

TAX YEAR: 20_____

PLEASE SELECT FILING STATUS: SINGLE MARRIED JOINT MARRIED SEPARATE HEAD OF HOUSEHOLD

PRIMARY TAXPAYER INFORMATION

SECONDARY TAXPAYER INFORMATION

Name:				Name:			
Social:		DoB:		Social:		DoB:	
Home #:		Wrk #:		Home #:		Wrk #:	
Cell #:		Fax #:		Cell #:		Fax #:	
Occupation:				Occupation:			
Email:				Email:			
Mailing Address:				Mailing Address:			
Physical Address:				Physical Address:			
<i>(If PO Box)</i>				<i>(if PO Box)</i>			
County:		School District:		County:		School District:	

DEPENDENT INFORMATION

Name:	Relationship:	Social:	Date of Birth:	Months in home for current year:	Gross Income:	Student? Yes <or> No:
1)						
2)						
3)						
4)						
5)						

HEALTH INSURANCE INFORMATION

Were you, your spouse, and your dependents covered under health insurance for the **ENTIRE** tax year? **Yes** or **No**
If NO, which months were you, your spouse, and your dependents covered under health insurance? (**Circle Months Covered**)

Primary Taxpayer:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Secondary Taxpayer:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Dependent #1:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Dependent #2:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Dependent #3:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Dependent #4:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Dependent #5:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

Did you receive insurance through the NYS Health Exchange or another government market place? **Yes** or **No**
If yes: Did you, your spouse, or your dependents receive any advance premium tax credits to off-set the cost of your health insurance? **Yes** or **No** **If yes:** Please bring in all forms received from the marketplace (1095-A, B, or C)

Tax Return Notes:

ESTIMATED TAX PAYMENTS

Date Paid:	Federal:	State:
Applied from Prior Year:	\$	\$
1st Qtr:	\$	\$
2nd Qtr:	\$	\$
3rd Qtr:	\$	\$
4th Qtr:	\$	\$

Did you make any catalog, internet, or out-of-state purchases and did NOT pay New York State sales tax? Yes No
 If yes, please indicate how much you purchased \$ _____
 or Use Chart

OTHER INCOME

Tips:	\$
Jury Duty:	\$
Alimony Received:	\$
Prizes & Awards:	\$
Scholarships & Grants:	\$
Gambling:	\$
Hobby Income:	\$
Other:	\$
Other:	\$
Other:	\$

ADJUSTMENTS TO INCOME

Contributions to Retirement Arrangements:		
	Traditional IRA	Roth IRA
Primary Taxpayer:	\$	\$
Secondary Taxpayer:	\$	\$

Contributions to Health Savings Arrangements:		
	HSA:	MSA:
Primary Taxpayer:	\$	\$
Secondary Taxpayer:	\$	\$

If you took any distributions from retirement or health savings accounts, please bring in all documentation.

Miscellaneous Adjustments:	
Alimony Paid:	
Soc. Sec. No. of Payee:	
Amount Paid:	\$
Educator/Teacher Expenses:	\$

CHILD CARE EXPENSE

Child that Attended:	Provider Name:	ID #:	Address:	Amount:
				\$
				\$
				\$

EDUCATION EXPENSES

Student Loan Interest:	
Primary Taxpayer:	\$
Secondary Taxpayer:	\$

Notes: _____

Please bring in any information pertaining to education expenses, student loan interest, and year-end statements for Section 529 Education Savings Plans.

REFUNDS/ BALANCE DUES

Refund:	
If you would like direct deposit of your refund(s) please enter the information below.	
Bank Name:	
Checking or Savings?:	
Routing Number:	
Account Number:	
<input type="checkbox"/> Check here if you wish to have your refund check(s) mailed to you at the address shown on your tax return.	

Balance Due:	
If you wish to have your balance due(s) directly debited from your bank account please fill out the information below.	
Bank Name:	
Checking or Savings?:	
Routing Number:	
Account Number:	
Date of Debit:	
<input type="checkbox"/> Check here if you wish to pay your balance due(s) by check.	