

2006 Tax Worksheet - Please fill out and bring to your appointment!

Taxpayer/Spouse Name _____ **Birthdate** _____ **Social Security # (please verify)** _____ **Occupation** _____

NEW ADDRESS (if any) _____
PHONE NUMBERS Home _____ Work _____ Cell _____ Fax _____
 Email: _____

DEPENDENTS (if new client, list all; otherwise, list changes from last tax year):

Name	Birthdate	Social Security # (please verify)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOURCES OF INCOME:	Gross	Federal Tax	State Tax
W-2 _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total W-2	\$ _____	_____	_____
1099-R _____	_____	_____	_____
Soc. Security _____	_____	_____	_____
1099-MISC _____	_____	_____	_____
_____	_____	_____	_____
Unemployment _____	_____	_____	_____
State Tax Refund _____	_____	_____	_____
Alimony Received _____	_____	_____	_____
Gambling Winnings (1099-G) _____	_____	_____	_____
Other _____	_____	_____	_____
Total Tax Withheld	_____	\$ _____	\$ _____

2005 ESTIMATED TAX PAYMENTS:

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Date Paid:	_____	_____	_____	_____
Amount Paid:	_____	_____	_____	_____
Total Amount: \$	_____			

INTEREST INCOME:	\$ _____	Alimony Paid	\$ _____
_____	\$ _____	Name: _____ SSN: _____	
_____	\$ _____	Educator Out-of-Pocket Expenses	\$ _____
_____	\$ _____	Early Withdrawal Penalties	\$ _____

DIVIDEND INCOME:	\$ _____	EDUCATION DEDUCTIONS/CREDITS:	
_____	\$ _____	Student Loan Interest	\$ _____
_____	\$ _____	Tuition (listed by individual)	\$ _____
		Freshman/Sophomore _(Hope)	\$ _____
		All other Tuition _(Lifetime)	\$ _____
		Higher Graduation Deduction	\$ _____

SPECIAL ADJUSTMENTS:

IRA Deposits	\$ _____
Roth IRA Deposits	\$ _____
Keogh/SEP Deposits	\$ _____

Taxpayer Name: _____	2006
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PICK UP MAIL

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MEDICAL EXPENSES (deductible if > 7.5% of income):

Medicine & Drugs \$ _____
 Health Insurance \$ _____
 Total Medical Bills paid
 (not covered by insurance) \$ _____
 Mileage to and from doctor,
 hospital, drug store, etc.
 (18 cents/mile) _____ miles
 Glasses & Contacts \$ _____
 Hearing Aids & Upkeep \$ _____
 Misc. Medical \$ _____

TAXES:

Total State Tax Withheld \$ _____
 Property Taxes (residence) \$ _____
 (recreational/other property) \$ _____
 Vehicle Taxes (State of UT now a fee, not a tax):
 Automobile \$ _____
 Truck \$ _____
 Camper/Trailer \$ _____
 Boat/Motorcycle \$ _____
 Additional State Income Tax
 paid in 2006 \$ _____
 Sales Tax Paid \$ _____

MORTGAGE INTEREST/POINTS:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

CONTRIBUTIONS:

Amounts paid to charity (w/receipt) \$ _____
 Cash Payments:
 Boy/Girl Scouts \$ _____
 March of Dimes \$ _____
 Heart Association \$ _____
 United Way \$ _____
 Other \$ _____

Other Than Cash Donations:

Furniture, clothing, appliances, stocks, real estate, etc.
 (fair market value)* \$ _____
 Mileage for charity (14 cents/mile) \$ _____

**You must have a receipt for any single item valued over \$250 or total donations of more than \$500.*

MISCELLANEOUS DEDUCTIONS:

Tax Preparation Fee \$ _____
 Safety Deposit Box \$ _____
 Union Dues \$ _____
 Convention Expenses \$ _____
 Mileage traveled on company business (not commuting
 to/from work)
 (44.5 cents/mile) _____ miles
 Employment Fees \$ _____

MISCELLANEOUS DEDUCTIONS (CONT'D):

Job Search Expenses \$ _____
 Work Tools for Job \$ _____
 Uniforms \$ _____
 Uniform Upkeep \$ _____
 Work/Safety Equipment
 (safety shoes, goggles, etc) \$ _____
 Educational Expenses to
 maintain present position \$ _____
 Professional Dues &
 Publications \$ _____
 Expenses Away from Home
 overnight, not reimbursed \$ _____

CHILD CARE:

Babysitting/child care expense incurred while both
 parents work. (Must have ID/Soc. Sec. #)

Child: _____
 Provider: _____
 Address: _____
 ID/Soc. Sec. #: _____
 Amount: \$ _____

Child: _____
 Provider: _____
 Address: _____
 ID/Soc. Sec. #: _____
 Amount: \$ _____

OTHER DEDUCTIONS:

Moving Expenses (no meals) \$ _____
 Adoption Expenses \$ _____

SPECIAL CREDITS: (will discuss at appointment)

Hybrid Vehicle Credit _____
Residential Energy Credit _____
Telephone Excise Tax Credit _____



E-FILE/DIRECT DEPOSIT:

Do you wish to E-File? Yes/No
 Do you want your refund via direct deposit? Yes/No
 If yes, choose one: _____ Checking _____ Savings
 Is it a joint account? Yes/No
 Bank Name: _____
 Account #: _____
 Routing #: _____

NOTES/QUESTIONS I NEED TO ASK:

