

**JOYNER, KIRKHAM, KEEL & ROBERTSON, P.C.**  
**2013 INDIVIDUAL TAX ORGANIZER**

Please provide a copy of your 2012 federal and state tax returns, and complete pages 1 through 3.  
 Other pages: complete only those sections that apply to you.

Your Name \_\_\_\_\_ SS# \_\_\_\_\_ Occupation \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Spouse's Name \_\_\_\_\_ SS# \_\_\_\_\_ Occupation \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Home Tel. No. \_\_\_\_\_ Business Tel. No. (T\*) \_\_\_\_\_ Business Tel. No. (S\*) \_\_\_\_\_  
 Primary E-mail address \_\_\_\_\_ Secondary E-mail address \_\_\_\_\_

\*T = Taxpayer S = Spouse J = Joint

**DEPENDENT CHILDREN WHO LIVED WITH YOU:**

Full Name	Social Security Number	Relationship	Birth Date

**OTHER DEPENDENTS:**

Full Name	Social Security Number	Relationship	Number Months Resided in Your Home	% Support Furnished By You

Do you want to allow the IRS to discuss your return with the preparer? \_\_\_ Yes \_\_\_ No

**Please answer the following questions and submit details for any questions answered "Yes":**

		Yes	No
1.	Any births, adoptions, or deaths in your immediate family during the year? Give details		
2.	Did your marital status change during the year?		
3.	Are you entitled to a dependency exemption due to a divorce decree?		
4.	Did any of your dependents have income of \$1,000 or more?		
5.	Did any of your dependents have investment income of over \$2,000? If yes, do you want to include your child's income on your return?		
6.	Are any dependent children married and filing a joint return with their spouse?		
7.	Did any dependent child 19-23 ages attend school less than 5 months during the year?		
8.	Did you receive funds from any legal proceedings or cancellation of debt during the year?		
9.	Did you make any gifts during the year directly or in trust exceeding \$14,000 per person?		
10.	<b>Did you have any interest in or signature authority over a bank, securities, or other financial account in a foreign country?</b>		
11.	Were you a resident of, or did you earn income in, more than one state during the year?		
12.	Do you wish to contribute to any state fund? If yes, attach list of fund(s) & amount per fund.		
13.	Do you want any overpayment of taxes applied to next year's estimated taxes?		
14.	Do you expect a large fluctuation in your income, deductions or withholding next year?		
15.	Did you contribute to a Roth IRA or a regular IRA in 2013?		
16.	Did you receive a distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?		
17.	Did you withdraw amounts from your IRA to pay for higher education expenses?		
18.	Do you want any federal or state refund deposited directly into your bank account? If yes, enclose a voided check for the bank account ( <b>Va. issues debit card if not direct deposit</b> ).		

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		Yes	No
19.	Do you want any balance due directly withdrawn from this same bank account on the due date? If yes, enclose a voided check.		
20.	Did you receive income from tax-exempt securities?		
21.	Did you sell and/or purchase a principal residence or other real estate (provide copies of settlement statements)? <u>If you sold your house</u> , check here if you ever rented it or used it for business? <input type="checkbox"/>		
22.	Did you withdraw any amounts from your IRA to acquire a principal residence?		
23.	Did you “convert” IRA funds into a Roth IRA? If yes, provide details. (Form 1099R)		
24.	Did you have any installment sales during the year or collections from prior year sales?		
25.	Do you have any worthless securities or any loans that became uncollectible this year?		
26.	Did you receive unemployment compensation in 2013? If yes, provide Form 1099-G.		
27.	Did you have any casualty or theft losses during 2013?		
28.	Did you receive any disability payments in 2013?		
29.	Has the IRS or any other taxing agency notified you during 2014 or 2013 of changes to a prior year’s tax return? If yes, please provide a copy of the notice(s).		
30.	Did you receive grants of stock options, exercise any stock options or dispose of any stock acquired from an option exercise or qualified employee stock purchase plan?		
31.	Did you purchase gasoline, oil, or special fuels for off highway business use vehicles?		
32.	If you or your spouse has self-employment income, did you pay any health insurance premiums? If yes, were you or your spouse eligible to participate in an employer’s health insurance plan? If yes, how many months that you were covered in 2013: _____		
33.	If you have self-employment income do you want to contribute to a retirement plan?		
34.	Did you surrender any U.S. savings bonds?		
35.	Did you use the proceeds from Series EE U. S. savings bonds purchased after 1989 to pay for higher education expenses?		
36.	Did you realize a gain on property which was taken from you by destruction, theft, seizure or condemnation?		
37.	Did you pay for any higher education expenses during 2013?		
38.	Did you start a business, or did you purchase rental property during 2013?		
39.	Did you acquire interests in partnerships, LLCs, S corporations, estates or trusts in 2012?		
40.	Do you have records to support travel and entertainment expenses? The law requires that adequate records be maintained for travel and entertainment expenses The documentation should include: amount, time and place, date, business purpose, description of any gift(s), and business relationship of recipient(s)		
41.	Did you make contributions to a College Savings Plan this year or a prior year?		

