



PADGETT
THE SMALL BIZ PROS

TAX INFORMATION RECORDER FOR YEAR 20_____ DATE_____

Taxpayer's Name _____ Soc. Sec. No. _____

Spouse's Name _____ Soc. Sec. No. _____

Taxpayer's Occupation _____ Date of Birth _____

Spouse's Occupation _____ Date of Birth _____

Address _____

Tax Payer's Preferred Telephone: _____ Spouse's Preferred Telephone: _____

Email Address: _____

Note: For Direct Deposit refund attach copy of voided or cancelled check.

Blind: Taxpayer

Spouse

President election campaign fund contribution:

Taxpayer Yes No

Spouse Yes No

DEPENDENTS

Name	Birth Date	Soc. Sec. No.	Relationship	Income

REQUIRED HEALTHCARE INFORMATION

Health Care Information:

1) Do you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for every month of the year for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, please provide all 1095 Form(s) you received.

YES NO

2) Did anyone in your family qualify for an exemption from the health care coverage mandate?

YES NO

3) Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, please provide any Form(s) 1095-A you received.

YES NO

ESTIMATED TAX PAYMENTS

Date Paid

Federal Amount

State Amount

1st Quarter

2nd Quarter

3rd Quarter

4th Quarter

INCOME

Income from Wages and Retirement Plans. Supply all W-2 and 1099-R Forms

SOCIAL SECURITY INCOME - ATTACH STATEMENT

INCOME FROM DIVIDENDS AND INTEREST

Attach all 1099-INT and 1099-DIV Forms. Indicate ownership - Taxpayer (T), Spouse (S) or Joint (J)

CAPITAL GAINS - LOSSES

Attach all 1099-B Forms

INCOME FROM OTHER BUSINESS ACTIVITIES

Attach Schedule for the following: Rental Income, Farm Income, Self Employment Income, K-1 Income

OTHER INCOME
Attach all K-1 Forms and 1099-Misc

State Income Tax Refund \$ _____
Alimony \$ _____ Other \$ _____
Gambling Winnings \$ _____ Gambling Losses \$ _____

DEDUCTIONS
Medical Expenses

Medical Insurance Premiums \$ _____ Doctors \$ _____
Dentists \$ _____ Hospitals and Laboratories \$ _____
HSA or MSA Contributions \$ _____ Medical Mileage _____
Other _____ \$ _____

Interest
Attach all 1098 Forms

Home Mortgage \$ _____ Second Mortgage \$ _____
Mortgage on Second Home \$ _____
Other \$ _____ Student Loans \$ _____

Provide Closing Statements from Real Estate sales, purchases or refinancing.

Contributions

Churches \$ _____ Other \$ _____
Charitable Auto Mileage _____
Donated Goods and Property (Fair Market Value - Attach list if over \$500.00) \$ _____

Property Tax

Real Estate \$ _____ Personal Property \$ _____
Other Taxes (list) _____

Casualty - Theft Losses / Moving Expenses

ATTACH LIST

Miscellaneous

Uniforms \$ _____ Tax Prep \$ _____ Union Dues \$ _____
Other _____ \$ _____

ADJUSTMENTS TO INCOME

Employee Business Expenses - Form 2106

Automobile Expense _____

Other Expenses

Year and Make _____

Tolls & Local Transportation _____

Date Placed in Service _____

Lodging _____

Total Miles _____

Meals _____

Business Miles _____

Other _____

Education

Attach 1098-T Form and Account Activity Statement. Must have both statements to determine credit.

Alimony Paid

Name _____ Soc. Sec. No. _____ Amount \$ _____

Individual Retirement Account

Regular IRA

Amount Paid: Taxpayer \$ _____ Spouse \$ _____

Roth IRA

Amount Paid: Taxpayer \$ _____ Spouse \$ _____

Child Care Expense

EXPENSES PAID TO	ADDRESS	I.D. NO.	AMOUNT

This information is complete and correct to the best of my knowledge. I understand that you intend to retain this data sheet as part of your working papers.

TAXPAYER'S SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE