

INDIVIDUAL TAXABLE INCOME SUMMARY

Tax Year: _____

TAXPAYER NAME

SSN / ITIN

FILING STATUS

STREET ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

INCOME SOURCES & ADJUSTMENTS	AMOUNT (\$)
1. GROSS INCOME	
Wages, Salaries, Tips (Form W-2)	
Taxable Interest Income	
Dividend Income	
Business Income or (Loss) (Schedule C)	
Capital Gains or (Losses)	
IRA Distributions & Pensions	
Rental Real Estate, Royalties, Partnerships	
Other Income	
Total Gross Income	
2. ADJUSTMENTS TO INCOME	
Educator Expenses	
Health Savings Account (HSA) Deduction	
Student Loan Interest Deduction	
IRA Deduction	
Self-Employed SEP, SIMPLE, and Qualified Plans	
Total Adjustments	
3. Adjusted Gross Income (AGI)	
4. DEDUCTIONS	
Standard Deduction OR Total Itemized Deductions	
Qualified Business Income Deduction (QBI)	
Total Deductions	
5. Taxable Income (AGI less Deductions)	

TAXPAYER SIGNATURE

Date:

PREPARER SIGNATURE (IF APPLICABLE)

Date: