

PLEASE COMPLETE BOTH SHEETS  
If you need more space, use the back of the sheet

**PERSONAL INFORMATION**

(T) TAXPAYER \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (S) SPOUSE \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ (T) Cell \_\_\_\_\_ (S) Cell \_\_\_\_\_  
 (T) Occupation: \_\_\_\_\_ Birthdate: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 (S) Occupation: \_\_\_\_\_ Birthdate: \_\_\_\_\_ E-mail: \_\_\_\_\_

DEPENDENTS (All Information Required) Name (first, initial, and lastname)	Dependent's Social Security Number	Birth Date	Relationship	No. of mos. lived in your home in 2016

Check if you want \$3 to go to the Presidential Campaign Fund: Taxpayer\_\_\_ Spouse\_\_\_

- **Affordable Care Act**—Did you receive any of these forms? **1095A**, **1095B** or **1095C** Yes\_\_\_ No\_\_\_ If yes, please bring in form/s
- Did you and your family have health insurance for all of you in 2015? Yes \_\_\_ No\_\_\_ If no, please check(✓) the months you did not have insurance.  
 JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
- Did you purchase health insurance through the market place? Yes \_\_\_ No\_\_\_ If yes, please bring Form **1095A**
- Were you eligible for an exemption by Healthcare.gov? Yes \_\_\_ No\_\_\_ If yes, bring your approval letter with Exemption Certificate Number
  - May the IRS discuss your return with the preparer? Yes\_\_\_ No\_\_\_
  - Did you receive a 1099-C Cancellation of Debt? Yes\_\_\_ No\_\_\_
  - Do you have an interest in or other authority over a bank account or any other financial account in a foreign country? Yes\_\_\_ No\_\_\_
  - Did you make any online purchases where Colorado Sales Tax was not paid? Yes \_\_\_ No \_\_\_ If yes, bring total purchase amount

**INCOME**—please bring all W-2's, 1099's, K1's and any statements regarding income.

# of W-2s you have from Employment (T) _____ (S) _____	Amount
Interest from banks _____	
Interest from Credit Unions _____	
Interest on Life Insurance _____	
Interest from Municipal Bonds _____	
Interest from Seller Financed Mortgage _____ (Bring Payer's name, address & SS#) _____	
Dividends from Stock _____	
Soc. Sec. Benefits Rec'd(T) _____	
Soc. Sec. Benefits Rec'd(S) _____	
State Refund _____	
Unemployment Income _____	
Pension, Annuity Income _____	
IRA Distribution _____	
Rollover into IRA _____	
Prizes, Awards _____	
Gambling _____	
Winnings (W-2G) _____	

Jury Duty \_\_\_\_\_  
 Alimony Received \_\_\_\_\_  
 Tips \_\_\_\_\_

PLEASE CHECK (✓) IF YOU HAVE :

- Investments Sold** (bring 1099-B) \_\_\_\_\_  
(Date Acquired/Sold, Original Cost & Sales Price needed if not reported on 1099B)
- Real Estate Sale** (bring date of purchase, purchase price improvements made & closing Papers) \_\_\_\_\_
- Real Estate Purchase** (bring closing papers) \_\_\_\_\_
- Real Estate Refinance** (bring closing papers) \_\_\_\_\_
- Self-Employment Income** (bring income & expenses and/or Financial Statements) \_\_\_\_\_
- Partnership Income** (bring K-1) \_\_\_\_\_
- Corporation Income** (bring K-1) \_\_\_\_\_
- Trust Income** (bring K-1) \_\_\_\_\_
- Rental Income** (bring income and expenses) \_\_\_\_\_  
See website for Rental Worksheet
- Bartering Income** \_\_\_\_\_

List Other Income \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


**DEDUCTION WORKSHEET**  
 Tax Year 2016

Name \_\_\_\_\_

**3. IRA**
**Traditional IRA Deposits**

	Date Deposited	Tax Year	Amount
(T)			
(S)			

**Roth IRA Deposits**

	Date Deposited	Tax Year	Amount
(T)			
(S)			

**Regular IRA Converted to Roth IRA**

(T)			
(S)			

