

# Missing Information Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tel. (Home): \_\_\_\_\_ Tel. (Work): \_\_\_\_\_ Fax: \_\_\_\_\_ Tax Year: \_\_\_\_\_

The following information is required to complete your return:

## INCOME

- |                                                                                                 |                                                                                           |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>W-2's</b><br>_____<br>_____<br>_____                                | <input type="checkbox"/> <b>1099R's</b> (Pensions, IRAs, etc.)<br>_____<br>_____<br>_____ |
| <input type="checkbox"/> <b>INTEREST:</b><br>_____<br>_____<br>_____                            | <input type="checkbox"/> <b>DIVIDENDS</b> (1099DIV, 1099-B)<br>_____<br>_____<br>_____    |
| <input type="checkbox"/> <b>K-1 FORMS:</b> (Partnerships, etc.)<br>_____<br>_____               |                                                                                           |
| <input type="checkbox"/> <b>OTHER INCOME:</b> (unemployment, jury duty, etc.)<br>_____<br>_____ |                                                                                           |

## DEDUCTIONS

- |                                                                                                                                    |                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Medical</b><br><input type="checkbox"/> <b>Sales Tax paid on vehicle, boat, etc.</b><br>_____<br>_____ | <input type="checkbox"/> <b>Interest Paid:</b><br>_____<br>_____                     |
| <input type="checkbox"/> <b>Real Estate Taxes</b><br>_____<br>_____<br>_____                                                       | <input type="checkbox"/> <b>Charitable contributions:</b><br>_____<br>_____<br>_____ |
| <input type="checkbox"/> <b>Personal Property Tax</b><br>_____<br>_____<br>_____                                                   | <input type="checkbox"/> <b>Other deductions:</b><br>_____<br>_____<br>_____         |
| <input type="checkbox"/> <b>Other Taxes</b><br>_____<br>_____                                                                      |                                                                                      |

## OTHER DEDUCTIONS

- |                                                                                                                                                                                                                                                          |                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Dependent Care:</b> Name _____<br>Address _____<br>Name _____<br>Address _____<br>Child's Name _____<br>Child's Name _____                                                                                                   | ID# _____<br>Amount \$ _____<br>ID# _____<br>Amount \$ _____<br>Amount \$ _____<br>Amount \$ _____ |
| <input type="checkbox"/> <b>Escrow Settlement/Closing Statement for</b> _____<br><input type="checkbox"/> <b>Escrow Settlement/Closing Statement for</b> _____<br><input type="checkbox"/> <b>Other Information:</b><br>_____<br>_____<br>_____<br>_____ |                                                                                                    |