

E Tax & Insurance Agency  
AUTO. HOME. BUSINESS. LIFE. HEALTH

INCOME TAX 2010

Date: \_\_\_\_\_ Appointment date: \_\_\_\_\_  
**Name:** \_\_\_\_\_ **New Client: Y / N**  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Single: \_\_\_\_\_ Married f/ joint: \_\_\_\_\_ Qualifying window: \_\_\_\_\_ Head of Household: \_\_\_\_\_  
**Spouse Name:** \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Dependent**

Name	Social Security #	Relationship	Date of birth	Mos lived with you in US
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**INCOME**

Wages, Salaries, Tips: \_\_\_\_\_  
Taxable interest: \_\_\_\_\_ 401K: \_\_\_\_\_ IRA: \_\_\_\_\_ Roth IRA: \_\_\_\_\_  
Stock/Bond: \_\_\_\_\_  
Unemployment: \_\_\_\_\_ Social Security Benefit: \_\_\_\_\_

**DEDUCTION**

*Home mortgage interest (1098):*  
*Real estate tax:*  
Personal property tax:  
*Doctor, dentist fees:*  
*Hospital fees:*  
*Prescription:*  
*Insurance Premium:*  
*Gifts to Charity:*  
Education:  
Unreimbursed employee expenses:  
Misc:

Taxpayer Signature(s): \_\_\_\_\_