

2015

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Taxpayer:

Name _____
 Birthdate _____ Blind? _____
 SS# _____ Disabled? _____
 Occupation _____
 Work Phone _____
 Home Address _____

Spouse:

Name _____
 Birthdate _____ Blind? _____
 SS# _____ Disabled? _____
 Occupation _____
 Work Phone _____
 County _____ Home Phone _____
 E-Mail Address _____

DEPENDENTS

Name	SS #	Birthdate	Relationship

(You must provide a SS# for Dependents)

WAGES & WITHHOLDING INFORMATION FROM W-2'S

Employer's Name	Gross Wages
	\$
	\$
	\$

DOCUMENTS TO BRING: W-2 Forms, Interest / Dividends / Other Income 1099's

(Please indicate (T) for Taxpayer (S) for Spouse (J) for Jointly Owned:)

INTEREST INCOME

T-S-J	Payer	\$

DIVIDEND INCOME

T-S-J	Payer	\$

RENTAL INCOME & EXPENSE

Total Rent Received \$ _____
 Auto Mileage _____
 Insurance _____
 Interest _____
 Repairs _____
 Supplies _____
 Taxes _____
 Utilities _____
 Other _____

OTHER INCOME

Please bring all supporting data.

State Tax Refunds _____
 Social Security Taxpayer _____
 Social Security Spouse _____
 Unemployment _____
 Alimony Received _____
 IRA Withdrawal _____
 Additional: Self-employment, Partnerships, S-Corps,
 Farming, Estates, Trusts, Jury Duty, Tips, Gambling, etc.
 Other: _____

SALE OF STOCK AND OTHER PROPERTY

Description	Purch Date	Sale Date	Sale Price	Cost

(Bring Supporting Documents)

DEDUCTIONS AND CREDIT ITEMS

CONTRIBUTIONS TO AN IRA

Husband \$ _____ Date _____
 Wife \$ _____ Date _____

MEDICAL EXPENSES *Subject to 10% AGI Limit*

For payroll deducted insurance premiums, please attach your final 2015 paystub.

Insurance (After Tax) Premiums _____
 Medicare Premiums _____
 Prescription Drugs _____
 Doctors / Dentists _____
 Hospital / Ambulance _____
 Eyeglasses / Hearing Aids _____
 Auto Mileage _____

TAXES

Real Estate Taxes - Home _____
 Real Estate Taxes - Other _____
 Auto Ad Valorem _____
 State Income Tax Paid When Filing Last Year's Return _____

ESTIMATED TAX PAYMENTS

Due	Paid	Federal	State
4/15/2015		\$ _____	\$ _____
6/15/2015		\$ _____	\$ _____
9/15/2015		\$ _____	\$ _____
1/15/2016		\$ _____	\$ _____

(Bring cancelled checks of your estimated tax payments.)

INTEREST EXPENSE

Home Mortgage:
 Paid to Financial Institution 1) _____
 Paid to Financial Institution 2) _____
 Home Equity Loan _____
 If Paid to Individual:
 Name _____
 Address _____
 SS# _____
 Investment Interest _____
 Educational Loan Interest _____
 Principal Mortgage Insurance _____

CHILD CARE

For Children under 13 Years Old.

Provider _____
 Address _____
 ID or SS# _____
 Amount \$ _____

CHARITABLE CONTRIBUTIONS

Receipt or cancelled check required.

Cash or Check _____
 Property Donated (with receipts) _____
 Specify Organization and Location: _____

Auto Mileage _____ mi. _____

CASUALTY LOSSES

(Auto Accident, Fire, Theft, Storm, etc.) Deductible only if your combined net loss - after insurance claim - exceeds 10% of Adjusted Gross Income.

EDUCATIONAL CREDITS

Did you incur education expenses (tuition and fees only) in 2015 on behalf of either you, your spouse or a dependent? If yes, you may qualify for educational tax credits.

MOVING EXPENSES

Move must be greater than 50 miles and due to change in employment. Expenses not reimbursed by employer may be deductible.

BUSINESS / AUTO EXPENSE

Generally, mileage from home to work is not deductible. Miles driven after the first business stop of the day are deductible.

Total Auto Miles _____
 Business Miles _____
 Tolls / Other Transportation _____
 Business Motel _____
 Business Meals / Entertainment _____
 Other: _____

MISCELLANEOUS

Subject to 2% AGI Limit

Union / Prof. Dues _____
 Tools / Shoes / Safety Equip _____
 Uniforms / Cleaning _____
 Safe Deposit Box _____
 IRA Account Fees _____
 Tax Preparation _____
 Prof. Publications _____
 Job Seeking Expense _____
 Employee School Expense _____
 Other: _____

PENALTY / EARLY WITHDRAWAL \$

ALIMONY PAID \$
 To Whom: _____
 SS# : _____