

Taxpayer

Spouse

Full Name _____
Occupation _____
SSN# _____
Date of Birth _____
Daytime # _____
Mobile # _____
Fax # _____
Email _____

Full Name _____
Occupation _____
SSN# _____
Date of Birth _____
Daytime # _____
Mobile # _____
Fax # _____
Email _____

Current Address _____ APT# _____
City _____ State _____
Zip _____
COUNTY _____

Have you moved since filing
your last return? _____
Date of Move _____

Dependents

Legal Name	Birthdate	SSN#

Total Fee \$ _____
Adjustments _____
Total Due _____
Payment 1 _____
Payment 2 _____

Payment Info

Checking account:
Routing Number _____ Account Number _____

Or

Credit Card Number* _____
Expiration Date _____ Billing Zip Code _____

Income

Please provide us with copies of all the tax documents you have received in the mail. This includes but is not limited to W-2s, 1099s, K-1s, SSA-1099s, etc.

We also need any income you made during the tax year that is not on the aforementioned documents so that we may declare all your income. Failure to do so may result in severe penalties from the IRS

Expenses

Please provide us with copies of your 1098, 1098-E, 1098-Ts, etc...

Education Expenses

Name of School	
Tuition and Fees Paid	
Books, School Supplies	
Was the student enrolled at least half time?	

Dependent Care Costs

CHILD / DEPENDENT 1		CHILD / DEPENDENT 2	
Name		Name	
Amount Paid		Amount Paid	
Care Provider Name		Care Provider Name	
Care Provider Tax ID #		Care Provider Tax ID #	
Care Provider Street Address		Care Provider Street Address	
City, State and Zip		City, State and Zip	

Unreimbursed Employee Business Expenses*

EXPENSE	AMOUNT	EXPENSE	AMOUNT
Business Meals and Entertainment		Continuing Education	
Internet (Business Use)		Mobile Phone (Business Portion)	
Travel Expenses		Licenses	
Professional Memberships		Other _____	
Union Dues		Other _____	

***You may not deduct employee business expenses for items that your company offers you reimbursement regardless of whether or not you accept the reimbursement**

Medical Expenses

	Taxpayer	Spouse
Prescriptions		
Doctor / Dentist Visits		
Eye Care Costs		
Hospitals / Nursing Homes		
Medical Insurance*		
Long Term Care Premiums		
Out of Pocket Expenses		
Medical Miles Driven		

*Do not include premiums paid for with pre-tax dollars or Medicare parts B or D that are shown on form SSA-1099

Interest Paid

	Primary Res	2nd Res
Real Estate Taxes		
Personal Property Taxes		
First Mortgage		
Second Mortgage		
Home Equity Line		
Home Equity Line Principal Balance		
Points Paid		
Investment Interest		

If you have purchased any new properties this year please provide us with a copy of your HUD-1

Miscellaneous

	AMOUNT
Job Search Expenses	
Tax Prep Fees	
Investment Expenses	
Safe Deposit Box Fees	
IRA / Brokerage Fees	
Gambling Losses	

Charitable Contributions

	AMOUNT
Cash/ Checks/CC (Receipts Req'd)	
Churches / Synagogues	
Non Cash (Please Provide Receipts)	

ESTIMATED TAX PAYMENTS

	FEDERAL	DATE PAID	STATE	DATE PAID
Amount Applied From Previous Year				
First Quarter				
Second Quarter				
Third Quarter				
Fourth Quarter				
Amount Paid with Extension				

Address of Property 1

Address of Property 2

Address of Property 3

	Property 1	Property 2	Property 3
Rent / Income Received			
Advertising			
Association Dues / Condo Fees			
Auto (Miles Driven)			
Overnight Travel			
Cleaning and Maintenance			
Commissions / Fees			
Insurance / PMI			
Legal and Professional Fees			
Licenses and Permits			
Management Fees			
Mortgage Interest			
Other Interest			
Repairs / Improvements (Provide Description, Date, and Cost for each Item)			
Supplies / Tools			
Taxes			
Utilities			
Other Expenses			
Date Placed in Service*			
Was the Property Sold this year			

*If the property was placed into service this year or refinanced this year please provide HUD 1s or related information.
New Clients - Please provide depreciation worksheets from your previous tax preparer

Property	Description of Repair or Improvement	Date	Cost

Note: By completing this form you certify that the entries can be substantiated by documentation.