

INCOME TAX GUIDE AND ORGANIZER

This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (only if you are a new client), all W-2 and 1099 forms, and name & address labels provided by the government, if available.

Upon completing this Tax Organizer, please read and sign below

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign)

			F	PERSON	IAL DATA							
٦	TAXPAYER	AND SP	OUSE		DEPENDENTS							
TAXPAYER (OR	SINGLE)	SPOUSE			Last Name		X if post-secondary student # of mos. lived in your h					
Last Name Last Nam					(First, Initial & Last)	D.O.B.	¥	Social Security no.	Relationsh	ip 🗸		
First Name & Initial First Na			nitial			_						
Occupation Occ		Occupation										
Phone (Home)	(Work)	Phone (Home)	(Wor	k)	Social Security numbers are required in the security numbers are required in the security numbers are required and q				your dependen	t above,		
Soc. Sec. number	Date of Birth	Soc. Sec. numb	ber	Date of Birth	enter child's name here	nualifying	ners	on is your child but not	vour depender	nt above		
Mailing Address Check if address is new				County	If filing Head of Household and qualifying person is your child but not your dependent 1. Did your name, address, or marital status change during the year? 2. Are you being claimed as a dependent on another tax return? Yes 3. Are you (or your spouse) blind or permanently disabled?							
City, State, & Zip		Ema	Email Address		 3. Are you (or your spouse) blind or permanently disabled? 4. Did you claim children above that don't live with you? 5. Did you carry forward or incur any adoption expenses during the year? 							

GENERAL QUESTIONNAIRE

1.	Were you notified by the IRS or STATE of a change to any prior year tax return?	Yes 🗌	No 🗆		18.	Did yo
2.	Are any of your claimed dependents not residents or citizens of the U.S.?	Yes 🗆	No 🗆		19.	Do you
З.	Did you make any gifts of over \$15,000 to any individual?	Yes 🗌	No 🗆			Camp
4.	Do you have any foreign income or foreign bank accounts?	Yes 🗆	No 🗆			Do you
5.	Did you have living expenses in a foreign country as a result					Are yo
	of income earned abroad?	Yes 🗌	No 🗆		22.	If you
6.	Do you have any worthless stocks, uncollectible bad debts, or were a victim				20	saving
	of a ponzi scheme?	Yes 🗆	No 🗆		23.	Did yo transp
7.	Did you become disabled during the year?	Yes 🗆	No 🗆			
8.	Are you a handicapped employee?	Yes 🗆	No 🗆		24.	Did yo benefi
9.	Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes 🗌	No 🗆		25	Are yo
10.	Have you used bartering to exchange any goods or services?	Yes 🗆	No 🗆	1	25.	reimbu
11.	Have you or your dependents taken a distribution from a Qualified Tuition Program (QTP) or 529 program during the year?	Yes 🗌	No 🗆		26.	If you please
12.	Did you receive any insurance or other reimbursement from a prior year				27.	Did yo
-	casualty, theft loss or medical deduction?	Yes 🗌	No 🗆		28.	Did yo
13.	Did you start a new business during the year or do you expect to start one				29	Do you
	this coming year?	Yes 🗆	No 🗆			Build A
14.	Did you pay anyone (over 18) \$2,100 or more to work at your home during the calendar year?	Yes 🗆	No 🗆		30.	Did yo
15	Did you donate a partial interest in any goods to charitable organizations?	Yes 🗆	No 🗆		31.	If over
	Do you have children under age 19 with investment income				32.	Did yo
	(age 24 if dependent student)?	Yes 🗆	No 🗆			sales t
17.	Do you expect any significant changes in income, withholding taxes or your				33.	Do all
	tax liability for the coming year?	Yes 🗆	No 🗆	3	34.	Did yo

