

2018
INCOME TAX

APPOINTMENT DATE _____ / _____ / _____

APPOINTMENT TIME _____ : _____ AM/PM

PLEASE USE PENCIL / CORRECT PRINTED DATA IF NECESSARY

NAME: (T) TAXPAYER _____ SS# _____ / _____ / _____

(S) SPOUSE _____ SS# _____ / _____ / _____

BIRTHDATES: (T) _____ OCCUPATION: _____ 65 BLIND

(S) _____ OCCUPATION: _____ 65 BLIND

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ SCHOOL DISTRICT: _____ CODE: _____

TELE #: (HOME) _____ (CELL) _____ (WORK) _____

E-MAIL: (T) _____ (S) _____

PRESIDENTIAL ELECTION: \$3.00 (T) YES NO (S) YES NO

FILING STATUS: SINGLE HEAD OF HOUSEHOLD

MARRIED/JOINTLY QUALIFYING WIDOW (ER)

MARRIED/SEPARATELY: SPOUSES NAME: _____

SPOUSE S.S. #: _____ / _____ / _____

CAN BE CLAIMED ON ANOTHER'S RETURN? YES

DEPENDENTS (FIRST, LAST)	BIRTH DATE	SOCIAL SECURITY #	HOW RELATED	#MO 2018	CHILD TAX CREDIT (UNDER 17)
TOTAL EXEMPTIONS		INCLUDING TAXPAYER AND SPOUSE			

(OFFICE ONLY)

ENGAGEMENT EF DD CKG SAME ACCT STAR

PORTAL MAIL CHECKS SVGS NEW ACCT PICKUP

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 \$7,960.80 EACH (\$128,400. - MAX)						

(I) INTEREST & (D) DIVIDEND INCOME

T = TAXPAYER, S = SPOUSE, J = JOINT

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

<p>DO YOU HAVE ANY FOREIGN ACCOUNTS OR SIGNATURE AUTHORITY TO USE ANY FINANCIAL ACCOUNTS IN A FOREIGN COUNTRY?</p> <p>IF YES, PLEASE PROVIDE THE NAME(S) OF THE FOREIGN COUNTRY? _____</p> <p>PLEASE PROVIDE THE FOREIGN ACCOUNT BALANCE(S): _____</p> <p>PLEASE PROVIDE THE FOREIGN ACCOUNT NUMBER(S): _____</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>DOES FORM 8938 STATEMENT OF SPECIFIED FOREIGN FINANCIAL ASSETS NEED TO BE FILED? (OTHERS - 50K - 75K; MFJ -100K - 150K)</p> <p>DOES FIN CEN FORM 114 REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS NEED TO BE FILED (10K)?</p>			<p>DID YOU RECEIVE A DISTRIBUTION FROM A FOREIGN TRUST OR ESTATE IN 2018?</p> <p><input type="checkbox"/></p>	

INCOME (CONTINUED)

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

ADJUSTMENTS / CREDITS

ITEM	TOTAL		TOTAL
IRA / SEP / SIMPLE / ROTH		529 COLLEGE SAVINGS DED (NYS)	
STUDENT LOAN INTEREST		PASS THRU BUSINESS DEDUCTION	
EDUCATOR EXPENSES		NET PREMIUM TAX CREDIT	
ALIMONY PAID / SAVINGS PENALTY		OTHER TAX CREDITS:	
HEALTH SAVINGS CONTRIBUTION		RETIREMENT SAVINGS TAX CREDIT	
SELF-EMPLOYED HOSPN (100%)		HOMEBUYER'S CREDIT REPAYMENT (\$500 STARTING IN 2010-YEAR 9 OF 15)	
SOC SEC EXP: SELF-EMPLOYED		EDUCATION CREDITS (AMERICAN OPP / LIFETIME)	
MOVING EXP (MILITARY ONLY)		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		
TUITION & FEES PAID IN 2018		

