



PARAKLETOS
One Called Alongside To Help

EMPLOYEE WAGES OR SALARIES: You must provide all W-2 forms with your completed TIP. We cannot file your tax return without them!

PARTNERSHIPS, ESTATES, TRUSTS, LLC's and S-CORPORATIONS:
Please provide all Schedule K-1 forms and associated instructions

INTEREST INCOME: Provide all Form 1099-INT, Interest Income Statement.

DIVIDENDS/CAPITAL GAINS DISTRIBUTION: Provide all Form 1099-DIV, Dividend Income Statement and end of year brokerage statement

IRA, PENSION, or ANNUITY DISTRIBUTION: Please provide all Form 1099-R's

SALE OF STOCK, MUTUAL FUNDS, REAL ESTATE, AND PERSONAL PROPERTY: Please provide all Form 1099-B's) It's critical that you get the original cost of stocks, mutual funds, real and personal property sold.

OTHER TAXABLE INCOME FORMS: Please provide all income statements.
State & local tax refunds (1099-G)

Unemployment Compensation (1099-G)

Alimony received/Alimony Paid

All Healthcare Forms (1095-A, B or C)

Social Security received (1099-SSA)

Gambling/prize winnings (Form W-2G)

Miscellaneous Income (1099-MISC)

ADJUSTMENTS TO INCOME:

Mortgage interest statements for all home(s) (1098)

Student loan interest (1098-E)

Tuition and fees deduction (1098-T)

PERSONAL INFORMATION

Your Name:		Your SSN:		Date of Birth:	
Occupation:		Email:			
Home Phone:		Work Phone:		Cell Phone:	
Address:			City:		State:
Zip Code:		County:		School District:	
Spouse Name:		Spouse SSN:		Date of Birth:	
Occupation:		Email:			
Home Phone:		Work Phone:		Cell Phone:	

DEPENDENT CHILDREN AND OTHER DEPENDENTS

First name:		Middle initial:		Last name:		SSN:	
Relation:		Birthday:		Months in home:		Childcare paid:	
First name:		Middle initial:		Last name:		SSN:	
Relation:		Birthday:		Months in home:		Childcare paid:	
First name:		Middle initial:		Last name:		SSN:	
Relation:		Birthday:		Months in home:		Childcare paid:	
First name:		Middle initial:		Last name:		SSN:	
Relation:		Birthday:		Months in home:		Childcare paid:	

OTHER TAXABLE INCOME / ADJUSTMENTS TO INCOME

**PLEASE PROVIDE ALL PROOF OF INCOME WITH INCOME STATEMENTS.
1099-G, Housing allowance statement, Court decree for alimony**

Are you a teacher?	Yes:	No:	Did you receive commission or bonus not reported on your w2?		
Alimony received:			Alimony paid:		Name SSN:
Student loan interest:			Unused housing allowance:		Jury Duty:

ESTIMATED PAYMENTS

Estimated tax payments made:	
Amount applied from prior year return:	
Payment with extension to file:	

**BRING DOCUMENTATION FOR MEDICAL COVERAGE:
1095-A, B, C**

MEDICAL EXPENSES

Medical, vision & Dental Insurance: (<i>Not paid by employer</i>):		Nursing home/private care:	
Long term medical insurance:		Lab MRI & X-ray expenses:	
Medical miles:		Hospital or emergency room:	
Prescription medication:		Ambulance:	
Doctors & Chiropractors:		Medical equip. & supplies:	
Dental expenses:		Travel (<i>airfare, lodging, meals</i>):	
Glasses, Contacts, Solution		Hearing aids & batteries	
Prescribed supplements:		Other healthcare professionals:	

Taxes paid

State income tax paid for last year: (not W-2 withholding)		First mortgage interest:	
City/county taxes paid last year:		Second mortgage interest:	
Home real estate taxes:		Home equity loan interest:	
Real estate taxes on lot/vacation home:		Mortgage interest points:	
Personal property:		Interest paid to an individual:	
Tags for vehicles and motorcycles:		Individual's name:	
Boat/motor/trailer tags:		Address:	
Tags for RV/camper/snow mobile:		SSN:	

AS AN EMPLOYEE: UNREIMBURSED BUSINESS EXPENSES (Not available for W-2 employees in years 2018 and later, Qualifies in these States only: AL, AR, CA, MN, NY, PA)

Hand tools & equipment:		Office supplies:	
Union & professional dues:		Publication, books, tapes, CD's, DVD's:	
Employee related education:		Business gifts:	
Travel (<i>airfare, lodging, meals</i>):		Travel local business meals:	
Taxi, Uber, tolls, tips, parking, shuttle:		Uniforms purchased (<i>with company name on them</i>):	
Cell phone:		Laundering, dry cleaning of uniforms:	
Internet & website services:		Freight, postage, shipping:	
Malpractice & disability insurance:		Planner briefcase and storage cases:	
Licenses, fees, credentials:		Materials & supplies:	
Other:		Other:	

CHARITABLE CONTRIBUTIONS

Church:		Heart Fund & Cancer:	
Church:		Arthritis Foundation:	
Ministry:		Easter Seals & DAV:	
Ministry:		YMCA & YWCA:	
Ministry:		Police & Firefighters:	
Ministry:		Volunteer school expenses:	
Sunday school material, food, drinks:		School fund raising giving:	
Mission trip expenses:		Building & Yard maintenance:	
Cell phone used for ministry:		Boys and Girl scouts:	
United way:		Muscular dystrophy and AMVETS:	
Red Cross & Christmas Seals:		Parking, tolls and taxis:	
Deacon & usher expenses:		Children ministry expenses:	
Feed, house, clothe street people:		Youth ministry expenses:	
Charitable miles:		Educational T.V.& Radio stations:	
Unregistered cash giving:		Sheet music, tapes, CD's, DVD's:	
Special cash offerings:		Diabetes:	
Salvation Army:		Cash giving to Goodwill:	
Prison ministry:		Other:	

NON-CASH CONTRIBUTIONS

NAME OF ORGANIZATION	ITEMS DONATED	DATE	VALUE
			\$
			\$