
| **Phone Number** |  | **Amount Paid in 2016** | **$** |
| **Address** |  | **FSA Amount Reimbursed by employer (W2, Box 10)** | **$** |

**14*. Estimated Taxes* - FEDERAL Amount Date STATE - / Amount Date**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Quarter** | **$ =** |  | **$ =** |
| **Second Quarter** | **$ =** |  | **$ =** |
| **Third Quarter** | **$ =** |  | **$ =** |
| **Fourth Quarter** | **$ =** |  | **$ =** |
| **Paid with Extension** | **$ =** |  | **$ =** |
| **Late Payment** | **$ =** |  | **$ =** |

**15*. Bank Account* : For Direct Deposit**

|  |  |  |  |
| --- | --- | --- | --- |
| **Routing No:** | **Account No:** | **Savings** | **Checking** |
|  |  |  |  |
|  |  |  |  |

**I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.**

**Sign Here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date submitted: \_\_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_\_**