

<b>Income Taxes Paid or Refunded</b>			
**Please provide a copy of last years' return if prepared by another preparer**			
	Federal	State	Local
Balance paid on last year's return			
Refunds received from last year's return			

<b>Estimated Taxes Paid</b>			
	Due Date	Date Paid	Amount Paid
1st Qtr	4/15		
2nd Qtr	6/15		
3rd Qtr	9/15		
4th Qtr	1/15		

<b>Social Security</b>		
Amount on Social Security Benefit Statement (provide SSA-1099)	<b>Benefits (Box 5)</b>	
	Taxpayer	
	Spouse	