		_	
Did you receive any source of income that is not listed in this booklet?		Yes 🗆	No 🗆
Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)?	You Spouse	Yes □ Yes □	No 🗆 No 🗆
Do you have a Medical or Health Savings Account (MSA or HSA)?		Yes 🗆	No 🗆
Are you a same-sex couple considered legally married?		Yes 🗌	No 🗌
If you reached the age of 70½, have you begun your mandatory retirems saving withdrawals $?$	ent	Yes 🗆	No 🗆
Did you receive employer provided educational assistance or transportation benefits?		Yes 🗆	No 🗆
Did you pay long term healthcare insurance premiums or receive benefits during the year?		Yes 🗆	No 🗆
	ction.	Yes 🗆	No 🗆
If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts)		Yes 🗆	No 🗆
Did you purchase any energy efficient equipment (hybrid car, AC, furnace, e	tc.)?	Yes 🗆	No 🗆
Did you or your spouse have qualified military combat pay?		Yes 🗆	No 🗆
Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits?		Yes 🗆	No 🗆
Did you purchase a new home this year?		Yes 🗆	No 🗆
If over age 7014, did you make a direct contribution to a charity from an IRA	?	Yes 🗌	No 🗌
Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)?		Yes 🗆	No 🗆
Do all your family members have health insurance?		Yes 🗆	No 🗆
Did you receive any premium health insurance credits during the year?		Yes 🗆	No D
	Do you have a Medical or Health Savings Account (MSA or HSA)? Are you a same-sex couple considered legally married? If you reached the age of 70%, have you begun your mandatory retirems aving withdrawals ? Did you receive employer provided educational assistance or transportation benefits? Did you pay long term healthcare insurance premiums or receive benefits during the year? Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential dedu If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts) Did you urchase any energy efficient equipment (hybrid car, AC, furnace, en Did you or your spouse have qualified military combat pay? Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits? Did you purchase a new home this year? If over age 70%, did you make a direct contribution to a charity from an IRA Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)?	Do you wish to designate \$3.00 of your taxes to the Presidential You Spouse You Spouse Do you have a Medical or Health Savings Account (MSA or HSA)? Are you a same-sex couple considered legally married? If you reached the age of 70 ^{1/2} , have you begun your mandatory retirement saving withdrawals ? Did you receive employer provided educational assistance or transportation benefits? Did you pay long term healthcare insurance premiums or receive benefits during the year? Are you a school teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. If you would like your refund deposited directly into your bank account, please attached a voided check or deposit slip. (up to 3 accounts) Did you on your spouse have qualified military combat pay? Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits? Did you purchase a new home this year? If over age 70 ^{1/2} , did you make a direct contribution to a charity from an IFA? Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)?	Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund (no cost to you)? Yes Do you have a Medical or Health Savings Account (MSA or HSA)? Yes Are you a same-sex couple considered legally married? Yes If you reached the age of 70 ¹ / ₂ , have you begun your mandatory retirement saving withdrawals ? Yes Did you receive employer provided educational assistance or transportation benefits? Yes Did you as chool teacher who paid for classroom materials without reimbursement? Please provide a recap of expenses for potential deduction. Yes If you would like your refund deposited directly into your bank account, please attached a voided check or deposit spip. (up to 3 accounts) Yes Did you purchase any energy efficient equipment (hybrid car, AC, furnace, etc.)? Yes Did you purchase and that qualify for the Gulf, Renewable Energy or Build America bond credits? Yes Did you purchase a new home this year? Yes Did you purchase a new home this year? Yes Did you purchase a new home this year? Yes Did you purchase any major purchases during the year requiring payment of sales tax (including any new vehicles)? Yes Did you make any major purchases during the year requiring payment of sales tax (including any new vehicles)? Yes