**Information Required for Direct Deposit of Refund /ACH Debit Account Information**

Name of financial institution \_\_\_\_\_

Financial institution Routing Transit Number (if known) \_\_\_\_\_

Type of account  Checking  Savings

Type of proof of account document attached  Check  Other (To properly file your return with the IRS, please attach a voided check.)

Owner of account  Taxpayer  Spouse  Joint

**Wages, Salaries and Other Employee Compensation - Enclose all W-2 Forms.**

**Social Security Benefits Received - Enclose all 1099 SSA Forms.**

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**Pension and Annuity Income** - List and **enclose** all Forms 1099-R.

TS*	Name of Payor	Total Received	Taxable Amount	Federal Tax Withheld	State Tax Withheld
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

		Yes	No
1.	Did you receive a lump sum distribution from your employer?		
2.	Did you "roll over" a lump sum distribution into another plan or IRA account?		
3.	Taxpayer: Have you elected a lump sum treatment after 1986?		
4.	Spouse: Have you elected a lump sum treatment after 1986?		

**Interest Income** - **Enclose** all 1099-INT forms and statements of tax exempt interest earned. If not available, complete the following (attach additional pages if needed):

TSJ*	Name of Payor per Form 1099 or Statement	Banks, S & L, Etc.	Seller Fin. Mtg.	U.S. Bonds, T-Bills	Tax-Exempt VA	Tax Exempt Other State
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

**Dividend Income** - **Enclose** all 1099-DIV Forms and statements of tax exempt dividend earned. If not available, complete the following (attach additional pages if needed):

TSJ*	Name of Payor per 1099 or statement	Box 1a Ordinary Dividends	Box 1b Qualified Dividends	Total Capital Gains	Non Taxable	Federal Tax Withheld	Foreign Tax Withheld
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$

**Miscellaneous Income and Adjustments** - List and **enclose** related forms 1099 or other forms.

Description	Amount
State and local income tax refund(s)	\$
Alimony received	\$
Jury fees	\$
Other income - Specify:	\$
Student loan Interest paid	\$

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Other adjustment - Specify:	\$
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**INCOME FROM BUSINESS OR PROFESSION**

Who owns this business?     Taxpayer     Spouse

Principal business or profession \_\_\_\_\_

Business Name \_\_\_\_\_

Business taxpayer identification number \_\_\_\_\_

Business address \_\_\_\_\_

Check method used to value closing inventory:

\_\_\_\_\_ Cost    \_\_\_\_\_ Lower of cost or market    \_\_\_\_\_ Other (describe) \_\_\_\_\_    N/A \_\_\_\_\_

Check **accounting method**:

\_\_\_\_\_ Cash    \_\_\_\_\_ Accrual    \_\_\_\_\_ Other (describe) \_\_\_\_\_

Please answer the following questions about your business:

		Yes	No
1.	Was there any change in determining quantities, costs or valuations between the opening and closing inventory? If "yes," attach explanation		
2.	Do you have expenses for the business use of your home? If "yes," complete schedule, "Office in Home".		
3.	Did you materially participate in the operation of the business during the year?		
4.	Was all of your investment in this activity at risk?		
5.	Were any assets sold during the year? If "yes," then attach list of assets sold including date acquired, date sold, sales price, basis and gain or loss.		
6.	Were any assets purchased during the year? If "yes," attach list, including date placed in service and purchase price, including trade-in Include copies of the purchase invoices		
7.	Was this business still in operation at the end of the year?		
8.	List the states in which business was conducted -		
9.	Did you file business license and or personal property tax returns for this business?		

Attach a schedule of income and expenses of the business or complete the following worksheet. Complete a separate schedule or worksheet for each business.

