

**INCOME TAX INFORMATION** Occupation (T) \_\_\_\_\_ (S) \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ School District \_\_\_\_\_ Township \_\_\_\_\_

Your Social Security No. \_\_\_\_\_ Spouse Social Security Number \_\_\_\_\_

Did you move during current year? Yes ( ) No ( ) Date Moved \_\_\_\_\_

If yes, what was your former address: \_\_\_\_\_

Exemptions: New Birth - Name \_\_\_\_\_ Date \_\_\_\_\_ Deaths - Name \_\_\_\_\_ Date \_\_\_\_\_

**Note: MUST HAVE SOCIAL SECURITY NUMBERS** E-mail address \_\_\_\_\_

Name \_\_\_\_\_ Income \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Months in School \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount paid Federal & State on Quarterly Estimate - List Date Federal State

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please enclose **ALL W-2'S, 1099 FORMS, & K-1 FORMS**

**OTHER INCOME**

**Dividends ... Other than Farm Co-op** (List Patronage Dividends on Farm Schedule)

Received From \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interest**

Received From \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tax-Free Interest** - Nebraska Source \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_

**Miscellaneous**

(Babysitting, Misc. Labor, Prizes, Tips, Sale of House, Unemployment, Alimony, Etc.)

Description \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Benefits, Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

Refunds of Income Taxes Received in 20 \_\_\_\_\_ Federal Tax \$ \_\_\_\_\_ State Tax \$ \_\_\_\_\_

Do you have Health Insurance? \_\_\_\_\_

If yes, did you purchase through the Exchange? \_\_\_\_\_

How many months were you covered by Health Insurance? \_\_\_\_\_

**PERSONAL (NON-BUSINESS) - ITEMIZED DEDUCTIONS**

**Medical and Dental Expenses:**

(List Amounts You Paid Only)

Health Insurance Premiums Paid \$ \_\_\_\_\_  
 Long-Term Care Premium - Taxpayer \_\_\_\_\_  
 Long-Term Care Premium - Spouse \_\_\_\_\_  
 Total Medicine & Drugs (Prescriptions) \_\_\_\_\_  
 Itemized other Medical & Dental expenses including hearing aids, dentures, eye glasses and transportation to medical care - you are allowed mileage and travel to and from doctors and lodging \_\_\_\_\_ Miles  
 Total Doctors, Dentists & Hospitals \_\_\_\_\_  
 Other \_\_\_\_\_

**Total Medical Expenses** \$ \_\_\_\_\_

Amounts received by You from Medical Insurance for Above Expenses \$ \_\_\_\_\_

**Taxes:**

Real Estate Tax on Home \$ \_\_\_\_\_  
 State Income Tax - W-2's \_\_\_\_\_  
 State Income Tax - Paid \_\_\_\_\_  
 Personal Property Tax (Auto) \_\_\_\_\_  
 Sales Tax \_\_\_\_\_

**Total Taxes** \$ \_\_\_\_\_

**Interest:**

Home Mortgage \$ \_\_\_\_\_  
 Home Equity Loans \_\_\_\_\_  
 Other (Itemize) - Investment Interest \_\_\_\_\_

**Total Interest Paid** \$ \_\_\_\_\_

**Contributions: (Written Record Required/Over \$250)**

Religious or Charitable Organizations \$ \_\_\_\_\_

Contributions other than cash (Describe property contributed and to whom if over \$500.) Value \_\_\_\_\_

Miles for Charity \_\_\_\_\_ Miles

**Total Contributions** \$ \_\_\_\_\_

**Miscellaneous Deductions:**

Union Dues \$ \_\_\_\_\_  
 Professional Organizations \_\_\_\_\_  
 Work Uniforms \_\_\_\_\_  
 Tax Preparation \_\_\_\_\_  
 Safety Deposit Box Rent \_\_\_\_\_  
 Unreimbursed Employee Business Expenses \_\_\_\_\_  
 Educational Expenses (Business Related) \_\_\_\_\_  
 Business Mileage \_\_\_\_\_ Miles \_\_\_\_\_  
 Other (Itemize): \_\_\_\_\_

**Total Miscellaneous Deductions** \$ \_\_\_\_\_

**Personal Casualty Losses** \$ \_\_\_\_\_

**Total Itemized Deductions** \$ \_\_\_\_\_

**OTHER INFORMATION**

Moving Expenses \$ \_\_\_\_\_ Miles Moved \_\_\_\_\_

**Child Care Expenses:**

Person or Persons Who Provided the Care: Identification Number

Name	Address	(SSN or EIN)	Amount Paid

Alimony Paid & S.S. No. \$ \_\_\_\_\_

Tuition & Fees-Student's Name \_\_\_\_\_ Include Form 1098-T

Tuition & Fees-Student's Name \_\_\_\_\_ Include Form 1098-T

Teaching Supplies \_\_\_\_\_

Student Loan Interest \_\_\_\_\_

**IRA Contributions:**

Taxpayer \$ \_\_\_\_\_ Traditional \$ \_\_\_\_\_ Roth \$ \_\_\_\_\_

Spouse \$ \_\_\_\_\_ Traditional \$ \_\_\_\_\_ Roth \$ \_\_\_\_\_

**Health Savings Account Contribution** \$ \_\_\_\_\_