TAX-AID TA

DEDUCTIONS

MEDICAL	Only the amount of un- of Adjusted Gross Inco		dical exp	enses that exceeds 7.5%	CONT	RIBU'	FIONS	Receipts/canceled checks are all cash donations.	now required for
Descripti	on of Medical Expense	S		Amount	Cash Contribu	tions (must h	we receipts of back	records for all donations)	Amount
Doctors, Dentists, Clinics, Ho	spitals, Nurses, Etc.				Church/Temple	and the second			
Prescriptions & Drugs (doctor)	prescribed only)				Cancer / Heart	/ Easter / Ch	istmas Seals, et	C. (attach list if more than one)	
Insulin (general drugs not allowed)		1	a la com					ch list if more than one)	
Eve Glasses / Contact Lense					Public TV / Rad				
Hearing Aids, Supplies, & Ot	her Medical Aids				Veteran's Org. (name)			
X-Ray / Lab Fees					Schools (name)		
Ambulance, Paramedic					Other:		/		-
Nurses (board & room)						Ontional_	A summany total for as	sh/check contributions may be used.	
Equipment (prescribed & rented)					Political contributions	are not deductib	le. Deduct value of gift	received for any contributions.	
Nursing Home Medical Care					Non-Cash Cor	ntributions	- Property Cloth	ing, Furniture, Food, etc.	
Medicare Part B Service Pav	monto				Attach explanation	listing name &	address of donee o	rganization, items donated, date	
	ments				of donation, and fa	air market valu	e. If total value of a	single donation exceeds \$500 5,000 require an appraisal).	
Smoking Cessation Program							attach your charity's		
Other:					Volunteer Wo	rk – Mileage	& Parking Attach	explanation listing date, name	
Other:					& address of donee	organization, ac	tivity performed, mile	s driven, and parking fees.	
Other:					INTER	EST		es, and Social Security numbers ncial institutions	s must match Form 10
	e: Pre-Tax = P After Tax				-	1	1 .		1
	of of health insurance (Fe	orm 1095 or equi	V.)		Mortgage Interest		nancial Institution	(· · · · · · · · · · · · · · · · · · ·	1
Insurance - paid by you		and the second	V		Principal	Paid to In Name	dividual (List name	e, address, Soc. Sec. no. below) Address==	Soc. S
Group Health Plans (dec	luct from salary)				Residence	Name		Address==	500.5
Medicare Premiums					Mortgage	Paid to Fi	nancial Institution	1 (Form 1098)	
Other Insurance (long ter	m healthcare, MSA, other)				Interest			e, address, Soc. Sec. no. below)	
Summary Total (Optional)					Principal	Name	(Address	Soc. S
Lodging (while away from home)					Residence				
Transportation (total miles drive	en for medical reasons or actu	al cost)			Did you acquire	a new mortg	age or borrow or	n an existing mortgage during	the year?
TAXES								ed mortgage debt?	\$
Descripti	on of Taxes Paid	CONTRACTOR NO	State	Amount		Second to the second second	ortgage (if not incl	uded above)	
Real Estate Taxes, Home (inc					Home Equity Lo		mprove a qualified re	ecidant)	
Real Estate Taxes, Other (not								is: who for, loan date, loan purpose)	
Property Tax Rebates (if any)	included on Hernar Concourty				Other:	noroot janaon		s. The lot, four date, four purpose,	
Personal Property Taxes (if an	u)				Other:				
Property Taxes (if any)	<u>9</u> /	17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			Deductible Inve	stment Intere	st		
Auto Licenses (not a deduction in	a all states)					and a second second second		partment stores, autos, bank loans,	etc., is not deductible.
State of Local Income Taxes						AND	DEDEN	DENT CARE	□ V if you have emplo
	(ii not listed elsewhere)				Chileb	AND	DEPEN	DENI CARE	vided dependent care b
Sales Tax / Other If you paid any special assessments or sub	stantial sales tax, please attach supp	porting documents.						me student) v if service perform	med in your home (Na
CASUALTY/ Only the TOTAL NET RESULT	THEFT LOS	SSES		✓ loss must be in a Federally declared disaster area. wed.	Name	e/Address o	Provider	Soc. Sec. or ID Numbe	r Paid
Fire, Storm, Theft, and Auto	Damage – If more than or	ne, provide sim	nilar detai	I for each.					
Date Acquired	Date Acquired	Cost or Ba	sis	in and the pairs of the					
the state of the		Insurance	Paid		Federal ID No. if requ	ired	Tota	I Paid During the Year \$	
Describe How or What Happened	Date of Loss	Mkt. Value	Before		to file IRS wages repo			Children Under Age 13 #	

RETIREMENT CONTRIBUTIONS

V	if covered by a retirement plan at work	Date	Traditional IRA	SEP/SIMPLE	Roth IRA	If you want the maximum allowable deduc-	List total value of ALL IRAs on 12/31
	Single or Taxpayer	/ /				tion, write MAX in the money column(s).	Single or Taxpayer
$ \subset $	Spouse	1 1				You will be informed of amount to deposit.	Spouse

