

CONFIDENTIAL TAX PLANNING WORKSHEET

DATE: _____ / _____ / _____ NAME, LAST: _____ NAME, FIRST: _____

=====

FILING STATUS

- SINGLE
- HEAD OF HOUSEHOLD
- MARRIED FILING JOINTLY
- MARRIED FILING SEPARATELY

CONTACT INFORMATION

ADDRESS: _____

 PHONE: _____
 EMAIL: _____

INCOME & TAX

ADJUSTED GROSS INCOME: \$ _____
 (PRIOR TO 2018 TAXES, SEE LINE 37 ON FORM 1040, LINE 21 ON FORM 1040A, LINE 4 ON FORM 1040EZ, LINE 36 ON FORM 1040NR. 2018 TAXES LINE 7 ON FORM 1040)

TAXABLE INCOME: \$ _____
 (PRIOR TO 2018 TAXES, SEE LINE 27 OF FORM 1040A. 2018 TAXES SEE LINE ON FORM 1040)

ALTERNATIVE MINIMUM TAX: \$ _____
 (PRIOR TO 2018, SEE FORM 6251. MOST PEOPLE DO NOT RECORD AN ALTERNATIVE MINIMUM TAX)

SOCIAL SECURITY INCOME, TAXPAYER: \$ _____ PER MONTH

SOCIAL SECURITY INCOME, SPOUSE: \$ _____ PER MONTH

FAMILY MEMBERS RECORDED ON TAX RETURNS

CODE*	FIRST NAME	LAST NAME	BIRTHDATE
T			

CODES: T = TAXPAYER
 S = SPOUSE
 C = CHILD
 D = OTHER DEPENDENT

HOME & LIFESTYLE (PLEASE CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> RENT HOME | <input type="checkbox"/> EXPECT A BABY WITHIN 12 MONTHS |
| <input type="checkbox"/> BUY HOME | <input type="checkbox"/> PAY DAYCARE COSTS |
| <input type="checkbox"/> PLAN TO BUY 2 ND HOME | <input type="checkbox"/> PAY OR RECEIVE ALIMONY OR CHILD SUPPORT |
| <input type="checkbox"/> OWN 2 ND HOME IN STATE: _____ | <input type="checkbox"/> SAVING FOR COLLEGE |
| <input type="checkbox"/> PLAN TO RETIRE TO THAT HOME/STATE | <input type="checkbox"/> PAYING COLLEGE TUITION |
| <input type="checkbox"/> ACTIVE DUTY U.S. MILITARY | <input type="checkbox"/> SUPPORTING PARENTS FINANCIALLY |
| <input type="checkbox"/> OWE \$10,000+ IN UNSECURED DEBT | <input type="checkbox"/> PLAN TO MARRY WITHIN 12 MONTHS |
| <input type="checkbox"/> MEMBER OF CLERGY | <input type="checkbox"/> PLAN TO DIVORCE WITHIN 12 MONTHS |

EMPLOYMENT BENEFITS

TAXPAYER	SPOUSE	PLEASE CHECK THE BOX IF EITHER TAXPAYER OR SPOUSE RECEIVES BENEFITS FROM AN OUTSIDE EMPLOYER ONLY. IF EITHER IS SELF-EMPLOYED, PLEASE USE THE NEXT SECTION.
\$ _____	\$ _____	ANNUAL SALARY PLUS BONUS AND/OR COMMISSIONS
		RETIRED, OR RETIRING WITHIN 12 MONTHS
		SIMPLE IRA
		401K PLAN
		403B PLAN
		FLEXIBLE SPENDING ACCOUNT: HEALTHCARE
		FLEXIBLE SPENDING ACCOUNT: DAYCARE
		HEALTH SAVINGS ACCOUNT
		INCENTIVE STOCK OPTIONS
		NON QUALIFIED STOCK OPTIONS
		RESTRICTED STOCK
		EMPLOYEE STOCK PURCHASE PLAN
		NON QUALIFIED DEFERRED COMPENSATION OR KEY MAN
		EMPLOYER STOCK IN RETIREMENT PLAN
		UNREIMBURSED EMPLOYEE BUSINESS EXPENSES

