

Shivam Agarwal, CPA, MTAX

678-879-9090

sarathiconsulting@gmail.com



Taxpayer Information				Spouse Information			
Last name .....	.....			Last name .....	.....		
First name .....	.....			First name .....	.....		
Middle Initial .....	.....		Suffix .....	Middle Initial .....	.....		Suffix .....
Social security number .....	.....			Social security number .....	.....		
Date of birth .....	.....			Date of birth .....	.....		
Occupation .....	.....			Occupation .....	.....		
Work phone .....	.....		Ext .....	Work phone .....	.....		Ext .....
Cell phone .....	.....			Cell phone .....	.....		
E-mail address .....	.....			E-mail address .....	.....		
Address .....	.....			Address .....	.....		
City .....	.....		State .....	City .....	.....		State .....
Home phone .....	.....		Fax number .....	Home phone .....	.....		Fax number .....
Apartment number .....	.....			Apartment number .....	.....		
ZIP Code .....	.....			ZIP Code .....	.....		

  

Dependent Information						
First name Last name	MI Suffix	Social Security Number Relationship	Date of Birth	Months Lived with Taxpayer	Child Care Expense	
.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	
.....	.....	.....	.....	.....	.....	

  

Child and Dependent Care Provider Expenses			
Name	Address	ID Number	Amount Paid
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

  

Education Tuition and Fees					
Student First Name	MI	Suffix	Student Last Name	Social Security Number	Qualified Expenses
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

For each student: 1) First/second year of post-secondary education? 2) At least 1/2 time? 3) Earning degree or other credential? 4) No drug offense? Attach details of the qualified education expenses.

Student Loan Interest Paid	
Enter	qualified student loan interest .....

**Income**

**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

Employer Name	Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

1099-R Payer Name	Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

	Taxpayer	Spouse
Social Security Benefits from Form SSA-1099 .....	_____	_____
Railroad Retirement Benefits from Form RRB-1099 .....	_____	_____
Medicare B premiums withheld .....	_____	_____

**Attach Form(s) 1099-MISC – Miscellaneous Income**

1099-MISC Payer Name
_____
_____
_____

**Attach Form(s) 1099-INT – Interest Income**

1099-INT Payer Name	Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-DIV – Dividend Income**

1099-DIV Payer Name	Amount
_____	_____
_____	_____
_____	_____

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

**Retirement Plan Contributions**

	Taxpayer	Spouse
Traditional IRA contribution: .....	_____	_____
Roth IRA contributions .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

**Deductions**

<b>Medical and Dental Expenses</b>	<b>Amount</b>	<b>Amount</b>
Prescription medications .....	_____	_____
Health insurance premiums .....	_____	_____
Doctors, dentists, etc .....	_____	_____
Hospitals, clinics, etc .....	_____	_____
Eyeglasses and contact lenses .....	_____	_____
Miles driven for medical purposes .....	_____	_____
Miles driven for medical purposes .....	_____	_____
Other medical and dental expenses:	_____	_____
_____	_____	_____
_____	_____	_____
<b>Taxes</b>	<b>Amount</b>	<b>Amount</b>
Real estate taxes paid on principal residence .....	_____	_____
Real estate taxes paid on additional homes or land .....	_____	_____
Auto license registration fees based on the value of the vehicle .....	_____	_____
Other personal property taxes .....	_____	_____
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098. <b>Lender's Name</b>	<b>Amount</b>	<b>Amount</b>
_____	_____	_____
Points paid on loan to buy, build or improve main home <b>Lender's Name</b>	<b>Amount</b>	
_____	_____	
<b>Cash/Check/Credit Card Charitable Contributions</b>		
<b>Charitable Organization</b>	<b>Amount</b>	<b>Amount</b>
_____	_____	_____
<b>Charitable Organization</b>	<b>Amount</b>	
_____	_____	
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>Amount</b>	<b>Amount</b>
Union and professional dues .....	_____	_____
Professional subscriptions, books, supplies .....	_____	_____
Uniforms and protective clothing (including cleaning) .....	_____	_____
Job search costs .....	_____	_____
Taxpayer educator expenses .....	_____	_____
Spouse educator expenses .....	_____	_____
Tax return preparation fees .....	_____	_____
Safe deposit box rental .....	_____	_____
Gambling losses (to the extent of gambling income) .....	_____	_____
Other expenses (list):	_____	_____
_____	_____	_____