	HIGH	IER E	DUCA	TION EXPENSE	S			
Note: Many of your higher education expenses qualify for special tax of sions from income for tax-free and/or penalty-free withdrawals from your structure of the structure of t	our tax deferred sav			Other Expenses (Enter amounts as these expendeduction, or U.S. Savings Bond Interest Incom		tax/penalty-free IRA	withdrawals, stude 2nd Student	nt Ioan interest 3rd Student
information individually for each student enrolled in a qualified institution	on.			Room and Board				
Note: ">" If student is attending less than 1/2 time	1st Student	2nd Student	3rd Student	Amount of any Grants, Scholarships				
Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2)				JOB RE	LATED	EDUCATI	ON	
	Amount	Amount	Amount	(May	only be available a	t the state level.)		
Tuition	7			Miles Driven		Taxpaye	r	Spouse
Fees, Books Supplies				Room and Board				
Other:				Books and Supplies				
Other:	(H).			Seminar Fees				

WILLIAM BIGELSON CPA INC. 9010 CORBIN AVENUE, SUITE 10 NORTHRIDGE, CA 91324

Address Service Requested

IMPORTANT

Tax Questionnaire Enclosed

BUSINESS EXPENSES

Type of Business							Total Revenue	1					
Business Expense	(if more lines ne	eeded, continue or	separate	page)								10	The Thereis
Advertising		EE Benefits		5-1		Repair & M	aint.		Other:				
Car/Truck Expenses		Insurance				Supplies			Other:				
Commission Fees		Legal/Prof. Servio	ces			Taxes/Licen	se		Other				
Contract Labor		Office				Meals			Did you purchase any bu	isiness equi	omen	t durir	the vear?
Depletion		Pension/Profit SI	har.			Utilities			Yes No (If yes,				
Depreciation		Rent or Lease			1	Wages			Total Business Expens	e	\$		
Vehicle Expense (I	f both taxpayer	and spouse have o	deductions.	use vehi	icle	1 for taxpa	yer, 2 for spo	use)					the logo a barrier
	Vehicle 1	Vehicle 2				ehicle 1	Vehicle 2	a sealer as		Veh	icle 1		Vehicle 2
Gas & Oil			Licenses					Washin	g/Lube				
Insurance	Sector Street Land		Repair/Mai	nt.				Other					
Lease Payments		No.	Tires/Acce	ssories				Other					
			Date Placed in Service	Make)	Year	Model		Cost of Basis			Xifl	New This Year
Vehicle 1			1 1									Furnis	h details on newly ed vehicles and n or disposition
Vehicle 2			1 1							ov end i		trade-i	n or disposition
Travel Expenses -	- Away from hor	me (days gone ove	ernight)	Tax	payer 🗆	Spouse						
Transportation							Auto Ren	al				1	
Lodging							Cabs, Bu	s, etc.				1	
Vehicle Mileage De	tail								Vehicle 1			Ve	hicle 2
X if another vehicle is	available for personal us	se.		A	А. E	End of Year		+					
Subtract B from A for (1 List Business Mile (2), fr), Total Miles Driven.			E	3. E	Beginning o	of Year	-					
Subtract 2 from 1 to get	personal miles (3).			1		Total Miles	- 111 - 211	=		-		1	
Divide line 2 by line 1 fo		s use.		2		Business N		5. 1907 2.					
No. round-trip miles from ho	a state a second second			3		Personal M	INCOME.						
Number of days worked last	year				9	% Business	Use (Line 2 -	\pm Line 1) =		%			%

⁽Please Sign)

Type of Business

HOME OFFICE

Justified business use for: Taxpayer	Spouse Both		
Date Acquired Home	Cost of Land	Taxes	
Sq. Footage of Living Area ⁽¹⁾	Cost of Home	Insurance	
Sq. Footage of Office Area ⁽²⁾ (incl. inventory & sample storage)	Cost of Improvements	Rubbish & Maintenance	
% Office Area ((2) ÷ (1))	Utilities	Daycare Provider # of Hours	
	Interest (mortgage, home equity loan)	Other	

