Submit Form

TUCKER CPA P.C

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TAXPAYER INFORMATION

First Name _____ Initial ___
Last Name _____
SSN ____- ____- _____
Occupation _____
Date of Birth ____ /____ /_____
Telephone: Home (____) ____- _____
Work (____) ____- _____
Cell (____) ____- _____
Email Address _____
Street Address _____
City _____ State _____ Zip _____

SPOUSE INFORMATION

First Name _____ Initial ___
Last Name _____
SSN ____- ____- _____
Occupation _____
Date of Birth ____ /____ /_____
Telephone: Home (____) ____- _____
Work (____) ____- _____
Cell (____) ____- _____
Email Address _____

OFFICE USE ONLY:

Date in:_____ Quote:$_____ TP:____

FILING STATUS

☐ Single ☐ Married ☐ Head of Household ☐ Married Filing Separate

SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	Other (code	Other $
1						
2						
3						
4						

REFUND

Automatic deposit? ☐ Yes (attach a VOID check) ☐ No

DEPENDENTS *(Name must be exactly as on Social Security Card)*

Name* _____
Date of Birth ____ /____ /_____
SSN ____- ____- _____
Relationship _____ If other please specify _____ ☐ Full Time Student ☐ Disabled
Months Lived at Home _____

Name* _____
Date of Birth ____ /____ /_____
SSN ____- ____- _____
Relationship Son If other please specify _____ ☐ Full Time Student ☐ Disabled
Months Lived at Home _____

Name* _____
Date of Birth ____ /____ /_____
SSN ____- ____- _____
Relationship Son If other please specify _____ ☐ Full Time Student ☐ Disabled
Months Lived at Home _____

Name* _____
Date of Birth ____ /____ /_____
SSN ____- ____- _____
Relationship Son If other please specify _____ ☐ Full Time Student ☐ Disabled
Months Lived at Home _____

ADJUSTMENTS TO INCOME

ALIMONY PAID

Payee _____
Payee's SSN ____- ____- _____
Amount _____

IRA CONTRIBUTIONS, ETC.

IRA Deduction _____
SIMPLE Plan Deduction _____
Keogh/SEP Deduction _____
Education IRA Deduction _____
Penalty on Early Withdrawal _____

ESTIMATED TAX PAYMENTS

FEDERAL	Date Paid	Amount
Overpayment-Prior Year		
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		
STATE	Date Paid	Amount
Overpayment-Prior Year		
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		

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OTHER INCOME

INTEREST — *Attach Forms 1099INT*

Payer	Amount

DIVIDENDS — *Attach Forms 1099DIV*

Payer	Amount

STATE TAX REFUND — *Attach Forms 1099G*

Amount Received:

☐ Check if you did not itemize in prior year

CAPITAL GAINS — *Attach Forms 1099B and 1099S*

Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

PENSIONS/IRA/ANNUITY INCOME — *Attach Forms 1099R*

Payer	Amount

ALIMONY RECEIVED

Payer

Payer's SSN Amount

UNEMPLOYMENT BENEFITS RECEIVED — *Attach Forms 1099G*

Taxpayer Amount

Spouse Amount

SOCIAL SECURITY BENEFITS RECEIVED — *Attach Forms SSA-1099*

Taxpayer Amount

Spouse Amount

OTHER INCOME (CONTINUED)

INCOME FROM PARTNERSHIPS, ESTATES, LLCS, TRUSTS, AND S CORPORATIONS

Attach Forms K-1 and list any not received yet.

OTHER INCOME

Including jury duty fees, finder's fees, director's fees, prizes, gambling winnings, disability payments, unreported tip income and any other income (whether taxable or non-taxable)

Attach detailed schedule

RENTAL INCOME & EXPENSES

Property	# 1	# 2
INCOME		
Rents Received		
EXPENSES		
Advertising		
Association Dues		
Auto & Travel		
Cleaning/Maintenance		
Insurance		
Labor		
Professional Fees		
Miscellaneous		
Mortgage Interest		
Other Interest		
Repairs & Maintenance		
Supplies		
Taxes		
Telephone		
Utilities		
Improvements		
Other:		

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ITEMIZED DEDUCTIONS

MEDICAL & DENTAL EXPENSES
Attach detailed schedule
Insurance Premiums _____
Doctors, Dentists, etc. (Net) _____

TAXES PAID

State & Local Income Tax _____
Real Estate Taxes – Residence _____
Real Estate Taxes – Other Property _____
Other Taxes _____

INTEREST PAID – *Attach Forms 1098*

Home Mortgage (1st) _____
Home Mortgage (2nd) _____
Home Mortgage (Equity Line) _____
Student Loan Interest _____

CONTRIBUTIONS – *Attach Detailed Schedule*

Contributions by Cash or Check _____
Contributions Other than Cash _____

MISCELLANOUS DEDUCTIONS

Union/Professional Dues _____
Investment Expenses _____
Tax Return Preparation Fees _____
Safe Deposit Box Rental _____
Unreimbursed Employee
Business Expenses* _____
Other: _____

*Attach detailed schedule

INCOME FROM BUSINESS OR PROFESSION

GENERAL INFORMATION

☐ Cash Basis ☐ Accrual Basis
☐ First Year ☐ Taxpayer ☐ Spouse

Principal Business/Profession _____
Business Name _____
Business Address _____
City, State, Zip _____

INCOME
Gross Receipts or Sales _____
Returns and Allowances _____
Other Income _____

COST OF GOODS SOLD – *If Applicable*
Inventory at Beginning of the Year _____
Purchases _____
Cost of Labor _____
Materials & Supplies _____
Other Costs _____
Inventory at End of the Year _____

EXPENSES
Advertising _____
Car & Truck Expenses* Or Miles Driven: Total _____ Bus _____
Commission _____
Employee Benefit Programs _____
Insurance (other than health) _____
Health Insurance Premiums for Self* _____
Interest _____
Legal & Professional _____
Office Expense _____
Pension & Profit Sharing Plans _____
Rent – Vehicles, Machinery & Equipment _____
Rent – Business Property _____
Repairs & Maintenance _____
Supplies _____
Taxes – Property _____
Taxes – Other _____
Travel _____
Total Meals & (no entertainme _____
Utilities _____
Wages _____
Other* _____
**Attach detailed schedules*

HOME OFFICE
Did you have a home office during the year?
☐ Yes ☐ No
If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning

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Please provide your previous year return