

\*\*Please complete pages 1, 2 & sign page 12 (THANK-YOU!)\*\*\*\*\* ALL INDIVDIUAL TAX PREPARATION REQUIRE A DEPOSIT FEE OF $30.00

ALL Business TAX PREPARATION REQUIRE A DEPOSIT FEE OF $50.00

Please fill out according to how your name is listed on your social security card.

Taxpayer

Spouse:

Social Security Number (s):

Occupation:

Spouse Occupation:

Date of Birth (mm/dd/yyyy):

Age as of 12-13-13

Work Phone:

Extension:

Cell Phone:

Home Phone:

Address:

City, State & Zip Code:

 Email address:

Were you referred to us by someone? Please circle: Yes Or No? If yes, by whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a returning client? Please circle: Yes or No

Federal Filing Status:

Check the line for your federal filing status:

 \_\_\_\_\_ Single

\_\_\_\_\_ Married filing jointly

 \_\_\_\_\_ Married filing separately

 \_\_\_\_\_ Check this line if you did not live with your spouse at any time during the year \_\_\_\_\_ Check this line if you are eligible to claim your spouse’s exemption \_\_\_\_\_ Check this line if you filed a legal separation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy)

 \_\_\_\_\_ Head of household

 If the ‘qualifying person’ is your child but not your dependent

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s social security number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Attach form 8332 (if applicable)

 \_\_\_\_\_ qualifying widow(er)

Check the year your spouse died. . . . . . . . . . . 2014\_\_\_ or 2015\_\_\_\_\_\_\_

 \_\_\_\_\_ Married living apart? \_\_\_\_\_\_\_\_ How long? \_\_\_\_\_\_

\_\_\_\_\_\_ Legally Separated?\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Active duty military service members, spouse or dependent of.

Dependent(s) names as it appears on S.S. card(s)

Information for the Earned Income Credit Only:

(The questions below must be answered to calculate EIC)

• Do you have a qualifying child who is also a qualifying child of another person with a higher modified adjusted gross income (AGI)?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Yes\_\_\_\_\_ No\_\_\_\_\_

• Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . . . . . . . . Yes\_\_\_\_\_No\_\_\_\_\_

• Was the taxpayer’s home in the United States for more than half of 2015? . . . . . . . . . . Yes\_\_\_\_\_No\_\_\_\_\_

• Were you notified by the IRS that EIC cannot be claimed in 2013? . . . . . . . . . . . . . . . . Yes\_\_\_\_\_No\_\_\_\_\_

• Presidential Election Campaign Fund:

Do you want $3 to go to the Presidential Election Campaign Fund?. .. … .Taxpayer Yes \_\_\_ No \_\_\_ Spouse Yes \_\_\_ No \_\_\_

 • Disability: Do you qualify as disabled for Schedule R (Elderly and Disabled Credit)?

 Taxpayer Yes \_\_\_ No \_\_\_ Spouse Yes \_\_\_ No \_\_\_

• Dependent Filer: Can someone (such as your parent) claim you as a dependent?....................

Taxpayer Yes \_\_\_ No \_\_\_

Spouse Yes \_\_\_\_No \_\_\_

• Decedent:

Taxpayer: Date of death. . . . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse: Date of death . . . . . . . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Filing Information:

Enter your state of residence as of December 31, 2013 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .\_\_\_\_\_\_\_ Check the appropriate line: \_\_\_\_\_ Resident entire year \_\_\_\_\_ Resident part of year Date you established residence in state above\_\_\_\_\_\_\_\_\_\_\_ In which state (or foreign country) did you reside before this change?\_\_\_\_\_\_

Income Information:

Interest Income?

State Tax Refund or taxable refunds

Alimony paid or received?

Combat Pay?

Enlistment and Reenlistment bonuses?

Unemployment Compensation?

Miscellaneous Income (annuities, awards, beauty contest winner bonuses, Christmas bonus)

Dividend Income?

