PERSONAL INFORMAT	ION						
Taxpayer's name			Social	Security Number	er		
Spouse's name	pouse's name Social Security Number						
Home Address		0.1	Apartn	nent Number			
City or town		_ State	Zip Code _		County		
F-mail Address(es)	Foreign pro	ovince/state		Foreign postal co	de		
Foreign country E-mail Address(es) Telephone #1		Tolophono #2	)				
Date of Birth	Occupation	relephone #2	Blind D	isabled Date	of Death		
Spouse			- 1	H —			
FILING STATUS							
FILING STATUS							
Indicate your filing status	to be used						
☐ Single	Check if pare	nt (or someone else) ca	n claim you as a d	ependent on their ret	urn		
☐ Married Filing Joi							
☐ Married Filing Se	parate	lived apart from your	spouse for all of t	he current tax year			
☐ Head of Househo	old (May be used if unmarried a erson is a child but not a depende	nd you paid over half the	e cost of keeping L			ualifying child)	
	(er) (May be used if your spo		us two years and	SS shill livit		ubom vou con	
Qualitying viidov	Year spouse died	ause alea in the previo	us two years and	you nad a child livil	claim as	a dependent.)	
		-					
OTHER INFORMATION							
Do you wish to contrib	ute \$3 to the Presidential	Election campaign	n 2 (will not affect s	your refund or balance	a dua)		
Taxpaver - Yes	No ☐ Spouse - Yes ☐	No 🗆	If (will flot diffoot)	your retains or balance	o due)		
Do you want to allow t	he paid preparer to discus	s your return with	the IRS? Yes	s □ No □			
Do you wish to electro	nically file your return?	res □ No □					
Direct Deposit (refund)	) / Electronic Funds Witho	frawal (halance du	(4)				
Name of Financial In	stitution	nawai (balance de	Checking A	ccount  Sav	ings Acco	unt 🗆	
Routing Number			Account Numb		mys Acco	unt 🗀	
			tooodin i tarrib				
DEPENDENTS Enter the	following dependent information for	or any qualifying child or	qualifying relative	:			
			1	T	# of months	Child care	
					lived	expenses paid	
First Name	Last Name	SSN	Relationship	Date of birth	with you		
-							
			-				
		-		-	-		
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MISCELLANEOUS QUESTIONS						
Cor	nplete the following questions. If your answer to any question below is Yes, enclose supporting docume	ntation.				
		Yes	No_			
1.	Have you received any notices or correspondences from the IRS or state in the past 3 tax years?					
2.	Did you earn any foreign income or have any foreign taxes paid					
3.	Did you pay a household employee cash wages of \$1,800 or more					
4.	If yes to #3, were total cash wages of \$1,000 or more paid in a calendar quarter to the Household Employee?					
5.	Did you refinance a mortgage					
6.	Did you pay any real estate taxes					
7.	Did you sell your home					
8.	Did you use any special fuels for farming purposes or other non-highway uses?					
9.	Did you receive any unreported tip income					
10.	Do you have any children age 18 or under (or student under age 24) who had investment income of more than \$1,900?					
11.	If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?					
12.	Did you pay any expenses related to the adoption of an eligible child?					
13.	Did you purchase an item(s) this tax year that you paid a large amount of sales tax on?					
14.	Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MA) MSA reported to you on Form 1099-SA?					
