WORKSHEET FOR PREPARING 2018 INDIVIDUAL INCOME TAX RETURNS

Taxpayer (T) Name How many months did you have health insurance? Are you or your spouse legally blind?			Spouse (S) Name How many months did you have health insurance?				
							**Please comple
Occupation			Occupation				
Date of Birth//	SS #		Date of Birth	_//	SS #		
AddressCountySchool District of residence on 12/31/18				(T)		(S)	
Email May we email confidential information? Yes/No Children and others who are your dependents: Date Social Full Legal Name of Birth Security		(Work)					
		Grades K-12 Supplies for School Activities, Book Fees,	Dependent's Incom				
& Relationship	mm/dd/yr	<u>Number</u>	and Tuition	Other Income		•	
	/ /						
-Will your return be signed -Does any person who is no PLEASE LIST ANY OTHER INCO	t your child live w	ith you <u>OR</u> do	you provide housing	for a depende	ent parent?	Yes/No	
estate contract, please list th principal received.							
		ount For What					
PLEASE ANSWER THE FOLLOW 1. Do you have an Identity P 2. Do / Did you have a foreig 3. Did you convert a regular 4. Did you buy or sell your refunction 5. Please check here if you d 6. If you would like your refunction 1 you would like your tax 7. Limited energy credits many	rotection Persona on bank account? IRA to a Roth IRA? esidence during the onot want to allound(s) direct depo due automatically	I Identification I is year? I w the IRS to sited, check by withdrawn,	on Number (IP PIN) isso (Provide details.) (Please provide cl discuss your tax return nereand provide a check hereand p	osing statemen with usa voided checkrovide a voide	nt.) AND/OR d check.		
**If you or your spouse wish		·		, ,	•		
Any questions or comments:							
I (we) have disclosed to Henke the information provided. I u liability is limited to 100% of t	nderstand that I a	m responsibl	e for retaining this do				
Taxpayer Signature	axpayer Signature			Spouse Signature			