

<b>Personal Information</b>					
If anything changed from prior year, check this box. <input type="checkbox"/>					
	Taxpayer			Spouse	
First Name & Initial					
Last Name					
Social Security No					
Date of Birth					
Occupation					
Home Phone					
Work Phone					
Other Phone					
E-Mail Address					
Street Address				Apt No	
City	State			Zip	

<b>Dependents</b>							
Name	Relationship	Date of Birth	Social Security Number	Months Living with you	Student Disabled	Gross Income	
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Did you receive unemployment or Disability Income? Did you purchase, sell or refinance any of your homes or take an equity loan? Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA? Can you be claimed as a dependant on another persons tax return? Did you foreclose, file bankruptcy, or have repossession procedures? Do you have any income from foreign country? Did you make any purchases from catalog or internet and not pay sales tax?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Yes	No												
Yes	No														

<b>Wages and Salary Income</b> W-2's			<b>Pensions, Annuities, IRA's, etc</b> 1099-R		
Employer Name	Taxpayer	Spouse	1099-R Payer Name	Taxpayer	Spouse

<b>Social Security/ Railroad Benefits</b> SSA-1099			<b>Interest Income</b> 1099-INT		
Social Security Benefits	Taxpayer	Spouse	1099-INT Payer Name	Taxpayer	Spouse
Railroad Retirement Benefits					
Medicare B premiums paid					
Medicare D premiums paid					