15.	Are you currently repaying the First-Time Homebuyer Credit? If yes, provide details below					
ADI	DITIONAL COMMENTS OR QUESTIONS					
-						

Medical and Dental Evne	nses (not including rein	nbursements)		Tayna	WOF A	Taynavar	
Medical and Dental Expenses (not including reimbursements)					yer A	Taxpayer B Amount	
Medical/dental care insur	rance premiums (other	than self-empl	oyed)				
Medicare B and D premit							
Qualified long-term care	premiums						
Doctor, dentist, and hosp	ital fees		* * * * * * * * * * *				
Prescription medicines as	nd drugs						
Medical aids such as eye							
Total transportation expe	nses						
Other medical and denta	I expenses		[				
Γaxes Paid				Tayna	wor A	Taynayar	
unco i uiu					yer A	Taxpayer B Amount	
State and local income to	axes paid (other than v	withholdings an	d estimates)	Aill	-unt	Amount	
Actual state and local ge	eneral sales taxes paid						
Real estate taxes							
Personal state/local proper						l	
nterest Paid					yer A	Taxpayer B	
Llama martra e latera t	maid to financial tasti	Alam (amalam F	1000 av -1-1	Am	ount	Amount	
Home mortgage interest							
Home mortgage interest	paid to individual						
to a wind a sufficient to a management							
Individual's name							
Individual's address							
Individual's address Individual's ID number		-110 - 1110					
Individual's address Individual's ID number Qualified mortgage insur							
Individual's address Individual's ID number							
Individual's address Individual's ID number Qualified mortgage insur							
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Individual's address Individual's ID number Qualified mortgage insur Investment interest expe	al lines are needed, attach sin	nilar statement)	Noncash contribu	950-900 (557-)	Date give	en FMV	

ITEMIZED DEDUCTIONS (continued)								
Casualty and Theft Losses (for property Enclose supporting documentation of what is writte (If additional losses were incurred, please attach	en here, i.e. insura	ance reimbursei	ment, receipts for cost of	it) of repairs.				
Location of property:	a coparate crico.	or paper war a	A MODERN AND CHEMICAGO BOLIN	Desidential press	setu 🖂			
		Residential property						
Description of property:  Date of loss:				Business property				
Date of loss.				Federal Disaster				
Amount of damage Cost basis of property				Repair Costs				
Insurance reimbursement FMV of property		erty before los	S	Other				
Federal monies received FMV of property after lo			fore loss Other Other					
Unreimbursed Employee Business Exp	oneoe IT =	Taynayar	S = Snavan T	or S				
(if any depreciable assets were sold (including the vehicle), pl	ease see workshee	raxpayer et below)	3 - Spouse	01.9				
Dues (related to job)	reade dee worksnee		Information					
Subscriptions related to your work		_ vernicie	Information					
Subscriptions related to your work			e description _					
Licenses and regulatory fees			laced in service					
Tools and supplies used in your work Work clothes, uniforms if required		_ Cost o	r basis					
Medical exams required by your employer		- Miles	of vehicle					
Work related education (books, tuition) Legal fees related to your job			siness miles —					
			mmuting miles —					
Job search expenses (current occupation)			ner miles					
*In home office:		- 011	_					
Total square footage		Evno	neoe					
Office square footage			Expenses Actual expenses					
Office equare feetens								
Rent			as, oil, repairs, etc)					
Insurance			Parking fees and tolls					
Utilities		Tra	vel expenses					
Repairs/Maintance			1.05.10@0000@1					
*Questions relating to mortage interest, taxes, a	and casualty loss	es were asked	previously					
Sales, Purchases, and Disposition of As (New clients, enclose detailed listing of all depreciable assets.	sets in Curre	ent Tax Yea	ır					
TS   Asset description	(A) (1)	te acquired	Purchase price	Date sold	Sales price			
			i dionaco piloo	Date soid	Odics price			
Investment Related Expenses		Othe	r Misc. Deduction	ns				
		100000000000000000000000000000000000000						
T			bling losses					
				respect of a decede	nt)			
Tax preparation fees Safe deposit box	Custodial, trust admin fees			Portfolio from Schedule K-1				
Safe deposit box Custodial, trust admin fees		.   Ροπι	one from concadic	Unrecovered investment in a pension				
Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends				n a pension				
Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends Tax advice not related to investment income		Unrec						
Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends Tax advice not related to investment income Legal fees related to producing taxable income		Unred	overed investment i	axable bonds				
Safe deposit box Custodial, trust admin fees		Unred	overed investment in tizable premium on to ad persons work expens	axable bonds				
Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends Tax advice not related to investment income Legal fees related to producing taxable income		Unred Amort	overed investment in izable premium on to d persons work expens	axable bonds				
Safe deposit box Custodial, trust admin fees Fees to collect interest and dividends Tax advice not related to investment income Legal fees related to producing taxable income Other		Unred Amort Disable Other	overed investment in izable premium on to ad persons work expens	axable bonds				