

NAME OF DEPENDENTS/ OTHER DEPENDENTS/ OR PEOPLE WHO LIVED WITH YOU

Full name SSN/ITIN Date of Birth Months lived in Relationship College? Disabled? Income
Home in 2020 to taxpayer

SOURCES OF INCOME

- Employer (W-2) Interest (1099-INT) Dividends (1099-DIV) Social Security/Retirement Unemployment
- Sale of Stock/Shares (1099-B) Self-Employment * Rental Property* Other * (please describe)

EXPENSES

- Education Medical/Dental/Vision Care Union dues Un-reimbursed job-related costs (**STATE ONLY**)
- Self-Employment * Rental Property* Other

CREDITS & DEDUCTIONS

- Donations to charity Paid Student Loan Interest Child/Dependent Care Expense Mortgage Interest (1098)
- IRA Contributions Property Taxes A major taxable purchase

HEALTH INSURANCE

- Enrolled through the federal marketplace (1095-A)

MISCELLANEOUS

- IRA, 401(k) or other distribution Pay/Receive alimony Gambling winnings or losses(1099-G) Adoption
- Sale of Home* Sale of Rental Property* Casualty &Theft losses* IRS Notice Letter 1444, (EIP/Stimulus) *

Signature of Taxpayer

Date

Signature of Spouse

Date

* Your Tax Professional will contact you for any additional information needed.