

**Kerry Van Isom & Associates, Inc.**  
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### **Annual Tax Summary Form.**

The Annual Tax Summary Form will assist our tax advisers with preparation of your individual income taxes. We ask that you provide our tax advisers with the most accurate and complete tax information. When completing the Annual Tax Summary Form, please enclose copies of all sources of income and expenses you have received. Examples of sources of income documents our tax advisers will need copies of:

Form W-2 wage and tax statement – *Employee Income*

Form SSA-1009 social security benefit statement – *Social Security Income*

Form 1099-MISC miscellaneous income statement – *Subcontractor Income, Self-Employment Income*

Form 1099-R statement – *Income from Pensions, Annuities, Retirement, IRAs, and Insurance Policies*

Form K-1 statement – *Shareholder's, Partner's or Beneficiary's Share of Income, Deductions, Credits, Etc.*

#### **PLEASE ATTACH ALL SOURCE DOCUMENTS!**

*For additional Summary Forms, including Business Summary Forms, please visit our website at [www.kerryvanisom.com/resources](http://www.kerryvanisom.com/resources).*

**Please use our Rental Property Summary Form to list rental property income and expenses. Self-employed individuals should use our Small Business Summary Form to list all income and expenses.**

**Have you been contacted by the Internal Revenue Service (IRS)?** Call our office to find out the most effective way to deal with an IRS audit. Our tax advisers are available to consult directly with the IRS on behalf of the client. Let us help you determine payment options to settle past debt due to the IRS and state agencies.

Remember, you can email your tax documents to our tax advisers for faster service. We can be reached at [tax@kerryvanisom.com](mailto:tax@kerryvanisom.com). Please include the best contact information to reach you.

**Our office accepts credit & debit cards.**

**Thank you once again for your continued business.**

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## **Annual Tax Summary Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last Name M.I. First Name Date of Birth*

Sp. Name: \_\_\_\_\_  
*Last Name M.I. First Name Date of Birth*

Primary Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ Sp. Occupation: \_\_\_\_\_

**What is a Dependent?** For most taxpayers, a dependent receives more than one-half of his/her support from you.

How Many Dependents am I claiming? \_\_\_\_\_

<u>Last Name</u>	<u>M.I.</u>	<u>First Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Please identify the source and amount of all income received in current year:*

W-2 Employee: \$ \_\_\_\_\_ Subcontractor Income \$ \_\_\_\_\_  
Self-Employment Income: \$ \_\_\_\_\_ Rental Income: \$ \_\_\_\_\_  
Unemployment Income: \$ \_\_\_\_\_ Annuity Income: \$ \_\_\_\_\_  
Retirement Income: \$ \_\_\_\_\_

Did you receive interest or dividend income in current year? Please include source documents. Interest Income: \_\_\_\_\_ Dividend Income: \_\_\_\_\_

As an employee, were you provided fringe benefits by your employer? If applicable, please list the amount received of the following fringe benefits in the current year:

Health assistance benefits: \$ \_\_\_\_\_

Transportation assistance benefits: \$ \_\_\_\_\_

Child care assistance benefits: \$ \_\_\_\_\_

Educational assistance benefits: \$ \_\_\_\_\_

Did you incur any of the following expenses?

- Educational Expenses: \$ \_\_\_\_\_
- Student Loan Interest Paid: \$ \_\_\_\_\_
  
- Child Care expenses \$ \_\_\_\_\_
  - Child Care Provider Tax ID No.: \_\_\_\_\_

*Provider's Name and Address:* \_\_\_\_\_

- Medical Expenses:  
*Health Insurance Premiums:* \$ \_\_\_\_\_ *Medicine:* \$ \_\_\_\_\_  
*Eyeglasses:* \$ \_\_\_\_\_ *Doctor visits:* \$ \_\_\_\_\_  
*Medical Clothing & Shoes:* \$ \_\_\_\_\_ *Hospital Bills:* \$ \_\_\_\_\_  
*Surgical garments:* \$ \_\_\_\_\_ *Dentist visits:* \$ \_\_\_\_\_  
*Lab fees:* \$ \_\_\_\_\_ *Other:* \$ \_\_\_\_\_

Did you make charitable contributions?

Church: \$ \_\_\_\_\_ 501c(3) Tax Exempt Organization: \$ \_\_\_\_\_

Donated Items to 501c(3) Tax Exempt Organization, List Items: \_\_\_\_\_

Mortgage Interest Paid to banks: \$ \_\_\_\_\_ (please enclose Form 1098)

Real Estate Taxes Paid: \$ \_\_\_\_\_

Property PIN #: \_\_\_\_\_ (located on tax bill)

Has your mortgage loan been modified? \_\_\_\_\_

Did your bank cancel all or a portion of your debt in the current year? \_\_\_\_\_  
(please enclose Form 1099C)