**4. Education**
**529 & Coverdell Plan Deposits**

Name & SS# of Acct. holder	Tax Year	Amount

 Student Loans Interest Paid (**bring 1098E**)

 Tuition Expense (**bring 1098T**)

Book Expenses

Room &amp; Board

**5. Alimony Paid**

 Amount \_\_\_\_\_  
 Paid To \_\_\_\_\_  
 SS # \_\_\_\_\_

**6. Taxes Paid**

 Real Estate \_\_\_\_\_  
 \_\_\_\_\_  
 Auto Owner's Tax \_\_\_\_\_  
 Sales Tax (New Auto) \_\_\_\_\_  
 Head Tax \_\_\_\_\_

**7. Interest You Paid**

Home Mtg. Interest Paid to Financial Institutions \_\_\_\_\_ Amount \_\_\_\_\_

Home Mtg. Interest Paid to Individual (Name Address, SS#) \_\_\_\_\_

 Refinance Points Paid \_\_\_\_\_  
 Motor Home Interest Paid \_\_\_\_\_

**8. Medical Expenses**

After Tax Medical &amp; Dental Insurance Premiums you Paid \_\_\_\_\_

Long-Term Care Ins. Prem (T) \_\_\_\_\_

Long-Term Care Ins Prem (S) \_\_\_\_\_

Medical Bills Not Reimbursed by Insurance: Prescriptions &amp; Insulin \_\_\_\_\_

Doctors \_\_\_\_\_

Dentists \_\_\_\_\_

Hospital \_\_\_\_\_

Mental Health \_\_\_\_\_

Glasses &amp; Contacts \_\_\_\_\_

Other: \_\_\_\_\_

Miles Traveled for Medical \_\_\_\_\_

Your Deposits to Health Savings Account (HSA) \_\_\_\_\_

Distribution from HSA \_\_\_\_\_

**9. Contributions**

Church \_\_\_\_\_

United Way \_\_\_\_\_

Misc. Cash \_\_\_\_\_

Fair Market Value of Goods Donated: (See Website for guidelines) \_\_\_\_\_

Salvation Army \_\_\_\_\_

DAV \_\_\_\_\_

Goodwill \_\_\_\_\_

Other \_\_\_\_\_

Miles Driven for Charity \_\_\_\_\_

**Must have receipts for all donations.**
**Questions/Comments:**

(Use back of worksheet as needed)

**10. Work Related Childcare**
**List On Back of Worksheet:**

 Name, Address, SS#/EIN & Amount Paid to Each Child Care Provider.  
 List Amount Your Employer Reimbursed You in 2016 \_\_\_\_\_

**11. Miscellaneous Deductions**

Tax Preparations Fees \_\_\_\_\_

Safe Deposit Box \_\_\_\_\_

Union Dues \_\_\_\_\_

Work gloves \_\_\_\_\_

Tools for Job \_\_\_\_\_

Job Equipment &amp; Supplies \_\_\_\_\_

Safety Shoes \_\_\_\_\_

Uniform Req'd \_\_\_\_\_

Required Use of Car \_\_\_\_\_

For Work \_\_\_\_\_

Mileage Driven For Work \_\_\_\_\_

Professional Journals \_\_\_\_\_

Professional Dues \_\_\_\_\_

Job Hunting Expenses \_\_\_\_\_

**Education req'd by job:**

Tuition \_\_\_\_\_

Seminars \_\_\_\_\_

Books &amp; Supplies \_\_\_\_\_

Mileage \_\_\_\_\_

Travel Expenses \_\_\_\_\_

Gambling Losses \_\_\_\_\_

Investment Fees \_\_\_\_\_

Other: \_\_\_\_\_

**12. Federal Estimated Taxes Paid**

	Due Date	Date Paid	Amount
1 <sup>st</sup> QTR	April		
2 <sup>nd</sup> QTR	June		
3 <sup>rd</sup> QTR	Sept		
4 <sup>th</sup> QTR	Jan 2017		

**13. State Estimated Taxes Paid.**

	Due Date	Date Paid	Amount
1 <sup>st</sup> QTR	April		
2 <sup>nd</sup> QTR	June		
3 <sup>rd</sup> QTR	Sept		
4 <sup>th</sup> QTR	Jan 2017		