Description	Amount
<b>Part I - Income</b>	
Gross receipts or sales	\$
Returns and allowances	\$
Other income (list type and amount)	\$
	\$
<b>Part II - Cost of Goods Sold</b>	
Inventory at beginning of year	\$
Purchases less cost of items withdrawn for personal use	\$
Cost of labor (Do not include salary paid to yourself)	\$
Materials and supplies	\$
Other costs (List type and amount)	\$
	\$

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Inventory at end of year	\$
<b>Part III - Expenses</b>	
Description	Amount
Advertising	\$
Car and truck expenses (Complete auto expense schedule starting at page 12)	\$
Commissions and fees	\$
Depreciation and section 179 expense deduction (Provide depreciation schedules)	\$
Employee benefit programs (other than pension and profit sharing plans shown below)	\$
Insurance (other than health)	\$
Mortgage interest (paid to banks, etc.)	\$
Other interest	\$
Legal and professional services	\$
Office expense	\$
Pension and profit-sharing plans (employee's portion only)	\$
Rent - Vehicles, machinery, and equipment	\$
Rent - Other business property	\$
Repairs and maintenance	\$
Supplies	\$
Payroll taxes (Enclose copies of payroll tax returns)	\$
Other taxes (List type and amount):	
	\$
Travel	\$
Meals and entertainment	\$
Utilities	\$
Wages (enclose copies of W-3/W-2 and 941 forms)	\$
Other expenses (list type and amount):	
	\$
	\$

**OFFICE IN HOME**

To qualify for an office in home deduction, the area must be used exclusively for business purposes on a regular basis in connection with your employer's business and for your employer's convenience. If you are self-employed, it must be your principal place of business, a place where you meet with clients, or if no other place is available, used by you for substantial administrative activities. If business use of home relates to day care, provide total hours of business operation for the year. Provide the following information:

Business or activity for which you have an office	Total area of the house (Square feet)	Area of business Portion (Square feet)	Business percentage

**I. Depreciation**

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	Date Placed in Business Use	Cost/Basis	Method	Life	Prior Depreciation	Current Expense
Home		\$				
Land		\$				
Total Purchase Price		\$				
Improvements (Provide details)		\$				

**II. Expenses to Be Prorated:**

Mortgage interest	_____
Real estate taxes	_____
Utilities	_____
Property insurance	_____
Other expenses – itemize (description/amount)	_____
	_____
	_____

**III. Expenses That Apply Directly To Home Office:**

Telephone (not to include basic charge for first line into the home)	_____
Maintenance	_____
Other expenses - itemize (description/amount)	_____
	_____
	_____

**Capital Gains and Losses - Enclose all 1099-B and 1099-S Forms.**

Even if you wish us to complete the following schedule or provide a worksheet, furnish all your brokerage account statements and transaction slips.

List sales reported to you on Forms 1099-B and 1099-S (**enclose** all Forms 1099-B and 1099-S):

Description	Date Acquired (Very Important)	Date Sold (Very Important)	Gross Sales Price Less Commission	Cost or Basis	Gain (Loss)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Enter the sales **NOT** reported on forms 1099-B and 1099-S:

Description	Date Acquired (Very Important)	Date Sold (Very Important)	Sales Proceeds	Cost or Basis	Gain (Loss)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

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Provide closing statements on purchase and sale of old residence and purchase of new residence. If you have previously sold a residence, enter date of the last sale \_\_\_\_\_ and provide a copy of the Form 1099-S if possible.  
 Date you moved into new residence \_\_\_\_\_ If new to Virginia date moved to Va., if different \_\_\_\_\_

List below the improvements made and their costs (to the residence sold):

Description	Amount
	\$ _____
	\$ _____
	\$ _____

For sale of personal residence, did you own and live in it for 2 out of the 5 years prior to sale: Yes \_\_\_ No \_\_\_  
 Did you ever use the residence that was sold for business purposes or as a rental property? Yes \_\_\_ No \_\_\_

**MOVING EXPENSES**

Did you change your residence during this year incident to a change in employment, transfer, or self-employment? Yes \_\_\_ No \_\_\_

If "yes," furnish the following information:

Number of miles from your former residence to your new business location \_\_\_\_\_ Miles  
 Number of miles from your former residence to your former business location \_\_\_\_\_ Miles

Did your employer reimburse or pay directly any of your moving expenses? Yes \_\_\_ No \_\_\_

If "yes," enclose employer-provided itemization of expenses reimbursed and note the amount of reimbursement received. \$ \_\_\_\_\_

Itemize below the total moving costs you paid without reduction for any reimbursement by your employer.

