

Name : \_\_\_\_\_ Date : \_\_\_\_\_

# TAX DAY WORKSHEET

Name :  
Tax ID / SSN :  
Address :

TOTAL INCOME

TOTAL DEDUCTIONS

TAX	
Taxable Income	:
Estimated Tax	:
Paid	:
Result (Refund/Pay)	:

- |  |   |
|--|---|
| <input type="checkbox"/> Salary / income documents       | <input type="checkbox"/> Business expenses (if any) |
| <input type="checkbox"/> Freelance / side income records | <input type="checkbox"/> Previous tax report        |
| <input type="checkbox"/> Bank statements                 | <input type="checkbox"/> Personal data ready        |
| <input type="checkbox"/> Investment reports              | <input type="checkbox"/> EFIN (for login)           |
| <input type="checkbox"/> Expense receipts                | <input type="checkbox"/> Internet access for filing |

NOTES