

2017 TAX SEASON WORKSHEET

Please check box if Spouse and Dependents are the same as last year

Name:		Spouse:	
DOB: SS#	DOB: SS#		
Cell# E-Mail:	Cell# E-Mail:		
Job Title:		Job Title:	
Please enclose copy of NYS Drivers License (front and back), or email photo to epalmertax@gmail.com (NYS requirement)		Please enclose copy of NYS Drivers License (front and back), or take a photo and email to epalmertax@gmail.com (NYS requirement)	
Home Address:		City/State/Zip:	
Home Phone:		Child Care Expenses:	
		Employer reimbursement (if any) \$	
Dependents: (Leave blank if box above is checked/circle male or female)		Provider 1:	
Name: M/F DOB SS#	Address:		
Name: M/F DOB SS#	City/State/Zip:		
Name: M/F DOB SS#	Tax ID#		
Name: M/F DOB SS#	Amount Paid \$		
Name: M/F DOB SS#	For Which Child:		
Direct Deposit Information: (Please Update Annually)		Provider 2:	
Bank Name:	Checking <input type="checkbox"/>	Address:	
	Savings <input type="checkbox"/>		
Routing: Account#	City/State/Zip:		
		Tax ID#	
Total Student Loan Interest Paid last year \$ (Attach 1098-E)		Amount Paid \$	
Total Alimony Paid \$ Recipient SS#	For Which Child:		
Alimony Received: \$	Along with this form, please provide me with all W-2's, 1099s, 1098s, Social Security Statements, K-1s and other tax documents sent to you by employers, government agencies, financial institutions and child care providers. Don't forget 1099-B (Stock sales) and Form 1098 (Mortgage Interest Statement). <u>Please do not send sales receipts.</u>		
Gambling Winnings: \$ Please provide form W-2G			
Gambling Losses: \$ Provide win/loss statement if possible			

(Please flip to the back of the page)