

1231 Larkin Avenue Elgin, Illinois 60123 847-741-5033

www.allamericantax.net

10 E. Main Street East Dundee, Illinois 60118 847-428-1417

047-741-3000			O.	47-420-1417
Taxpayer's Name	Spouse's Name	 	Taxpayer's Birth Date Spouse's Birth Date Telephone Number	
Taxpayer's Occupation	Spouse's Occupation			
Address	City, State, & Zip Code			
Dependent information other than T	axpayer or Spouse		E-Mail A	ddraes
Is everything <u>exactly</u> the same a information for the dependents. If please fill in <u>all</u> the dependent info years tax return, we will assume that	there are any changes, such as rmation. If No is checked, and t	adding a dependere are names	dent, we v	will need for you to in that were on last
List Dependents first name, Middle initial, & Last name	Social Security Number & relationship-Son, Daughter, et	Date of E MM/DD/		Number of months Lived in your home
Please submit all W-2 forms & Unemployment C	all 1099 forms for all income. Tompensation, Retirement & Pen	 This includes inc sion, State Tax I	ome for S Refund, e	
Child care providers name	Address, City, State, Zip Code	Social Se	ecurity Nu	mber or E.I.N.
Child's name	\$Amount paid for this child			
Child's name	Amount paid for this child			
Education Credit: (Post high school)	Be Sure to Bring in 1098-T For			
Student's name	\$ Are you working towards a bachelors degree or masters degree? Are you working towards a bachelors degree or masters degree? Are you working towards a bachelors degree or masters degree?			
Student's name	Tuition, books, etc.	sters degree?		
Student Loan Interest:				
Amount paid for student loan interest:	\$			
Do you have any bank accounts out the details on these accounts	side the United States?	'es No	If yes, v	ve will need to know

If you have a rental property or a business we now have tax organizers for each. They are on our web site or you can call our office and we will mail them to you.

Medical Expenses:						
Prescription medications:	\$	Health Insurance Premiums:	\$			
Doctors & dentists:	\$	Hospital & clinics:	\$			
Lab & x-rays fees:	\$	Eyeglasses-Contact lens:	\$			
Nursing care:	\$	Hearing aids & batteries:	\$			
Physical therapy:	\$	Canes, crutches, braces, etc.:	\$			
Wheel chair:	\$	Lodging for medical purposes:	\$			
Medical transportation: Taxi-bus-airplane-train	\$	Medical miles driven: To doctor, drug store, hospital, etc.				
Taxes You Paid:						
Real estate taxes-Your home:	\$	Taxes on vacation home:	\$			
Sales tax on car, truck, Boat, motorcycle	\$	Sales tax on motor home:	\$			
Interest You Paid:						
Home mortgage Interest:	\$	Vacation home mortgage interest:	\$			
Home equity loan interest:	\$	Loan origination fee or points paid:	\$			
Qualified mortgage Insurance-on 1098 form	\$	New home purchase Refinance Investment interest:				
Gifts to Charity-Donations-C	Gifts by Cash or Checks:					
Church:	\$	United Way:	\$			
March of Dimes:	\$	American Heart Association:	\$			
Easter Seal Association:	\$	American Cancer Society:	\$			
American Red Cross:	\$	Focus on the Family:	\$			
U.S.O.:	\$	Other Misc. Cash donations:	\$			
Gifts to Charity-Donations-Non cash gifts-Clothing & Household Goods:						
Salvation Army:	\$	Goodwill Industries, Inc.	\$			
Cancer Federation, Inc.:	\$	Amvets, Purple Hearts, Etc.:	\$			
Miscellaneous & Job Relate	d Deductions:					
Uniforms:	\$	Union Dues:	\$			
Work boots:	\$	Tools for work:	\$			
Work Gloves:	\$	Safety shoes (steel toed shoes)	\$			
Certificates for work:	\$	Job related books & magazines:	\$			
Professional dues:	\$	Safety equipment for work:	\$			
Bank safe deposit box:	\$	Continuing education expense:	\$			
Alimony:	\$	Miscellaneous job related expenses:	\$			

Please remember, if you are audited, you will be expected to substantiate all deductions.