

Personal Information (existing clients list changes only)

Name: First, Initial, Last		Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer		- -	/ /		
Spouse		- -	/ /		
Street Address		City	State	Zip	Home Phone
		County			
		Sch. Dist.			

Filing Status

Put Number Here----->

- 1** = Single----->Dependent of another? Yes No
- 2** = Married Filing Joint OR..... **3** = Married Filing Separate-----> Is spouse itemizing Yes No
- 4** = Head of Household (Name and SSN of child who lives with you _____ / ____ / ____
if NOT your dependent) Date of Divorce _____
- 5** = Qualifying Widow(er) Date of Spouse's Death _____

	<u>Taxpayer</u>		<u>Spouse</u>		<u>Taxpayer</u>		<u>Spouse</u>
Pres. Campaign Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Blind/Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dual - Status Alien	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		65 or older	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Dependents (Children & Others)

Name (First, Last)	Date of Birth	Social Security Number	Relationship	Months Lived with you	Disabled	Full time Student	Dependent's Gross Income

To determine your maximum deductions and better understand your tax situation, please check the questions that apply to you.

Did you.....

- | | |
|--|--|
| <input type="checkbox"/> have any births, deaths, marriages, divorces or adoptions in your immediate family? | <input type="checkbox"/> have any questions about correspondence from the IRS or State Dept. of Taxation that you have received? |
| <input type="checkbox"/> provide a home for or help support anyone not listed in Dependent section above? | <input type="checkbox"/> receive any other form of income (i.e. raising animals, crops, timber, minerals, oils, copyrights, etc) |
| <input type="checkbox"/> have your own business or receive hobby income? | <input type="checkbox"/> change jobs or look for a new job? |
| <input type="checkbox"/> buy, sell or refinance a house? | <input type="checkbox"/> receive unemployment? |
| <input type="checkbox"/> buy or sell any stocks, bonds or mutual funds? | <input type="checkbox"/> receive money from a pension or IRA? |
| <input type="checkbox"/> receive rent from real estate or other property? | <input type="checkbox"/> receive Social Security or Railroad Benefits? |
| <input type="checkbox"/> pay or receive alimony? | <input type="checkbox"/> receive Jury Duty pay, lottery/gambling winnings or prizes? |
| <input type="checkbox"/> put money in a IRA? | <input type="checkbox"/> go through bankruptcy proceedings? |
| <input type="checkbox"/> give a gift of more than \$10,000 to one or more people | <input type="checkbox"/> receive any estate or trust income? |
| <input type="checkbox"/> receive any interest/dividends or have dividends reinvested?
Was any of this in tax-free accounts? | <input type="checkbox"/> have a foreign bank account, trust, or business? |

Wage, Salary Income **Attach W-2's**

Employer	T/S	State
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

Interest Income **1099-INT's/broker stmts**

Payer	Amount	T/S	Non-Tax

Seller Financed:
 Name/ SSN: _____ / _____ / _____
 Address: _____

Dividend Income **Attach 1099-DIV**

Payer	Amount	T/S	Cap Gains
Non-Tax:			

Non-Taxable Income	Amount
Veteran's Pension & Disability	
Workers Compensation or SDI	
Gifts Received / Other	

Property Sold **Attach 1099-S, closing statements, selling expns**

Property / Address	Date Acquired	Cost	Date Sold	Sale Price	Improvements
*Pers Rsdnc					
Vctn Home					
Land					
Other					

Other Income

IRA - Amounts withdrawn. **Attach 1099-R**

T/S	Type (ROTH, Trad)	Total Received	Taxable	Tax w/h

Retirement Income **Attach 1099-R**

T/S	Type (Pension, Annuity)	Total Received	Taxable	Tax w/h

Other Benefits **Attach SSA 1099, RRB 1099**

T/S	Type (Soc Sec / Railroad)	Amount

Unemployment / Disability / Worker's Comp. **1099's**

T/S	Type	Amount	Tax w/h

Partnership, Trust, Estate, S Corp **Attach K-1**

T/S	Type	Amount	Tax w/h

Miscellaneous Income

State Tax Refund (if Itemized last year)	\$
Alimony Received	\$
Gambling, lottery (expenses \$_____)	\$
Prizes, Bonuses, Awards	\$
Unreported Tips / Commissions	\$
Jury Duty Pay	\$
Taxable Scholarships / Fellowships	\$
Net operating loss (NOL) carryover	\$
1099-MISC _____ SE? ___ T / S	\$
Other _____	\$

*See Sale of Personal Residence Worksheet.

