



**INCOME**

**FORM W-2: WAGES**

T	S	TAXABLE WAGES	FED W/H	S.S. TAX	MDCR TX	ST. W/H	NYS 414 (H)	DCB	EMPLOYER
									TOTALS
					S.S. TAX OVER \$6,045.00 EACH				

**(I) INTEREST & (D) DIVIDEND INCOME**

T = TAXPAYER, S = SPOUSE, J = JOINT

T	S	J	I/D	SOURCE	TOTAL	QUALIFIED	CAP GAIN	FOREIGN TAX	TAX EXEMPT INTEREST		
									FWT	NON TXBL	STATE TXBL
TOTAL INTEREST											
TOTAL DIVIDENDS											

DO YOU HAVE ANY FOREIGN ACCOUNTS OR SIGNATURE AUTHORITY TO USE ANY FINANCIAL ACCOUNTS IN A FOREIGN COUNTRY?

Yes  No

IF YES, PLEASE PROVIDE THE NAME(S) OF THE FOREIGN COUNTRY? \_\_\_\_\_

PLEASE PROVIDE THE FOREIGN ACCOUNT BALANCE(S): \_\_\_\_\_

**INCOME (CONTINUED)**

DESCRIPTION	GROSS	TAXABLE	TAXPAYER	SPOUSE	FWT
ST. TAX REFUND					
1040C / SELF EMP.					
1040D / CAP GAINS					
1040E / RENTAL PROPERTY					
K-1'S					
PENSIONS:					
PENSIONS:					
IRA:					
IRA:					
UNEMPLOYMENT / ALIMONY					
SOCIAL SECURITY					

**ADJUSTMENTS / CREDITS**

ITEM	TOTAL		TOTAL
IRA/KEOUGH/SEP/SIMPLE		SELF-EMPLOYED HOSPN (100%)	
COLLEGE TUITION DED		EDUCATOR EXPENSES	
STUDENT LOAN INT		ADOPTION / RES ENERGY CREDIT	
MOVING EXP		RETIREMENT SAVINGS CREDIT	
SAVINGS PENALTY / ALIMONY PD		EDUCATION CREDITS ( HOPE / LLC )	
1/2 SOC SEC (IF SELF EMPLOYED)		NYS: COLLEGE TUITION CREDIT / ITEMIZED DEDUCTION	

**CHILD CARE CREDIT (UNDER 13)**

W-2 AMOUNT \_\_\_\_\_

NO. CHILDREN \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

FEDERAL RATE \_\_\_\_\_ %

FED. CREDIT \$ \_\_\_\_\_

NYS RATE \_\_\_\_\_ %

NYS CREDIT \$ \_\_\_\_\_

PROVIDER: \_\_\_\_\_

I. D. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

COLLEGE NAME: \_\_\_\_\_

COLLEGE ADDRESS: \_\_\_\_\_

**ESTIMATED TAX PAYMENT RECORD**

	FEDERAL	STATE
2006 OVERPYMT.	\$ _____	\$ _____
#1 4/17/2007	\$ _____	\$ _____
#2 6/15/2007	\$ _____	\$ _____
#3 9/17/2007	\$ _____	\$ _____
#4 1/15/2008	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

**ITEMIZED DEDUCTIONS**

<b>MEDICAL &amp; DENTAL EXP</b>	<b>\$ AMOUNT</b>	<b>INS. REIMB.</b>
HEALTH INSURANCE		
LONG-TERM CARE INSURANCE		
MEDICARE PREMIUMS		
PRESCRIPTION DRUGS		
CO-PAYS		
DOCTORS TOTAL		
DENTAL TOTAL		
HOSPITAL		
MILEAGE X .20		
AMBULANCE		
GLASSES		
LESS: INS. REIMB. ( )		
SUBTOTAL		
LESS: 7.5 % ADJ GROSS INC ( )		
<b>TOTAL MEDICAL</b>	<b>\$</b>	

<b>CONTRIBUTIONS</b>	<b>\$ AMOUNT</b>
RELIGIOUS	
OTHER:	
NON CASH:	
MILEAGE X .14	
CASH AMOUNTS	
<b>TOTAL CONTRIBUTIONS</b>	<b>\$</b>

<b>TAXES</b>	<b>\$ AMOUNT</b>
STATE INCOME TAX	
STATE SALES TAX: CHART	
OTHER	
REAL ESTATE : LOCAL/TOWN	
: SCHOOL	
: OTHER	
PERSONAL PROPERTY	
DISABILITY INSURANCE (W-2'S)	
<b>TOTAL TAXES</b>	<b>\$</b>

<b>MISC. DEDUCTIONS</b>	<b>\$ AMOUNT</b>
UNION DUES	
PROF. DUES	
SAFETY EQUIP/TOOLS/SUPPLIES	
UNIFORMS/PROTECT CLOTHES	
SUBSCRIPT/BOOKS/JRNLS	
EDUCATION EXPENSE (JOB RELATED)	
EMPLOYMENT FEES / JOB SEARCH	
TAX RETURN PREPARATION	
SAFE DEPOSIT BOX	
INVESTMENT EXPENSES	
UNREIMB EMPLOYEE BUS EXP	
SUBTOTAL	
LESS: 2 % ADJ GROSS INC	
<b>TOTAL MISC DEDUCTIONS</b>	

<b>INTEREST EXPENSE</b>	<b>\$ AMOUNT</b>
HOME MORTGAGE	
HOME EQUITY	
MORTGAGE INS PREMIUMS	
MORTGAGE POINTS	
INVESTMENT / MARGIN INT	
<b>TOTAL INTEREST</b>	<b>\$</b>

<b>MISC NOT SUBJECT TO 2 % REDUCTION</b>	<b>\$ AMOUNT</b>
GAMBLING LOSSES (IF WINNINGS)	
FED ESTATE TAX: DECEDENT	
PHYSICAL/MEDICAL DBL	
<b>TOTAL MISC (NO 2%)</b>	

<b>STANDARD DEDUCTIONS</b>		
S	=	\$ 5,350
MFJ	=	10,700
MFS	=	5,350
HOH	=	7,850
S (65+)	=	ADDL. 1,300
M (65+)	=	ADDL. 1,050 EACH
S (DEP)	=	(300+EI) 850 MAX

<b>ITEMIZED RECAP</b>	
TOTAL MEDICAL	\$
TOTAL TAXES	
TOTAL INTEREST	
TOTAL CONTRIBUTIONS	
TOTAL CASUALTY LOSS	
TOTAL MISC. (2%)	
TOTAL MISC. (NO 2%)	
<b>TOTAL ITEM. DED.</b>	<b>\$</b>

2007/4

AGI > \$156,400  NO  YES (2% \_\_\_\_\_)

ADJ I.D. \$ \_\_\_\_\_