Expenses of moving from old to new home:  
     Transportation expenses in moving household goods and family \$ \_\_\_\_\_  
     Cost of storing and insuring household goods \$ \_\_\_\_\_

**RENTAL INCOME** - Complete a separate schedule for each property.

1. Description and location of property \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Residential property? Yes \_\_\_ No \_\_\_

3. Personal use? Yes \_\_\_ No \_\_\_

If "yes," please complete the information below.

    Number of days the property was occupied by you, a member of the family, or any individual not paying rent at the fair market value. \_\_\_\_\_

    Number of days the property was rented. \_\_\_\_\_

4. Did you actively participate in the operation of the rental property during the year? Yes \_\_\_ No \_\_\_

5. a) Were more than half of personal services that you performed during the year performed in real property trades or businesses in which you materially participated? Yes \_\_\_ No \_\_\_

b) Did you perform more than 750 hours of services during the year in real property trades or businesses in which you materially participated? Yes \_\_\_ No \_\_\_

6. a) Were more than half of personal services that your spouse performed during the year performed in real property trades or businesses in which your spouse materially participated? Yes \_\_\_ No \_\_\_

b) Did your spouse perform more than 750 hours of services during the year in real property trades or businesses in which your spouse materially participated? Yes \_\_\_ No \_\_\_

Enter in the chart below the income and expenses for each rental property (make copies of this page if necessary).

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<b>Income:</b>			
Rents received	\$	Other income	\$
<b>Expenses:</b>			
Mortgage interest	\$	Legal and other professional fees	\$
Other interest	\$	Cleaning	\$
Insurance	\$	Assessments	\$
Repairs and maintenance	\$	Utilities	\$
Travel	\$	Other (itemize)	\$
Advertising	\$		\$
Taxes	\$		\$

If this is the first year we are preparing your return, **provide prior year depreciation records.**  
 If this is a new property, **provide the closing (settlement) statement.**

List below any improvements or assets purchased during the year:

Description	Date placed in service	Cost
		\$
		\$
		\$

If the property was sold during the year, provide the closing statement.

**INCOME FROM PARTNERSHIPS, ESTATES OR TRUSTS, S CORPORATIONS**

**Enclose all schedule K-1 forms** received to date (if available please provide copies of all prior year schedule K-1's for each entity). If you have not received all of the K-1 forms, please list those K-1s you are waiting for:

Name	Federal ID #

**CONTRIBUTIONS TO RETIREMENT PLANS**

	Taxpayer	Spouse
Are you covered by a qualified retirement plan? (Y/N)		
Do you want to make the maximum deductible regular IRA contribution? (Y/N)		
Do you want to make an IRA contribution even if part or all of it may not be deducted? (Y/N)		
If "Yes" to question above, how much do you want to contribute?	\$	\$
IRA payments made for this return for non-working spouse.	\$	\$
Do you have a non-deductible IRA or Roth IRA? If yes, provide copy of the last Form 8606 (Y/N)		
	Taxpayer	Spouse



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If eligible, do you want to contribute to, or have you contributed to, a Roth IRA? (Y/N)		
If "Yes" to question above, how much do you want to contribute?	\$	\$
IRA payments made for this return.	\$	\$
Do you want to make the maximum allowable Keogh/SEP contribution? (Y/N)		
KEOGH/SEP payments made for this return.	\$	\$

**ALIMONY PAID**

Name of Recipient(s): \_\_\_\_\_ SS# of Recipient(s): \_\_\_\_\_ Amount(s) Paid: \_\_\_\_\_  
 If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

**MEDICAL AND DENTAL EXPENSES (Note: Health insurance premiums and medical expenses paid with pre-tax dollars (cafeteria plans, health savings accounts, etc.) are not deductible):**

Description (Do not include expenses for cosmetic surgery)	Amount
Premiums for health and accident insurance including Medicare	\$
Medicine and drugs (prescription only)	\$
Doctors, dentists, nurses	\$
Hospitals, clinics, laboratories	\$
Long term care insurance premiums - Taxpayer	\$
Long term care insurance premiums - Spouse	\$
Other (describe below):	
	\$
Mileage (number of miles)	
Insurance reimbursements received	\$

**DEDUCTIBLE TAXES**

Description	Amount
State and local income taxes payments made this year for prior year(s)	\$
Real estate taxes: Primary residence	\$
Secondary residence	\$
Other	\$
Personal property tax	\$
Other taxes (itemize):	\$
	\$

**INTEREST EXPENSE**

Mortgage interest (attach 1098 forms):

Payee*	Property**	Amount
		\$
		\$
		\$

\*Include address and social security number if payee is an individual.

