Income Tax Data Profiles Professional

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 □ Single □ Married/Joint Federal Taxes (Annual)	☐ Married/Separate	☐ Head of Household Number of Alternative Minimum Tax	f Exemptions
Depreciation	\$	Plus/Minus Adjustments	\$
Other Adjustments to Income (+/-)	\$	Plus AMT Preferences	\$
Total Itemized Deductions (+)	\$	Foreign Tax Credits	\$
Short-Term Capital Gains(+)/Loss(-)	\$		
Net Long-Term Gain/Loss	\$	State & Local Taxes	
28% Rate Capital Gain/Loss	\$	Estimated Amount	\$
Gain Included in Investment Income	\$		
Amount Included in Investment Income	\$	and / or % of Federal	
Unrecaptured Capital Gain	\$	Taxable Income	%
Taxable Social Security	\$		
Total Federal Tax Credits	\$	\square Legally Blind	
Other Taxes	\$	\square Current Participant in a Qualif	ied Retirement Plan
Client B			
Filing Status □ Single □ Married/Joint Federal Taxes (Annual)	☐ Married/Separate	☐ Head of Household Number of Exemptions 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(-)	\$	-	· ———
Net Long-Term Gain/Loss	\$	State & Local Taxes	
28% Rate Capital Gain/Loss	\$	Estimated Amount	\$
Gain Included in Investment Income	\$		
Amount Included in Investment Income	\$	and / or % of Federal	
Unrecaptured Capital Gain	\$	Taxable Income	%
Taxable Social Security	\$		
Total Federal Tax Credits	\$	\square Legally Blind	
Other Taxes	\$	\square Current Participant in a Qualif	ied Retirement Plan
Declaration			
I declare that I have reviewed the informa	tion collected in this	data sheet and that the investmer	nt data is correct to the
best of my knowledge.			
	_		_
Client A Printed Name		Signature	Date
Client B Printed Name	_	Signature	Date

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