

MISSING TAX INFORMATION SHEET

Prepared By: _____
Date: _____

Name: _____ E-mail: _____ Tax Year: _____
Home Phone: _____ Work Phone: _____ Fax: _____ Cell: _____

The following information is required to complete your return:

W-2'S

INCOME

INTEREST INCOME:

DIVIDEND INCOME (1099DIV, 1099-B)

K-1 FORMS/BROKERAGE STATEMENTS:

OTHER INCOME:

DEDUCTIONS

Medical _____

Long Term Care Insurance _____

Real Estate Taxes

Interest Paid:

Personal Property Tax

Charitable Contributions:

Other Taxes

Other Deductions:

OTHER ITEMS

Estimated Tax Payments:	Date	Amount	Date	Amount	Date	Amount
Federal:	_____	_____	_____	_____	_____	_____
States:	_____	_____	_____	_____	_____	_____

Escrow Settlement/Closing Statement For: _____

Dependent Information: Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____
Name: _____ SSN: _____ DOB: _____

Schedule C Information _____

Other Information _____

