



5055 HIGHWAY N, #110
COTTLEVILLE, MO 63304
NEAR FRANCIS HOWELL CENTRAL H.S.
636-477-0TAX (0829)

TAX RECORDS

TAXPAYER NAME: _____ SPOUSE NAME: _____

BIRTHDATE: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ E-MAIL: _____

DEPENDENTS

NAME	SSN#	NO. OF MOS. IN HOME	INCOME	RELATIONSHIP	DATE OF BIRTH

INCOME

W-2 Income (LIST EMPLOYERS)

Employer Name	Amount

Please attach all W-2 Forms

OTHER INCOME

Type of Income	Amount
Alimony Received (not child support)	
Commissions/Bonuses (not reported on W-2)	
Awards/Gambling Winnings (Enclose 1099-MISC, W2G)	
Farm (Furnish Schedule or Detail)	
Hobby (Income & Expenses)	
IRA/Keogh Distribution (Enclose Form 1099-R)	
Jury Duty (Or other Public Service)	
Pensions/Annuities (Enclose 1099-R or detail)	
Partnerships/Estates/Trusts (Enclose K-1 Forms)	
Social Security (attach 1099-SSA)	
Tips/Gratuities (not reported on W-2)	
Unemployment Compensation (Enclose 1099-G)	
Other (Explain):	
Other (Explain):	

GAINS AND LOSSES FROM SALE OF PROPERTY/INVESTMENTS

Description (Enclose transaction recap)	Date Acquired	Date Sold	Sale Price	Cost

Please attach all 1099-B and 1099-S Forms

DIVIDEND INCOME (attach 1099-DIV's)

Payee Name	Amount	Payee Name	Amount

INTEREST INCOME (attach 1099-INT's)

Source	Amount	Source	Amount

SELF EMPLOYMENT

Income	
Description	Amount
Income / Checks & Cash Rcv'd	
Income / Barter FVM Goods or Services Rcv'd	
Other:	

Expenses	
Description	Amount
Advertising	
Auto and Truck (Fill out Vehicle Worksheet)	
Business Meals / Entertainment	
Business Phone	
Contract Labor / Subcontractors	
Equipment / Tools Purchased (attach list)	
Insurance	
Interest on Business Loan(s)	
Legal & Professional Fees	
Office Expenses	
Rents or Lease	
Repairs / Maintenance	
Supplies	
Taxes / Licenses	
Utilities	
Wages	
Other Expenses (attach list)	

DEDUCTIONS						
ALIMONY PAID				HEALTH CARE EXPENSES		
Paid To		SSN#	Amount		Out-of-Pocket Payments for:	Amount
			\$		Ambulance	\$
					Chiropractor	
					Dentist	
					Doctor's Fees	
					Equipment (prescribed)	
					Eyeglasses/Contacts	
					Hearing Aids & Supplies	
					Hospital	
					Insurance (Dental/Health) <i>Pre-Tax?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
					Laser Eye Surgery	
					Lodging for Treatment	
					Medical Mileage (number of miles_____)	
					Nursing Care	
					Optometrist	
					Orthodontist	
					Physical Therapist	
					Prescriptions & Drugs	
					Smoking Cessation Program	
					X-Rays	
					Long Term Care Insurance	
MISCELLANEOUS EXPENSES						
Description				Amount		
Employment Agency Fee				\$		
Entertaining Business Clients						
Lodging - Business						
Meals (business away from home)						
Mileage (Fill out Vehicle Worksheet)						
Professional Dues						
Safety Equipment						
Tax Preparation						
Trade Journal Subscription						
Small Tools and Supplies						
Tool (work related) <i>Supply list and amounts</i>						
Uniforms (cost and cleaning)						
Amounts Reimbursed by Your Employer						
MOVING EXPENSES						
Description				Amount		
Gas/Oil During Move				\$		
Insurance of Belongings						
Lodging During Move						
Mileage of Move _____ miles x _____ rate						
Pack/Move Belongings						
Storage (30 days)						
# of Miles: Old home to old job						
# of Miles: Old home to new job						
EDUCATIONAL EXPENSES (Provide all 1098-T Forms)						
STUDENT NAME		TUITION AMOUNT	AMT. PAID FOR BOOKS	PAID BY STUDENT OR PARENT?	NAME OF INSTITUTION	