W-2’s/ 1099’s

Worthless Stock or Securities

Capital Gains/Stocks

IRA distributions

Pension/annuities / Social security bonus Medical Insurance reimbursements

Self-Employed Business Income and Expense Information:

• Federal I.D. Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or social security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Business Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ • Type of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are you a corporation? \_\_\_\_\_ What type?\_\_\_\_\_\_\_\_

 • When did you become a corporation? (mm/dd/yyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Product or Service (give a brief description):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Owner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Location of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Method Used to Evaluate Inventory:

Cost \_\_\_\_\_\_\_\_Lower \_\_\_\_\_\_\_\_Cost Market \_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_

• Any Change in Determining Opening & Closing of Inventory? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Are you deducting expenses for office in home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Do you have employees or contractors? \_\_\_\_\_\_\_\_\_

• Was your business open at the end of the year?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• How many months in operation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Does this business include a loss or benefit from tax shelter?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dividends:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Income/Interest:\_\_\_\_\_\_\_\_\_\_\_\_

• Gross Sales:\_\_\_\_\_\_\_\_\_\_\_\_ Cost of Goods:\_\_\_\_\_\_\_\_\_\_\_

 • Beginning Inventory:\_\_\_\_\_\_\_\_\_\_\_\_\_ Materials & Supplies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Advertising:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Inventory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 • Cost of Labor/Subcontractor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Bank Charges:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bad Debts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Debts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Commissions or Fees:\_\_\_\_\_\_\_\_\_\_\_\_\_ Dues & Publications:\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Expense \_\_\_\_\_\_\_\_\_\_\_\_

• Insurance:\_\_\_\_\_\_\_\_Self- Employed Health Ins.\_\_\_\_\_\_\_ Accounting Fees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension & Profit Sharing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rent:\_\_\_\_\_\_\_\_\_\_\_\_\_ Mtg. Interest:\_\_\_\_\_\_\_\_\_\_\_\_\_ Entertainment:\_\_\_\_\_\_\_\_\_\_\_ Repairs: \_\_\_\_\_\_\_\_\_\_\_\_\_Travel & Meals:\_\_\_\_\_\_\_\_\_\_\_\_ Utilities:\_\_\_\_\_\_\_\_\_\_\_

 • Business Trips\_\_\_\_\_\_\_\_\_\_\_

• Organizational Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_ Accident & Health Plans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Employer Contributions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prizes & Contests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Charitable Contributions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club Dues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_• Capital Expenditures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Wages:\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Expenses related to business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Payroll Tax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Life Ins:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Professional Books & Journals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Licenses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Promotional Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent improvements on business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ • Tools: \_\_\_\_\_\_\_\_\_Work Shoes: \_\_\_\_\_\_\_\_\_Gifts to employees: \_\_\_\_\_\_\_\_ Prizes & Contests:\_\_\_\_\_\_\_\_\_\_\_\_ • Office at home?\_\_\_\_\_\_\_\_\_ Square ft. of House\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Square ft. e\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Equipment Purchased (list) Dates Cost 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Mileage? @.56c/mile \_\_\_\_\_\_\_\_\_\_ Bus. Miles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Commuting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What type of vehicle? \_\_\_\_\_\_\_\_\_\_\_\_When was it placed in service?\_\_\_( please attach a copy of bill of sale)

7. Is the vehicle leased or purchased?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stock or Property? (Attach all 1099’s, 1098 and rental income).

 Description Date Purchased Date Sold Sale Price Cost 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Rental Property and Royalty Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5, Address of rental property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Date property purchased? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any personal use of property? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Did you participate in the operation of rental activity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Income Received? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Royalties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Have you refinanced the property?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expenses: Advertising: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auto & Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cleaning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maintenance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commissions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal & Prof: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mtg. Int: \_\_\_\_\_\_\_\_\_ Other Int: \_\_\_\_\_\_\_\_\_\_\_\_\_ Repairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Taxes & Bus. Lic.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Utilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Exp (please list):\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxes: State & Local Income Tax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid on Prior Years, Withheld This Year’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Real Estate Taxes/Property Tax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ad Valorem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st Time Homebuyer Credit Repayment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxes from NIIT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household employment tax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

Estimated Taxes Paid in 2013:

 Federal 1st Qtr\_\_\_\_\_\_\_\_\_ 2nd Qtr\_\_\_\_\_\_\_\_\_3rd Qtr\_\_\_\_\_\_\_\_\_4th Qtr\_\_\_\_\_\_\_\_\_\_\_\_

