

E Tax & Insurance Agency
AUTO. HOME. BUSINESS. LIFE. HEALTH

INCOME TAX 2010

Date: _____ Appointment date: _____
Name: _____ **New Client: Y / N**
Address: _____
Home phone: _____ Mobile phone: _____
Date of birth: _____
Social Security #: _____

Single: _____ Married f/ joint: _____ Qualifying window: _____ Head of Household: _____
Spouse Name: _____
Date of birth: _____ Social Security #: _____

Dependent

Name	Social Security #	Relationship	Date of birth	Mos lived with you in US
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INCOME

Wages, Salaries, Tips: _____
Taxable interest: _____ 401K: _____ IRA: _____ Roth IRA: _____
Stock/Bond: _____
Unemployment: _____ Social Security Benefit: _____

DEDUCTION

Home mortgage interest (1098):
Real estate tax:
Personal property tax:
Doctor, dentist fees:
Hospital fees:
Prescription:
Insurance Premium:
Gifts to Charity:
Education:
Unreimbursed employee expenses:
Misc:

Taxpayer Signature(s): _____