INCOME

W	AGES/SALA	RIES	/W-2 F	ORN	IS		
		Taxable	Withheld		ther Taxe	s Withhel	d
T/S	Name of Employer	Wages	Fed. Tax	Soc. Sec.	Medicare	State	Local
T/S/J	Code: T — Taxpayer	S — Spous	se J – Joint	Use these	e codes if m		g jointly Losses
MI	SCELLANE	OUS	INCOM	ΛE		in Bra	ckets)
T/S/J	So	urce of Inco	ome			Am	ount
A	limony (Not Child Supp	ort) (If you p	ay Alimony - lis	t in misc. de	ductions)		
JI	ury Duty (Or Other Public	Service)					
Т	ips/Gratuities (Not Repo	rted on W-2)					
C	ontest/Awards/Gamblin	g Winnings	(Attach 1099-N	IISC, W2G o	or Explain)		
C	ommissions/Bonuses (I	Not Reported	on W-2)				
P	ensions/Annuities (Furn	ish 1099-R Fe	orms)				
IF	RA/Keogh (Attach Form 1	099-R)					
P	rofit Sharing Distribution	IS (Attach Fo	orm 1099-R)				
U	nemployment Compens	ation (Attac	h 1099-G Form				
P	artnerships/Estates/Trus	sts (Furnish	K-1 Forms)		*		
S	mall Business Corporati	ons/Sub Ch	apter S (Furn	ish K-1 Forr	ns) *		
В	usiness/Self-Employed	(Furnish Sch	edule or Details)	*		
F	arm (Furnish Schedule or	Details)			*		
R	ental (Furnish Schedule o	or Details)			*		
	orgiven Debt (Attach For		C)				
	ther (Explain):						
	✓ if you did not actively or	materially par	ticipate in earnir	ig the incom	e (or loss) li	sted	
SA	LE OF PER	SON		SIDE	NCE		
	Old Residence Acquired		Cost or				
	vements (Additions, Land						
		1 0.					
	Up Expenses (Painting,	Hepairs, etc.					
	Old Residence Sold		Selling				
	ses of Sale (Commission s any part of residence r					Yes	No 🗌
2. Did	you own and use the ho	me as your			You	: Yes	No
	ast 2 of the last five yea e you rolled over a gain		e of a prior res	sidence int	Spouse o the hom] No 🗌
sold	? If so, please provide For	m 2119 from	tax return for ye	ar prior hom	e sold.	Yes] No 🗌
	s sale required due to jo		the second second	preseen cir	cumstanc	e? Yes] No 🗌
	lew Residence Acquired		ost of New Re	idanaa			
	of Occupancy ied, do you and your sp						
	t in the new residence a	is in the old				Yes] No 🗌

