

2018 Tax Data Sheet

(Names must be same as on S.S. Card)

Taxpayer Name _____	Telephone (Home) _____
Spouse name _____	Daytime (Taxpayer) _____
Address _____	Daytime (Spouse) _____
City & State _____	Cell Phone (Taxpayer) _____
Parish _____	Cell Phone (Spouse) _____
Occupation: _____	Primary Email Address _____
Taxpayer _____	SS Number (Taxpayer) _____
Spouse _____	SS Number (Spouse) _____
	If Retired, Date: _____
	Birthdate (Taxpayer) _____
	Birthdate (Spouse) _____

If taxpayer was deceased in 2018, give date of death / / or spouse date of death / /

Dependents Other than Spouse:

Name	Date of Birth	Number of Months Lived With You During the Year	Relationship	S.S. Number
1 _____	<u> / / </u>	_____	_____	<u> / / </u>
2 _____	<u> / / </u>	_____	_____	<u> / / </u>
3 _____	<u> / / </u>	_____	_____	<u> / / </u>
4 _____	<u> / / </u>	_____	_____	<u> / / </u>
5 _____	<u> / / </u>	_____	_____	<u> / / </u>
6 _____	<u> / / </u>	_____	_____	<u> / / </u>

ESTIMATED TAX PAYMENTS FOR THIS YEAR

Federal		State	
Date	Amount	Date	Amount
<u> / / </u>	\$ <u> </u>	1 <u> / / </u>	\$ <u> </u>
<u> / / </u>	\$ <u> </u>	2 <u> / / </u>	\$ <u> </u>
<u> / / </u>	\$ <u> </u>	3 <u> / / </u>	\$ <u> </u>
<u> / / </u>	\$ <u> </u>	4 <u> / / </u>	\$ <u> </u>

Did you have any interest (signature or other authority) in a bank account in any foreign country? Yes ___ No ___.

Do you want \$3.00 of your taxes to go to the Presidential Election Campaign Fund: Taxpayer Yes ___ No ___.

Spouse Yes ___ No ___.

If you have a refund, do you want to use "Direct Deposit"? Yes ___ No ___.

(If yes, please attach a voided check so I can get the correct routing and account numbers or list below.)

Bank Name _____ Routing # _____ Acct # _____ Ck ___ Sav ___.

Insurance Declaration Sheet of Homeowner's Policy for Hurrigan Relief Credit is included ___.

Insurance Co. _____ Agent _____

Income Data

Taxable Interest (Please Attach 1099's)

1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$

Dividends Received (Please Attach 1099's)

1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$

Non-Taxable Interest (Attach 1099's) (Indicate Private Activity Bonds)

1		\$
2		\$
3		\$
4		\$

Oil/Gas Income (Indicate Those That Are Working Interest)

1		\$
2		\$
3		\$
4		\$
Please attach forms 1099 and list of expenses		

Partnership Investments (Please Attach Schedules K-1)

1	
2	
3	

Stocks Sold

Total No. of Shares	Total Sales	Total Cost
_____	\$ _____	\$ _____

(Attach Summary From Investment Broker)

(Attach separate list showing description, date acquired, date sold, sales amounts and cost)

Other Business/Self Employment Activity
(Including Farming)
Attach Listing of Income and Expenses
by Activity

Other Income (Alimony, Unemployment, Director's Fees, etc.)

1		\$
2		\$
3		\$
4		\$

Rental Property
Attach a Schedule of Income, Expenses
and Capital Expenditures

Social Security Received _____

Taxpayer \$ _____ Spouse \$ _____

Deductions

Contributions	Amount
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
Non Cash Gifts (Attach Receipts)	\$
Other (List on Separate Sheet)	\$

You must have a receipt from the charity for all individual gifts in excess of \$250.

Do you have such receipts? _____

Interest	Amount
Residence (1st and 2nd Residences)	\$
a. First Mortgage	\$
b. Second Mortgage	\$

Interest Paid Related to Investments	
A.	\$
B.	\$

Other	
Sales Tax on Vehicle Purchase	\$
Union & Professional Dues	\$
Preparation of Tax Returns	\$
Alimony Paid--Recipient's S.S. #	\$
_____ / _____ / _____	
Uniforms & Special Work Clothes	\$
Work Tools	\$
Business, Investment, Auto Expenses	
Do you have adequate substantiation?	
(Attach list, indicate any reimbursement by employer)	

Medical	Amount
Hospital Ins. Premiums Paid	\$
Hospitals & Clinics	\$
Prescription Drugs	\$
Doctors, Dentists, etc.	\$
Eyeglasses, Dentures, etc.	\$
Hospitals & Clinics	\$
Miles Traveled for Medical	\$
Other:	\$
	\$
	\$
Total	\$
Less Insurance Received	\$
Total Paid From Own Funds	\$

Property Taxes Paid	\$
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Did you buy a home this year? _____
If yes, attach settlement sheet.

Did you sell a residence this year? _____
If yes, attach closing papers.

If you paid child care to enable you or your spouse to work

Name of Dependent(s)
Amount Paid \$
To Whom Paid
Federal ID Number or Social Security Number of Recipient

Are you or your spouse covered by a qualified retirement or pension plan: Yes _____ No _____

Payments to IRA Accounts _____ Roth _____ Traditional _____

Taxpayer \$ _____ Spouse \$ _____

Date Made _____ / _____ / _____ _____ / _____ / _____

(Please attach all year-end IRA account summaries)

Were you covered under health insurance during 2018?

Yes _____ No _____ Number of Months Covered _____

Did you pay college tuition in 2018?

undergraduate _____ postgraduate _____

Please provide a copy of your 1098-T form

Did you purchase any residential energy-efficient, solar energy, wind energy, geothermal, or fuel cell property or improvements?

Yes _____ No _____.

If yes, please provide copies of invoices and description of type of energy efficient product certification provided by manufacturer.

Did you purchase a new motor vehicle in 2018?

Yes _____ No _____.

If yes, please provide an invoice copy that includes sales taxes charged.

Do your children attend a private school?

Yes _____ No _____.

If yes, please provide their names and tuition deduction, bank fees, and uniform expenses.

