



773-889-0821

firstrespondertaxgroup@gmail.com

Name: _____

SS# _____ DOB: _____

Spouse Name: _____

Spouse SS# _____ DOB: _____

Children/Dependent: _____

SS# _____ DOB: _____

Children/Dependent: _____

SS# _____ DOB: _____

Children/Dependent: _____

SS# _____ DOB: _____

Refund/Tax Payment Account Info:

Account # _____

Routing # _____

Tax Forms: Income:
W-2s

1099- NEC Independent Contractor/Gig Work See Schedule C Preparation Guide for more information.

1099-MISC Rents, Royalties

1099-G Unemployment, State/Local Refunds

1099-SSA Social Security Benefits

1099-R Pensions, IRAs, Retirement Plans

1099-INT Interest income from savings/checking accounts

1099-DIV Dividend income

1099-B Brokerage/Investment statements for stock trades, including crypto

K-1s (Income from Partnerships)

Alimony Received/Paid, include date of dissolution of marriage.

Business Income/Rental Income, Schedule C & E preparation guides will be provided to assist in the preparation of the requisite tax forms.

1099-S Sale of Property, include initial date of purchase, date of sale, original purchase price, cost incurred at time of purchase and sale (RESPA/closing statement. Also, include the dates resided in the property to declare the Homeowners' Exemption for Capital Gains.

Adjustments to Income/Deductions/Credits:

1098-E Student Loan Interest Paid

1098-T Tuition Paid to College/High School

School expenses, private school tuition, book fees, registration fees. Include the name of the child, school attending, current grade and amount paid.

Teacher Expenses paid out of pocket up to \$250: \$ _____

Traditional IRA Contribution: \$ _____/Spouse \$ _____

Energy Efficient Receipts roof, appliances, HVAC: \$ _____

Self Employed Health Insurance Paid Premiums: \$ _____

Child Care Expenses, provide name, address, TAX ID/SS#, and amount paid. This may include summer camps, after school care, etc.

Name of Provider: _____

Tax ID/SS# of Provider: _____

Address: _____

Child Attending: _____ Amount: \$ _____

1098 Mortgage Statement, PMI, Points Paid

Real Estate Property Tax Bill

Investment Interest Expense

Charitable Donations, if non-cash donations, please provide name address and value of donation.

Medical and Dental Expenses, must exceed 7.5% of your income to exceed before eligibility for deduction.

Home Business Expense, see Schedule C Preparation Guide.

Vehicle Registration, City Sticker Expenses, provide total amount for all vehicles: \$ _____

Two Forms of Identification are also required. A government identification and the previous year tax filing are preferred.

Name: _____

Signature: _____

By completing this form, you are providing a summary of expenses that have been documented and verified. The tax preparer does not verify nor confirm the accuracy of the expenses. The tax preparer merely reports the information provided by you. Receipts and proof of payment should be held by the tax filer.

