

Missing Information Sheet

Name: _____ Date: 01/29/2016

Tel. (Home): _____ Tel. (Work): _____ Fax: _____ Tax Year: 2015

The following information is required to complete your return:

INCOME

- | | |
|--|---|
| <input type="checkbox"/> W-2's

_____ | <input type="checkbox"/> 1099R's (Pensions, IRAs, etc.)

_____ |
| <input type="checkbox"/> INTEREST:

_____ | <input type="checkbox"/> DIVIDENDS (1099DIV, 1099-B)

_____ |
| <input type="checkbox"/> K-1 FORMS: (Partnerships, etc.)

_____ | |
| <input type="checkbox"/> OTHER INCOME: (unemployment, jury duty, etc.)

_____ | |

DEDUCTIONS

- | | |
|--|--|
| <input type="checkbox"/> Medical
<input type="checkbox"/> Sales Tax paid on vehicle, boat, etc.

_____ | <input type="checkbox"/> Interest Paid:

_____ |
| <input type="checkbox"/> Real Estate Taxes

_____ | <input type="checkbox"/> Charitable contributions:

_____ |
| <input type="checkbox"/> Personal Property Tax

_____ | <input type="checkbox"/> Other deductions:

_____ |
| <input type="checkbox"/> Other Taxes

_____ | |

OTHER DEDUCTIONS

- | | |
|--|--|
| <input type="checkbox"/> Dependent Care: Name _____
Address _____
Name _____
Address _____
Child's Name _____
Child's Name _____ | ID# _____
Amount \$ _____
ID# _____
Amount \$ _____
Amount \$ _____
Amount \$ _____ |
| <input type="checkbox"/> Escrow Settlement/Closing Statement for _____
<input type="checkbox"/> Escrow Settlement/Closing Statement for _____
<input type="checkbox"/> Other Information:

_____ | |