

In order to examine the impact of your current income tax situation, you will need to complete this data collection form and the **Personal Client Data** form.

**Income Tax**

*Client A*

Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married/Joint	<input type="checkbox"/> Married/Separate	<input type="checkbox"/> Head of Household	Number of Exemptions	_____
Federal Taxes (Annual)				Alternative Minimum Tax		
Depreciation	\$	_____		Plus/Minus Adjustments	\$	_____
Other Adjustments to Income (+/-)	\$	_____		Plus AMT Preferences	\$	_____
Total Itemized Deductions (+)	\$	_____		Foreign Tax Credits	\$	_____
Short-Term Capital Gains(+)/Loss(-)	\$	_____		State & Local Taxes		
Net Long-Term Gain/Loss	\$	_____		Estimated Amount	\$	_____
28% Rate Capital Gain/Loss	\$	_____		and / or % of Federal		
Gain Included in Investment Income	\$	_____		Taxable Income	_____	%
Amount Included in Investment Income	\$	_____		<input type="checkbox"/> Legally Blind		
Unrecaptured Capital Gain	\$	_____		<input type="checkbox"/> Current Participant in a Qualified Retirement Plan		
Taxable Social Security	\$	_____				
Total Federal Tax Credits	\$	_____				
Other Taxes	\$	_____				

*Client B*

Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married/Joint	<input type="checkbox"/> Married/Separate	<input type="checkbox"/> Head of Household	Number of Exemptions	_____
Federal Taxes (Annual)				Alternative Minimum Tax		
Depreciation	\$	_____		Plus/Minus Adjustments	\$	_____
Other Adjustments to Income (+/-)	\$	_____		Plus AMT Preferences	\$	_____
Total Itemized Deductions (+)	\$	_____		Foreign Tax Credits	\$	_____
Short-Term Capital Gains(+)/Loss(-)	\$	_____		State & Local Taxes		
Net Long-Term Gain/Loss	\$	_____		Estimated Amount	\$	_____
28% Rate Capital Gain/Loss	\$	_____		and / or % of Federal		
Gain Included in Investment Income	\$	_____		Taxable Income	_____	%
Amount Included in Investment Income	\$	_____		<input type="checkbox"/> Legally Blind		
Unrecaptured Capital Gain	\$	_____		<input type="checkbox"/> Current Participant in a Qualified Retirement Plan		
Taxable Social Security	\$	_____				
Total Federal Tax Credits	\$	_____				
Other Taxes	\$	_____				

**Declaration**

I declare that I have reviewed the information collected in this data sheet and that the investment data is correct to the best of my knowledge.

_____	_____	_____
Client A Printed Name	Signature	Date
_____	_____	_____
Client B Printed Name	Signature	Date