PERSONAL INVESTMENTS

TAXPAYER	SPOUSE	JOINT	TYPE
\$ _____	\$ _____	\$ _____	TAXABLE INVESTMENT ACCOUNT
\$ _____	\$ _____	\$ _____	TRADITIONAL IRA
\$ _____	\$ _____	\$ _____	ROTH IRA
\$ _____	\$ _____	\$ _____	401K/403B WITH CURRENT EMPLOYER
\$ _____	\$ _____	\$ _____	401K/403B WITH FORMER EMPLOYER
\$ _____	\$ _____	\$ _____	ANNUITY
\$ _____	\$ _____	\$ _____	ANNUITY
\$ _____	\$ _____	\$ _____	CASH VALUE IN LIFE INSURANCE POLICY
\$ _____	\$ _____	\$ _____	CASH VALUE IN LIFE INSURANCE POLICY
\$ _____	\$ _____	\$ _____	RENTAL REAL ESTATE TOTAL NET EQUITY
\$ _____	\$ _____	\$ _____	CASH / CD'S / SAVINGS
\$ _____	\$ _____	\$ _____	OTHER: _____
\$ _____	\$ _____	\$ _____	OTHER: _____
\$ _____	\$ _____	\$ _____	OTHER: _____

BUSINESS (BUSINESS OWNER ONLY – PLEASE USE INDIVIDUAL PAGE FOR EACH INDIVIDUAL BUSINESS)

BUSINESS NAME: _____

ADDRESS: _____

INDUSTRY: _____

PERCENTAGE OF BUSINESS OWNED BY TAXPAYER: _____%

PERCENTAGE OF BUSINESS OWNED BY SPOUSE: _____%

BUSINESS NET INCOME LAST YEAR: \$ _____ THIS YEAR: \$ _____

TAXPAYER SALARY FROM BUSINESS LAST YEAR: \$ _____ THIS YEAR: \$ _____

SPOUSE SALARY LAST YEAR: \$ _____ THIS YEAR: \$ _____

NON FAMILY W2 PAYROLL LAST YEAR: \$ _____ THIS YEAR: \$ _____

PLEASE CHECK ALL THAT APPLY FOR THIS BUSINESS:

<input type="checkbox"/>	STARTUP (LESS THAN 2 YEARS OLD)
<input type="checkbox"/>	PART TIME OR SIDELINE BUSINESS
<input type="checkbox"/>	SPECIFIED SERVICE BUSINESS (<i>Health, healthcare, law, account, actuarial, consulting, performing arts, athletics or any business that relies on "the reputation and skill of one or more employees"</i>)
<input type="checkbox"/>	BUSINESS OWNS CAPITAL EQUIPMENT (machinery, vehicles, etc)
<input type="checkbox"/>	BUSINESS OWNS OR OCCUPIES REAL ESTATE
<input type="checkbox"/>	BUSINESS OCCUPIES A HOME OFFICE
<input type="checkbox"/>	I/WE INTEND TO SELL THIS BUSINESS WITHIN _____ YEARS
<input type="checkbox"/>	I/WE INTEND TO LEAVE THIS BUSINESS TO FAMILY WITHIN _____ YEARS
<input type="checkbox"/>	ENTITY: PROPRIETOR OR SINGLE MEMBER LLC
<input type="checkbox"/>	ENTITY: PARTNERSHIP OR MULTI MEMBER LLC
<input type="checkbox"/>	S CORPORATION
<input type="checkbox"/>	C CORPORATION
<input type="checkbox"/>	EMPLOY MY MINOR CHILD OR CHILDREN
<input type="checkbox"/>	EMPLOY MY ADULT CHILD OR CHILDREN
<input type="checkbox"/>	EMPLOY NON-FAMILY
<input type="checkbox"/>	OFFER GROUP HEALTH INSURANCE
<input type="checkbox"/>	OFFER HEALTH SAVINGS ACCOUNTS
<input type="checkbox"/>	OFFER MEDICAL EXPENSE REIMBURSEMENT PLAN
<input type="checkbox"/>	OFFER FLEXIBLE SPENDING ACCOUNT: HEALTHCARE
<input type="checkbox"/>	OFFER FLEXIBLE SPENDING ACCOUNT: DAYCARE
<input type="checkbox"/>	OFFER EDUCATION ASSISTANCE PLAN
<input type="checkbox"/>	OFFER KEY MAN PLAN
<input type="checkbox"/>	OFFER NON-QUALIFIED DEFERRED COMPENSATION PLAN
<input type="checkbox"/>	OFFER SIMPLE IRA
<input type="checkbox"/>	OFFER SEP IRA
<input type="checkbox"/>	OFFER PROFIT SHARING/MONEY PURCHASE PLAN
<input type="checkbox"/>	OFFER 401K PLA
<input type="checkbox"/>	OFFER DEFINED BENEFIT PLAN

NOTES ON BUSINESS FINANCES
