

Stolf and Associates
Independent Accountants
 600 Bonnabel Blvd., Metairie, LA 70005
 Tel 504 834-1615 Fax 504 834-1612
 email: stolfandassociates@att.net

Taxpayer: _____
 SSN#: _____
Spouse: _____
 SSN#: _____
 Address: _____

 Tel # Day: _____
 Night: _____
 email: _____

Dependents:		(2) Dependent's SSN#.	(3) Dependent's relationship to you	(4) No. of months lived in your home	Date of birth
First Name	Last Name				
		- -			
		- -			
		- -			
		- -			
		- -			
		- -			

*If your child did not live with you but is claimed as your Dependent under a Pre-1995 Agreement, Check Here

Marital Status: one Single Married filing Joint Married filing Separate Head of Household

Income:

*Attach W-2 Forms from Employers and 1099 Forms from Banks, Homesteads, or Stock Owned.
 List Income from any of these sources.

Alimony \$ _____ Prizes \$ _____ Jury Duty \$ _____ **Sale of Property:** \$ _____ Date Sold _____
 Rents \$ _____ Pensions \$ _____ Commissions \$ _____ Cost of Property \$ _____ Date Purch _____
 Tips \$ _____ Hobbies \$ _____

Federal Estimated Tax Paid: _____ State Estimated Tax Paid: _____

Expenses

Medical:

Prescription medications \$ _____
 Health Insurance Premiums \$ _____
 Qualified L/T Care Premiums \$ _____
 Doctors, dentists, etc. \$ _____
 Hospitals, clinics, etc. \$ _____
 Prescription Eyeglasses \$ _____
 Prescription shoes/braces \$ _____
 Medical Miles Traveled _____ miles
 Medical Parking/Taxis \$ _____

Interest:

Home Mortgage \$ _____
 2nd Mortgage \$ _____
 Points Paid \$ _____
 Vacation Home \$ _____
 Student Loan(s) \$ _____

Taxes Paid:

Real Estate \$ _____
 or Sales Tax \$ _____
 Personal Property \$ _____

Contributions

Churches \$ _____
 United Fund \$ _____
 Boy Scouts \$ _____
 Heart Fund \$ _____
 Goodwill \$ _____
 Misc. \$ _____
 I.R.A. or Pension \$ _____

Misc. Expenses

Travel to Const. Jobs _____ miles
 or Sales _____ miles
 Alimony \$ _____
 Casualty Loss \$ _____
 Child Care \$ _____
 College Tuition \$ _____
 Taxpayer Education \$ _____
 IRA Fee \$ _____
 Job Seeking \$ _____
 Moving \$ _____
 Safe Deposit Box \$ _____
 Tax Return Fee \$ _____
 Technical Publications \$ _____
 Tools / Equipment \$ _____
 Uniforms \$ _____
 Union Dues \$ _____

If you have Rental Property or Outside Sales Expenses, Please include the amounts spent on the reverse side