

Accutax Income Tax Services, Inc.	Client Name _____
	Client Address _____
Income Tax Preparation Worksheet	Client Phone _____

General	
Change in Address	_____
Change in Filing Status	_____
Change in Occupation	_____
Change in Dependents	_____
Dependent of Another	_____
Anyone Else Live in House	_____
Support of Parent >50%	_____
E File	_____
New York State Items	
County	_____
School District	_____
Unpaid Sales Tax	_____
Earned Income	
Wages	_____
Combat Pay	_____
Unreported Tips	_____
Unemployment	_____
Retirement/Pension	_____
Alimony	_____
Jury Duty	_____
Gambling Winnings	_____
Hobby or Other Income	_____
Unearned Income	
Interest and Dividends	_____
Social Security/Disability	_____
Sale of Stocks/Bonds	_____
Child <14 Passive Income	_____
Prior Year State Refund	_____
Other Income	
Small Business	_____
Rental Property	_____
K-1(Corp/Partner/Trust/etc.)	_____
Farm	_____

Itemized Deductions	
Medical Expenses	_____
Doctor, Dentist, Eye, etc.	_____
Prescriptions	_____
Long-Term Care Ins.	_____
Miles for Medical Travel	_____
Tax Deduction	_____
State Income Taxes	_____
Previous Year State Taxes	_____
Sales Tax (Capital Improv)	_____
Sales Tax (Auto/Boat)	_____
Real Estate Taxes	_____
Mortgage Interest	_____
Home Equity Loan Interest	_____
Points	_____
Investment Interest Paid	_____
Charitable - Cash	_____
Charitable - Non Cash	_____
Charitable - Miles	_____
Casualty/Theft Losses	_____
Gambling Losses	_____
Misc Deductions	_____
Union Dues	_____
Safe Deposit Box	_____
Tax Prep Fees	_____
Legal Fees	_____
Employee Expenses	_____
Education	_____
Uniforms	_____
Tools/Safety Equip	_____
Automobile	_____
Home Office	_____
Overnight Travel	_____

Dependents/Children	
Adoption Expense	_____
Dependent Care Expenses	_____
Education	
Education Expenses	_____
Student Loan Interest	_____
Tuition Expense	_____
NYS Savings Plan	_____
Education Acct Withdraw	_____
Other Deductions	
IRA/Simple Contributions	_____
Child Support Payments	_____
Alimony Paid	_____
Moving Expenses	_____
Medical Savings (MSA)	_____
Health Savings (HSA)	_____
S/E Health Insurance	_____
Teacher (Classroom Exp)	_____
Travel for Reserve Duty	_____
Other Activities	
Purchase Clean Fuel Vehicle	_____
Purchase of Property	_____
Sale of Property	_____
Tax Payments	
Advance EIC	_____
Quarterly Estimates	_____
Prior Year Overpayment	_____
Direct Deposit Information	
Bank Name	_____
Routing Number	_____
Account Number	_____
Checking or Savings	_____

Other Notes and Comments	

The information that is here-in provided, is to the best of my knowledge, accurate and valid. I realize that I am solely responsible for what is reported on my income tax return.
