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Personal Data

	Taxpayer	Spouse
Last Name		
First Name & Initial		
Social Security Number		
Occupation		
Data of Birth		
Email Address		
Phone		
Mailing Address		
City, State, Zip		
Direct deposit bank routing number		
Direct deposit bank account number		
Health Insurance Coverage*		

*If you chose to report, was everyone on the tax return covered by health insurance all of 2017? If not, for which months and persons was coverage applicable? If you received your health insurance from healthcare.gov, please provide associated tax statement.

Dependent Data

	Dependent #1	Dependent #2
Last Name		
First Name & Initial		
Relationship		
Social Security Number		
Data of Birth		
Child Care Expenses		
Health Insurance Coverage*		

Please provide the following:

Support for sources of income:

- Form(s) W-2
- Form(s) 1099 - Interest, Investment Income, Retirement Distributions
- Form(s) 1099B - Investment Sales
- Schedule(s) K-1
- Unemployment Income

Support for itemized deductions (see Deductions tab, page 2):

- Mortgage interest - Form 1098-INT
- Receipts for real estate taxes paid
- Receipts for charitable donations (cash and non-cash)
- Summary of medical expenses out-of-pocket (if the total exceeds 10% of your income)
- Support for large purchases (cars, boats, etc...) for the sales tax deduction

Support for other adjustments or credits:

- Student Loan Interest
- IRA Contributions
- Tuition and Education Expenses (for you or your dependents)
- Day Care Expenses
- Moving Expenses (if relocated more than 50 miles for work)
- Out-of-pocket Expenses for Qualified Educators
- HSA Contributions

If you bought or sold a home during the year, please provide copies of the settlement statement (HUD)

If you bought a car during the year, please provide a copy of the bill of sale

Date and amount of any estimated tax payments made during the year, if any.

Copy of last filed tax return.