State 1st Qtr \_\_\_\_\_\_\_\_\_ 2nd Qtr \_\_\_\_\_\_\_\_\_3rd Qtr\_\_\_\_\_\_\_\_\_4th Qtr\_\_\_\_\_\_\_\_\_\_\_\_

Medical Expenses:

Do you have health insurance (if not, go to www.healthcare.gov)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescriptions: \_\_\_\_\_ /Co-Pay\_\_\_\_\_\_\_\_ Doctors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentists: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospitals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trans. & Lodging: \_\_\_\_\_\_\_\_\_\_\_\_\_ Medical miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other (Eye Glasses/Contacts): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Crutches: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Insulin Meds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any out of pocket medical exp? \_\_\_\_\_\_\_\_\_\_\_ over the counter allergy-(non prescription):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lab Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Long Term Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Equipment for Care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Psychologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mortgage Insurance Premium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HSA Expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Investment Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mileage to Doctor: 0.24¢ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Donor\_\_\_\_\_\_\_\_\_\_\_\_\_ Laser Surgery \_\_\_\_\_\_\_\_\_\_\_ Necessary Cosmetic Surgery \_\_\_\_\_\_\_\_\_\_\_

Real Estate Property Please attach HUD-1

Did you refinance this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you purchase a new home this year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ if yes, is this your First Home? \_\_\_\_\_\_\_\_\_\_\_ Any personal use of property? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Settlement charges? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Mortgage Interest Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deductible Points: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contributions: (List each one) Attach Supporting documentations

Cash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & Non-Cash\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Miles Driven for Charitable Work: 0.14¢ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carryover from Prior Years\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Deductions Health Saving Accounts Student Loan Interest Whose name is on the loan? Tuitions and Fees (include 1098T) Domestic Production Activities Retirement Savings Contribution Foreign Tax Credit Domestic production activities Penalty for any early withdrawals from savings Educator Expenses Expenses of Reservist, Performing Artist

Miscellaneous Deductions (Subject to 2% of AGI):

Union Dues/Professional Dues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Preparation Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Related Educ./Seminars/Materials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trustee/Fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Seeking Expense in same field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safe Deposit Box\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Investment Expense\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trade or assoc.dues\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Theft/loss/casualty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Business Expenses:

Parking Fees & Tolls: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Uniforms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clothing required for business: \_\_\_\_\_\_\_\_\_\_\_ Travel Expense While Away From Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Air Fares: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Rentals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement for above expenses that are not included on W-2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entertainment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Storage for Office Equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job-hunting Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Office Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher, Classroom Expense: \_\_\_\_\_\_\_\_\_\_\_\_ Tools: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Shoes (MetalTip):\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone use\_\_\_\_\_\_

Unreimbursed employee miles from personal car use \_\_\_\_\_\_\_\_\_\_\_\_ Do you have any foreign bank accounts: Yes or No.

Vehicle Expense: Questions: Vehicle #1 Vehicle #2

1. Date placed in service:

 2. Type:

3. Make & Model:

4. Lease or Purchase date

5. Total monthly payments:

6. Total miles driven:

7. Business miles:

8. Gas, Oil, Repairs:

9. Insurance:

10. Employer provided?

11. Do you have another vehicle for personal use?

12. Do you have evidence to support your deductions?

13. Is this evidence in writing?

Other Deductions & Credits:

• Do you have moving expenses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ if so, please attach documentation.

 • Total miles from old residence to old job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Total miles from old residence to new job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Transportation of household goods, lodging, gas, oil (mileage@ 0.24¢ mile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other expenses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child &/or Dependent Care Expenses:

Number of qualifying dependents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person or organization paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEI# or SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer provided – Child Care Credit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU CURRENTLY HAVE LIFE INSURANCE: **YES NO**

Is this temporary or permanent?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any life-changing events since you purchased it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time you reviewed your coverage?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL PAYMENTS ARE DUE WHEN SERVICE RENDERED (circle one and initial**).

A) Pay when you pick up the tax return B) Credit Card $2.00 processing fee

The data presented here is used in preparing my/our income tax return. This data is complete and correct to the best of my knowledge. You may retain this data sheet as part of your records.

A cost of $25.00 will be added for any additional copies

Comments:.

Promised date (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_