

INDIVIDUAL INCOME TAX RETURN

High Net Worth & Private Client Group

FORM

TAX YEAR: 20

1. TAXPAYER PROFILE & FILING STATUS

Taxpayer Full Name		Tax Identification Number	
Spouse Full Name		Spouse Tax ID Number	
Primary Residence Address			
Filing Status	<input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Trust / Estate Representative		

2. INCOME SCHEDULE (GLOBAL SOURCES)

Income Category	Source Country / Jurisdiction	Gross Amount	Tax Withheld at Source
Salaries, Wages & Executive Compensation			
Dividend Income (Qualified)			
Dividend Income (Ordinary)			
Interest & Fixed Income Securities			
Net Business Income (Sole Proprietorship / LLC)			
Partnership, S-Corp & Trust Distributions (K-1)			
Real Estate Rental & Lease Income			
Royalties, Patents & Licensing Fees			
Other Income (Specify:)			
Total Gross Income			

3. CAPITAL GAINS & LOSSES (SHORT-TERM & LONG-TERM)

Asset Description / Class	Acquisition Date	Sale Date	Cost Basis	Proceeds of Sale	Net Gain / (Loss)
Publicly Traded Securities					
Private Equity / Venture Capital					
Real Estate Divestments					

Asset Description / Class	Acquisition Date	Sale Date	Cost Basis	Proceeds of Sale	Net Gain / (Loss)
Digital & Crypto Assets					
Collectibles, Art & Tangible Assets					
Total Net Capital Gain/Loss					

4. DEDUCTIONS, CREDITS & HIGH-VALUE ALLOCATIONS

Deduction / Credit Description	Reference / Category	Amount Claimed
Charitable Gifting & Private Foundation Contributions (Cash)		
Charitable Gifting (Non-Cash / Securities / Art)		
Qualified Mortgage & Investment Interest Expenses		
State, Local & Foreign Taxes Paid		
Qualified Business Income Deduction (QBID)		
Family Trust Distributions & Wealth Transfers		
Other Itemized Deductions (Specify:)		
Total Deductions & Credits		

5. FOREIGN FINANCIAL ASSETS & TRUST DISCLOSURES

Does the taxpayer hold an interest in, or signature authority over, foreign financial accounts exceeding reporting thresholds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the taxpayer receive distributions from, or act as a grantor/transferor to, a foreign trust during this tax year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the taxpayer hold direct or indirect ownership in Controlled Foreign Corporations (CFC) or Passive Foreign Investment Companies (PFIC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. SUMMARY OF TAX LIABILITY

1. Total Taxable Income (Adjusted)	
2. Gross Tax Liability	
3. Less: Foreign Tax Credits	
4. Less: Estimated Tax Payments Made	
5. Net Tax Due / (Overpayment)	

Taxpayer Signature

Date:

Authorized Representative / Preparer Signature

Date:

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

