

# Missing Information Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tel. (Home): \_\_\_\_\_ Tel. (Work): \_\_\_\_\_ Fax: \_\_\_\_\_ Tax Year: \_\_\_\_\_

The following information is required to complete your return:

### INCOME

<input type="checkbox"/> <b>W-2's</b> _____ _____ _____	<input type="checkbox"/> <b>1099R's</b> (Pensions, IRAs, etc.) _____ _____ _____
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<input type="checkbox"/> <b>INTEREST:</b> _____ _____ _____	<input type="checkbox"/> <b>DIVIDENDS</b> (1099DIV, 1099-B) _____ _____ _____
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**K-1 FORMS:** (Partnerships, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER INCOME:** (unemployment, jury duty, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

### DEDUCTIONS

<input type="checkbox"/> <b>Medical</b> <input type="checkbox"/> <b>Sales Tax paid on vehicle, boat, etc.</b> _____ _____	<input type="checkbox"/> <b>Interest Paid:</b> _____ _____ _____
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<input type="checkbox"/> <b>Real Estate Taxes</b> _____ _____ _____	<input type="checkbox"/> <b>Charitable contributions:</b> _____ _____ _____
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<input type="checkbox"/> <b>Personal Property Tax</b> _____ _____ _____	<input type="checkbox"/> <b>Other deductions:</b> _____ _____ _____
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**Other Taxes**  
 \_\_\_\_\_  
 \_\_\_\_\_

### OTHER DEDUCTIONS

<input type="checkbox"/> <b>Dependent Care:</b> Name _____ Address _____ Name _____ Address _____ Child's Name _____ Child's Name _____	ID# _____ Amount \$ _____ ID# _____ Amount \$ _____ Amount \$ _____ Amount \$ _____
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**Escrow Settlement/Closing Statement for** \_\_\_\_\_  
 **Escrow Settlement/Closing Statement for** \_\_\_\_\_

**Other Information:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_