

Client Name \_\_\_\_\_

**Federal Estimated Tax Payments**

<u>Date Paid</u>	<u>Amount Paid</u>
_____	_____
_____	_____
_____	_____
_____	_____

**State Estimated Tax Payments**

<u>Date Paid</u>	<u>Amount Paid</u>
_____	_____
_____	_____
_____	_____
_____	_____

**Interest Earned on Checking & Savings Accounts** (Please supply 1099INT Stmtnts)

<u>Bank Name</u>	<u>Amount Rec'd</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Interest Earned on Tax Free Municipal Bonds**

<u>Issuer</u>	<u>State Issued</u>	<u>Amount Rec'd</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Dividends Earned on Stocks & Mutual Funds**

Please supply the 1099DIV forms or Broker Statement

**Dependent Day Care Expenses** (for child under 13)

Provider Name: _____	Amount Paid: _____
Street, City, State: _____	Child's Name: _____
Provider's SSN/EIN: _____	

Provider Name: _____	Amount Paid: _____
Street, City, State: _____	Child's Name: _____
Provider's SSN/EIN: _____	

Provider Name: _____	Amount Paid: _____
Street, City, State: _____	Child's Name: _____
Provider's SSN/EIN: _____	