ESTIMATED TAX PAYMENT RECORD

	FEDERAL	STATE
2018 OVERPAYMENT	\$ _____	\$ _____
#1 04/16/2018	\$ _____	\$ _____
#2 06/15/2018	\$ _____	\$ _____
#3 09/17/2018	\$ _____	\$ _____
#4 01/16/2019	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

ITEMIZED DEDUCTIONS

MEDICAL & DENTAL EXP	\$ AMOUNT
HEALTH INSURANCE	
LONG-TERM CARE INSURANCE	
MEDICARE PREMIUMS	
PRESCRIPTION DRUGS	
CO-PAYS	
DOCTORS TOTAL	
DENTAL TOTAL	
HOSPITAL	
MILEAGE X .18	
GLASSES	
LESS: INS. REIMB.	()
SUBTOTAL	
LESS: 7.5% AGI	()
TOTAL MEDICAL	\$

TAXES (\$10K/\$5K - FED ONLY)	\$ AMOUNT
STATE INCOME TAX	
STATE SALES TAX: CHART	
OTHER	
REAL ESTATE : LOCAL/TOWN	
: SCHOOL	
: OTHER	
PERSONAL PROPERTY	
DISABILITY INSURANCE (W-2'S)	
TOTAL TAXES (LIMIT \$10K/\$5K FED)	\$

INTEREST EXPENSE	\$ AMOUNT
HOME MORTGAGE	
HOME EQUITY (ACQ DEBT ONLY)	
MORTGAGE POINTS	
INVESTMENT / MARGIN INT	
TOTAL INTEREST	\$

STANDARD DEDUCTIONS		
S	=	\$ 12,000
MFJ	=	24,000
MFS	=	12,000
HOH	=	18,000
S (65+)	= ADDL.	1,600
M (65+)	= ADDL.	1,300
S (DEP)	= (350+EI)	1,050 MAX

STANDARD DEDUCTION RECAP	
STANDARD DEDUCTION	\$
ADDITIONS: BLIND, 65+	
TOTAL STANDARD DEDUCTIONS	\$

CASH/CHECK CONTRIBUTIONS			
ORGANIZATION	\$ AMOUNT	ORGANIZATION	\$ AMOUNT
	\$		\$
		MILEAGE X .14	

TOTAL CASH/CHECK CONTRIBUTIONS		\$
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NON CASH CONTRIBUTIONS:			
ORGN NAME	ORGN ADDRESS	CONT DATE	\$ AMOUNT

TOTAL NON CASH CONTRIBUTIONS		\$
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TOTAL CASH & NON CASH CONTRIBUTIONS		\$
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MISC. DEDUCTIONS (NYS ONLY)	\$ AMOUNT
UNION DUES	
PROF. DUES	
SAFETY EQUIP/TOOLS/SUPPLIES	
UNIFORMS/PROTECT CLOTHES	
SUBSCRIPTIONS/BOOKS/JOURNALS	
EDUCATION EXPENSE (JOB RELATED)	
CONFERENCE & TRAVEL	
TAX RETURN PREPARATION	
SAFE DEPOSIT BOX	
INVESTMENT EXPENSES	
UNREIMB EMPLOYEE BUS EXP	
SUBTOTAL	
LESS: 2 % ADJ GROSS INC	
TOTAL MISC DEDUCTIONS (NYS ONLY)	
MISC NOT SUBJECT TO 2% REDUCTION	
GAMBLING LOSSES (IF WINNINGS)	
FED ESTATE TAX: DECEDENT	
INVESTMENT SCHEME LOSSES	
TOTAL MISC (NO 2%) (FED/NYS)	

ITEMIZED RECAP	
TOTAL MEDICAL	\$
TOTAL TAXES	
TOTAL INTEREST	
TOTAL CONTRIBUTIONS	
TOTAL CASUALTY LOSS	
TOTAL MISC. (2%) NYS ONLY	
TOTAL MISC (NO 2%)	
TOTAL ITEM. DED.	\$