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TAXPAYER INFORMATION

First Name _____ Initial ____
Last Name _____
SSN _____ - _____ - _____
Occupation _____
Date of Birth ____/____/_____
Telephone: Home (____) ____ - _____
Work (____) ____ - _____
Cell (____) ____ - _____

Email Address _____
Street Address _____
City _____ State _____ Zip _____

SPOUSE INFORMATION

First Name _____ Initial ____
Last Name _____
SSN _____ - _____ - _____
Occupation _____
Date of Birth ____/____/_____
Telephone: Home (____) ____ - _____
Work (____) ____ - _____
Cell (____) ____ - _____

Email Address _____

OFFICE USE ONLY:

Date in: _____ Quote: \$ _____ TP: _____

FILING STATUS

☐ Single ☐ Married ☐ Head of Household ☐ Married Filing Separate

SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	Other (code)	Other \$
1						
2						
3						
4						

REFUND

Automatic deposit? ☐ Yes (attach a VOID check) ☐ No

DEPENDENTS (Name must be exactly as on Social Security Card)

Name* _____
Date of Birth ____/____/_____
SSN _____ - _____ - _____ Full Time Student
Relationship _____
Months Lived at Home _____

Name* _____
Date of Birth ____/____/_____
SSN _____ - _____ - _____ Full Time Student
Relationship _____
Months Lived at Home _____

Name* _____
Date of Birth ____/____/_____
SSN _____ - _____ - _____ Full Time Student
Relationship _____
Months Lived at Home _____

Name* _____
Date of Birth ____/____/_____
SSN _____ - _____ - _____ Full Time Student
Relationship _____
Months Lived at Home _____

ADJUSTMENTS TO INCOME**ALIMONY PAID**

Payee _____
Payee's SSN _____ - _____ - _____
Amount _____

IRA CONTRIBUTIONS, ETC.

IRA Deduction _____
SIMPLE Plan Deduction _____
Keogh/SEP Deduction _____
Education IRA Deduction _____
Penalty on Early Withdrawal _____

ESTIMATED TAX PAYMENTS

FEDERAL	Date Paid	Amount
Overpayment-Prior Year		
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		
STATE	Date Paid	Amount
Overpayment-Prior Year		
1 st Quarter		
2 nd Quarter		
3 rd Quarter		
4 th Quarter		

ITEMIZED DEDUCTIONS**MEDICAL & DENTAL EXPENSES***Attach detailed schedule*

Insurance Premiums _____

Doctors, Dentists, etc. (Net) _____

TAXES PAID

State & Local Income Tax _____

Real Estate Taxes – Residence _____

Real Estate Taxes – Other Property _____

Other Taxes _____

INTEREST PAID – Attach Forms 1098Home Mortgage (1st) _____Home Mortgage (2nd) _____

Home Mortgage (Equity Line) _____

Student Loan Interest _____

CONTRIBUTIONS – Attach Detailed Schedule

Contributions by Cash or Check _____

Contributions Other than Cash _____

MISCELLANEOUS DEDUCTIONS

Union/Professional Dues _____

Investment Expenses _____

Tax Return Preparation Fees _____

Safe Deposit Box Rental _____

Unreimbursed Employee

Business Expenses* _____

Other: _____

*Attach detailed schedule

INCOME FROM BUSINESS OR PROFESSION**GENERAL INFORMATION**☐ Cash Basis☐ Accrual Basis☐ First Year☐ Taxpayer☐ Spouse

Principal Business/Profession _____

Business Name _____

Business Address _____

City, State, Zip _____

INCOME

Gross Receipts or Sales _____

Returns and Allowances _____

Other Income _____

COST OF GOODS SOLD – If Applicable

Inventory at Beginning of the Year _____

Purchases _____

Cost of Labor _____

Materials & Supplies _____

Other Costs _____

Inventory at End of the Year _____

EXPENSES

Advertising _____

Car & Truck Expenses* Or Miles Driven: Total _____ Bus _____

Commissions _____

Employee Benefit Programs _____

Insurance (other than health) _____

Health Insurance Premiums for Self* _____

Interest _____

Legal & Professional _____

Office Expense _____

Pension & Profit Sharing Plans _____

Rent – Vehicles, Machinery & Equipment _____

Rent – Business Property _____

Repairs & Maintenance _____

Supplies _____

Taxes – Property _____

Taxes – Other _____

Travel _____

Total Meals & Entertainment* _____

Utilities _____

Wages _____

Other* _____

*Attach detailed schedules

HOME OFFICE

Did you have a home office during the year?

☐ Yes ☐ No

If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning

Please provide your previous year return