\*\*Describe the property securing the related obligation, i.e., principal residence, motor home, boat, etc.

Unamortized Points on residence refinancing:

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Date of Refinance	Loan term	Amount
		\$
		\$

Investment/Passive Interest not reported on Schedules C or E:

Payee	Investment Purpose	Amount
		\$
		\$

Business Interest not reported on Schedules C or E:

Payee	Business Purpose	Amount
		\$
		\$

**CONTRIBUTIONS (for which you have receipts, canceled checks, etc.)**

**NOTE: You must have written acknowledgment, including required language, from any charity to which you made individual donations of \$250 or more during the year.**

Donee	Amount	Donee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Expenses incurred in performing volunteer work for charitable organizations:

Mileage	_____
Parking fees and tolls	\$ _____
Supplies	\$ _____
Meals & Entertainment	\$ _____
Other (itemize)	\$ _____
Actual out-of-pocket expenses for gas, oil, etc.	\$ _____

Other than cash contributions (**enclose receipts**) (**Donations of clothing or household items must be "in good used condition or better"**):

Organization name and address		
Description of property		
Date acquired		
How acquired		
Cost or basis		
Date contributed		
Fair market value (FMV)		
How FMV determined		

**NOTE: For contributions over \$5,000, include copy of appraisal and confirmation.**

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**MISCELLANEOUS DEDUCTIONS**

Description	Amount
Income tax preparation fees	\$
Legal fees (provide details)	\$
Safe deposit box rental (if used for storage of documents or items related to income-producing property)	\$
Uniforms which are not suitable for wear outside work	\$
Safety equipment and clothing	\$
Professional dues	\$
Unreimbursed cost of business supplies	\$
Employment agency fees	\$
Other miscellaneous deductions - itemize	\$

**EMPLOYEE BUSINESS EXPENSES** (Complete a separate schedule or worksheet for each business)

Expenses incurred by:  Taxpayer  Spouse Occupation: \_\_\_\_\_

Description	Total Expense Incurred	Employer Reimbursement Reported on W-2	Employer Reimbursement Not on W-2
Travel expenses while away from home:			
Travel fares			
Lodging			
Meals and entertainment			
Other employee business expenses - itemize			

**AUTOMOBILE EXPENSES - COMPLETE A SEPARATE SCHEDULE FOR EACH VEHICLE**

Vehicle description	_____	Total business miles	_____
Date placed in service	_____	Total commuting miles	_____
Cost/Fair market value	_____	Total other personal miles	_____
Lease term, if applicable	_____	Total miles this year	_____
	Average daily round trip		_____
	Commuting distance		_____

**Enter actual vehicle expenses below:**

Actual Vehicle Expenses:

Gas, oil	_____	Taxes	_____
Repair	_____	Tags & licenses	_____
Tires, supplies	_____	Interest	_____
Insurance	_____	Lease payments	_____
Parking	_____	Other	_____

Did you acquire, lease or dispose of a vehicle for business during this year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, enclose purchase and sales contract or lease agreement.

Did you use the above vehicle in this business less than 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," enter the number of months \_\_\_\_\_.

Do you have another vehicle available for personal purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

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Do you have evidence to support your deduction? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is the evidence written? Yes \_\_\_\_\_ No \_\_\_\_\_

**CHILD CARE EXPENSES/HOME CARE EXPENSES**

Did you pay an individual or an organization to perform services in the care of a dependent under 13 years old in order to enable you to work or attend school on a full time basis? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," complete the following information:

Name and relationship of the dependents for whom services were rendered

List individuals or organizations to whom expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.):

Name and Address	ID #	AMOUNT FOR (NAME OF CHILD)	AMOUNT FOR (NAME OF CHILD)

If payments of \$1,800 or more during the tax year were made to an individual, were the services performed in your home? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Was the individual who performed the services age 18 or older? Yes \_\_\_\_\_ No \_\_\_\_\_

**Educational Expenses:**

Did you or any other member of your family pay any post-secondary educational expenses this year: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes complete the following and provide Form 1098-T from each school:

Student Name	Institution	Grade or Level	Amount Paid	Date Paid

**ESTIMATED TAX PAYMENTS MADE:**

	Federal	Federal	State (Name)	State
	Date Paid	Amount Paid	Date Paid	Amount Paid
4th Quarter of prior year		\$		\$
Prior year overpayment applied		\$		\$
1st Quarter		\$		\$
2nd Quarter		\$		\$
3rd Quarter		\$		\$
4th Quarter		\$		\$