

DEDUCTIONS AND ADDITIONAL INFORMATION

	YES	NO	COMMENTS
DID YOU PAY ESTIMATED TAXES (SEE BELOW)	<input type="checkbox"/>	<input type="checkbox"/>	
ARE YOU A K-12 TEACHER	<input type="checkbox"/>	<input type="checkbox"/>	
ARE YOU A MILITARY RESERVIST	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU HAVE ANY FOREIGN BANK ACCOUNTS	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU MOVE MORE THAN 50 MILES	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU CONTRIBUTE TO AN HSA	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU CONTRIBUTE TO A SEP/SIMPLE/IRA OR WILL YOU CONTRIBUTE BEFORE APRIL 15TH	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU PAY ALIMONY	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU PAY FOR HEALTH INSURANCE WHILE SELF EMPLOYED	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU/YOUR SPOUSE HAVE EDUCATION EXPENSES	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU ADOPT A CHILD	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU HAVE UNREIMBURSED MEDICAL EXPENSES	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU OWN A HOME (FORM 1098)	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU PAY PROPERTY TAX	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU DONATE MONEY TO CHARITY	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU DONATE GOODS TO CHARITY	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU HAVE UNREIMBURSED JOB RELATED EXPENSES	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU MAKE POLITICAL CONTRIBUTIONS	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU HAVE LONG TERM CARE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU PUT MONEY IN THE OREGON COLLEGE SAVINGS PLAN	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU DONATE TO THE OREGON CULTURAL TRUST	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU WORK IN MULTIPLE STATES	<input type="checkbox"/>	<input type="checkbox"/>	
DID YOU LIVE IN OREGON ALL YEAR	<input type="checkbox"/>	<input type="checkbox"/>	
DO YOU USE PART OF YOUR HOME FOR BUSINESS (HOME OFFICE FORM)	<input type="checkbox"/>	<input type="checkbox"/>	

ESTIMATED TAX PAYMENT INFORMATION

REFUND CARRYFORWARD	Q1 DUE 4/15	Q2 DUE 6/15	Q3 DUE 9/15	Q4 DUE 1/15	TOTAL
FEDERAL \$	\$	\$	\$	\$	\$
STATE \$	\$	\$	\$	\$	\$

By signing this statement, I agree that the information furnished to In or Out Tax Service, Inc for preparing and filing my tax return is true and correct to the best of my knowledge. In or Out Tax Service, Inc's liability is limited to paying for interest or penalties due to their error. In or Out Tax Service, Inc is not responsible for interest or penalties on my return if I (or my spouse) provide inaccurate or incomplete information. In addition, I agree to pay an hourly fee, not to exceed \$100/hour, if I decline to complete my tax return with In or Out Tax Service, Inc after work has begun.

Customer Signature

Date