5. Interest You Paid

Home Mortgage Interest\$
2nd Mortgage Interest \$
Home Improvement Interest\$
Vacation Home Interest\$
6. Contributions You Made
Church \$ Church \$
American Cancer Society\$ United Way\$ Other Organizations\$
Non Cash Contributions \$
Charity Mileage
7. Baby Sitting - Child Care
7. Baby Sitting - Child Care Name of Babysitter or Child Care Provider
Name of Babysitter or Child Care Provider
Name of Babysitter or Child Care Provider
Name of Babysitter or Child Care Provider Address
Name of Babysitter or Child Care Provider Address Social Security or Employer's I.D. No Amount Paid \$
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Name of Babysitter or Child Care Provider Address Social Security or Employer's I.D. No Amount Paid \$ Name of Babysitter or Child Care Provider

8. Other Items You Paid

Alimony
Jnion Dues
Гools
Jniforms \$
Safety Equipment \$
Fax Preparation \$
Safety Deposit Box \$
Employment Agency Fee . \$
*IRA or KEOGH Programs (Please furnish papers) \$\$ \$\$
9. Any Stocks/Bonds Sold
Purchase DatePurchase Price
Sale Date
Purchase DatePurchase Price
Sale Date
Did you purchase any Roth IRA's?
Amount for Taxpayer \$ Spouse \$
Value of Roth IRA's at end of year \$
10. Education
Name of Student
School Attending
1st or 2nd year Amount of Tuition Paid \$ Including loans
Name of Student
School Attending
1st or 2nd year Amount of Tuition Paid \$

Including loans



The CPA. Never Underestimate The Value.[™]



Income Tax Guide

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Please answer the questions below as completely as possible, as they apply to you. If there is a question in your mind, write in on a separate sheet and return to me. This is just for your convenience. You do not have to fill this out. *Please remember to bring your W2's, 1099's etc.*

Ask Yourself These	2. Income	2. Income			3. Medical Bills You Paid		
(Answer Yes or No)		No. of amployers f	No. of ampleyage for whom you would			\$	
Did you buy or sell a home?		No. of employers for whom you worked (including spouse)					
Did you pay Estimated Income Tax? Did you move to get a new job during the year? COVERED by Health Insurance? All year? Did you purchase Health Ins. through the Marketplace?			Enclose W-2's for each			Ambulance	
		— Dividends	\$	Dentist			
			Interest			\$	
Do you have a home based busines		\$					
Do you use your car in any charitab	on Other Income Rece	Hospital					
Did you purchase Energy Efficient Home Improvements?						S? Other meome need	
Phone No. () Hours	Commissions	Commissions			\$		
1. Family Information	Alimony	Alimony			\$		
2.		*Business	*Business			\$	
Name	\$	\$			\$		
Address			t of income and expenses)		•		
City Social Security No/ Date of Birth//_ Occupation			*Farm Income			\$	
		,				\$	
						\$	
Spouse's Name		\$					
Social Security No// Date of Birth/_/_ Occupation Were either of you 65 by December 31st of last year?		/				\$	
		Pension Rec'd —				\$\$	
		Social Security Rec				\$	
Husband Wife		Other Income (Priz	es, etc.)	.\$	Total miles to & from Doc	tors	
Are either of you blind?		*If I did not prepare last	*If I did not prepare last year's return I would appreciate a copy of last			and for medicine\$	
Husband Wife		year's return & depreció you had any!	ation schedule if depreciation	is applicable and			
Trasbana Wife					Did you receive payment for any of the above from your insurance \$		
Dependents Full Name	Date of Birth	Social Security No.	Relationship	No. of Months in your home	the above from your insul	ance \$	
					4. Taxes Paid		
					Real Estate Taxes	\$	
					Dersonal Property Tayos	\$	
					rersonar roperty raxes.	····················	