		COME	(always	use paye	r name lister		00
S/J	Name of Pay	er	6		Amount	Exempt	E
							+
							-
1 -	or early withdraw	•			()		
OID forms. Attach all 1099 forr Do not list IRA or F	e reported on all 1099 ns reporting Tax With Retirement Plan report redeposited in anothe	held. ed interest unless	MB MU IN INS US U.S. TE TAX	NICIPAL BONDS TALLMENT SAL BONDS EXEMPT (expla	ES in)	IIst name, address	
DIVID	END INC				1099 DIV fo		
NJ Na	ame of Payer	Total O Divide		Qualified Dividends	Capital Gains*	Non Taxable	V
						_	
List Gross Dividen Attach all 1099 DIV	ds above as reported / forms.				Related to mutua	al funds. please check here	4
			_				
Stocks, Bonds and	AL GAI Mutual Funds (Attach Description	Form 1099-B) Sale	e of Prope ate juired	rty and Real E Date Sold		orm 1099-S) Cost o Basis*	r c
Stocks, Bonds and	Mutual Funds (Attach	Form 1099-B) Sale	e of Prope	rty and Real E Date	state (Attach Fo	Cost o	r C
Stocks, Bonds and	Mutual Funds (Attach Description	Form 1099-B) Sale	e of Prope ate juired	rty and Real E Date Sold	state (Attach Fo	Cost o	r
Stocks, Bonds and (# shares	Mutual Funds (Attach Description	Form 1099-B) Sale	e of Prope ate juired	rty and Real E Date Sold	state (Attach Fo	Cost o	r
Stocks, Bonds and (# shares 1. 2.	Mutual Funds (Attach Description	Form 1099-B) Sale	e of Prope ate juired	rty and Real E Date Sold	state (Attach Fo	Cost o	r CC
Stocks, Bonds and (# shares 1. 2. 3. 4.	Mutual Funds (Attach Description s, name or stock sym	Form 1099-B) Sali Data bool) mm	e of Prope ate juired //dd/yy ese Code A 1099 B 1099	rty and Real E Date Sold mm/dd/yy s below if fron -B Received; -B Received;	state (Attach Fo	Cost o Basis*	T
Stocks, Bonds and (# shares 1. 2. 3. 4. NOTE: Record <i>J</i> including mutual 1. List line # if • Note int • Principa 2. If anything a	Mutual Funds (Attach Description s, name or stock symi ALL fund transaction funds. items sold on ins terest above. al Received: thi above was inheri	Form 1099-B) Sali D D Accomm mm s s Use Th stallment basis. s year \$ted and sold, lis	ese Code A 1099 B 1099 C No 1 *	rty and Real E Date Sold mm//dd/yy s below if from -B Received; -B Received; 099-B Receiv prior : umber(s).	state (Attach Fo Sale Price	Cost o Basis*	T
Stocks, Bonds and (# shares 1. 2. 3. 4. NOTE: Record £ including mutual 1. List line # iff • Note int • Principa 2. If anything a 3. If 1099-B st above and f	Mutual Funds (Attach Description s, name or stock symi ALL fund transaction funds. items sold on ins terest above. al Received: thi above was inheri ated basis (cost) provide the corre	Form 1099-B) Sali D Acc nmm stallment basis. s year \$ led and sold, lis is wrong, mark ct cost on an a	ese Code A 1099 B 1099 C No 1 *	ty and Real E Date Sold mm/dd/yy B Received; B Received; B Received; cyg-B Received; cyg-B Received; the incorr sheet.	state (Attach Fo Sale Price	Cost o Basis*	T
Stocks, Bonds and (# shares 1. 2. 3. 4. NOTE: Record £ including mutual 1. List line # iff • Note int • Principa 2. If anything a 3. If 1099-B st above and f	Mutual Funds (Attach Description s, name or stock symi ALL fund transaction funds. items sold on ins terest above. al Received: thi above was inheri ated basis (cost)	Form 1099-B) Sali D Acc nmm stallment basis. s year \$ led and sold, lis is wrong, mark ct cost on an a	ese Code A 1099 B 1099 C No 1 *	ty and Real E Date Sold mm/dd/yy B Received; B Received; B Received; cyg-B Received; cyg-B Received; the incorr sheet.	state (Attach Fo Sale Price	Ces st) (cost) # # # ss, accumulated	TOERE
 Stocks, Bonds and (# shares 1. 2. 3. 4. NOTE: Record <i>A</i> including mutual I. List line # iff • Note int • Principa 2. If anything a 3. If 1099-B st	Mutual Funds (Attach Description s, name or stock symi ALL fund transaction funds. items sold on ins terest above. al Received: thi above was inheri ated basis (cost) provide the corre	Form 1099-B) Sali D Acc mm s s Use Th stallment basis. s year \$ ted and sold, lis is wrong, mark ct cost on an a selling expenses, m enent papers.	ese Code a to puired v(dd/yy ese Code a 1099 C No 1 * st line no t act to ttached ortgage a	ty and Real E Date Sold mm/dd/yy B helow if from -B Received; B Received; D99-B Received; O99-B Received; D99-B Received; Secolved; sheet, sumed and i	state (Attach Fo Sale Price	Cost o Basis*	T DE
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INCOME TAXES PAID OR REFUNDED

provide SSA-1099

Spouse

If someone else prepared your taxes last year, please provide a copy.	Federal	State	Local	ESTIMATED	ESTIMATED TAX PAID			State	Local
Balance paid on last year's return	rodordi	Oraro	Loodi	If not paid by	1st Qtr.	4/15			
(or prior years)				due dates,	2nd Qtr.	6/15			
Refunds received from last year's return				list actual dates paid.	3rd Qtr.	9/15			
(or prior years)				uales paid.	4th Qtr.	1/15			