



Above and Beyond Tax Service Tax year _____

Client Name _____ SSN _____

<u>1040</u> INCOME	<u>Itemized Deduction</u> MEDICAL EXPENSES	OTHER
# of W-2	Insurance Premiums	\$
# of 1099-Misc(Misc. Income)	Co-Payments	\$
# of 1099-R (Retirement)	Dentist	\$
# of 1099-Div (Dividends)	Doctor	\$
# of 1099-Int (Interest)	Prescriptions	\$
#of 1099-G(Government Pymt)	Medical Mileage	\$
Amount of State Refund from Prior Year		\$
Alimony Paid	Spouse Name	SSN
Other Income (Line 21 of 1040)	TAXES YOU PAID	NOTES
Description of Line 21 Income	Real Estate Taxes	
Adjusted Gross Income (Prior Year)	Personal Property	
Alimony Received	Estimated State Taxes	
IRA Deduction	State Balance Paid from Previous	
Moving Expenses	General Sales Tax	
State Payments	Ad Valorem Tax	
Federal Estimated Taxes (List date paid)	INTEREST YOU PAID	
1	Mortgage Interest (1098)	
2	Mortgage Interest (1098)	
3	Mortgage Interest (Seller Financed)	
4	Points	
TAX AND CREDITS	PMI (Private Mortgage Ins)	
Student Loan Interest Paid		
Education Tuition & Fees Paid	GIFTS TO CHARITY	
Grants & Scholarships Received	Cash Contribution	
Year of Education:	To:	
Educators Expense	To:	
Dependent Care Expenses	Non-Cash Contribution	
Dependent Name	To:	
Expenses	To:	
Dependent Name	To:	
Expenses	Charitable Mileage	
Dependent Care Provider	JOB EXPENSES/ MISC DEDUCTIONS	
EIN/ SSN	Unreimbursed Employee Expenses	
Address:	Unreimbursed Employee Expenses	
Dependent Name	Tax Preparation Fees	
Expenses	Safe Deposit Box	
Dependent Name	OTHER EXPENSES (List Below)	
Expenses		
Dependent Care Provider		
EIN/ SSN		
Address:		
CASUAL THEFT OR LOSS		
Type:	Amount:\$	
Type:	Amount:\$	

By my signature below, I acknowledge the information listed above is true and correct.

Client Signature _____ Date _____