Investments Sold **Attach 1099-B, confirmation slips &/or advisors statements**

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest.

Investment	Date Acquired	Cost/Basis	Date Sold	Gross Sale Price

Adjustments to Income

Retirement Contributions
(ROTH IRA, Trad IRA, SEP, KEOGH, SIMPLE)

Type	Amount	T/S
Covered by employer's retirement plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Other Credits

Elderly/Disabled Credit	Attach Sch R	\$ _____
Education Credit	Attach 8863	\$ _____
Adoption Credit	Attach 8839	\$ _____
Foreign Tax Credit		\$ _____
Advance Child Tax Credit		\$ _____
Other: (see Forms 3800, 8396, 8801)		_____

Payments

Estimated taxes paid

Date Paid	Federal Amt	State Amt	
			X X X X X X X
			X X X X X X X
Total			

Student Loan Interest \$ _____

Medical Savings Account deduction - **8853** \$ _____

Job-Related Moving Expenses **Attach 4782**

Date of Move _____ Distance (mils) _____

Moving Belongings \$ _____

Travel, Transportation, Meals & Lodging \$ _____

Health Insurance Premiums for SE \$ _____

Penalty on Early Withdrawal of Savings \$ _____

Alimony paid to _____ \$ _____

SSN of Payee: ____/____/_____

Amount paid with extension \$ _____

Excess Soc Sec & RRTA tax w/h \$ _____

Amount applied from last years return \$ _____

Other payments (repaid Unemployment) \$ _____

Other Noted Items

- | | |
|---|---|
| <input type="checkbox"/> Self-Employed - Sch C | <input type="checkbox"/> EIC Qualified - EIC |
| <input type="checkbox"/> Rental Real Est - Sch F | <input type="checkbox"/> Household - Sch H |
| <input type="checkbox"/> Bankruptcy: Chapt ____ | <input type="checkbox"/> Gifts >\$11,000 |

State Information Medical Insurance?

1st State _____ F-Y _____ P-Y _____ Non _____

Dates: from _____ to _____

2nd State _____ F-Y _____ P-Y _____ Non _____

Dates: from _____ to _____

Child & Other Dependent Care Credits (For dependents 12 & under or handicapped)

# Q.C.	Child Care Provider	Address	SSN / Emp. ID #	Amnt Paid per
			Reimbursements:	

Itemized Deductions (to take the place of the standard deduction)

Medical & Dental Expenses

Must exceed 7.5% of adjusted gross income to be deductible

Non-Cafeteria plan Insurance Premiums	\$	_____
Doctor / Dental / Orthodontist	\$	_____
Prescription Drugs / Insulin	\$	_____
Medicare Premiums withheld	\$	_____
Hospital, Lab & X-ray	\$	_____
Glasses, Contacts	\$	_____
Medical Equipment, Supplies, Rentals	\$	_____
Hearing aids, Batteries	\$	_____
Other: (Nursing Care, Medical Therapy, Counseling)	\$	_____
Medical Mileage	_____ miles	_____
Total Medical	\$	_____

Taxes Paid

Real Estate Taxes - Personal Residence	\$	_____
Real Estate Taxes - Other	\$	_____
Personal Property Tax - Vehicle	\$	_____
Personal Property Tax - Other	\$	_____
State Tax Balance Due from last year return	\$	_____
State Tax Amounts paid for other years	\$	_____

Interest Paid

Mortgage Interest Paid, Loan #1 - 1098	\$	_____
Mortgage Interest Paid, Loan #2 - 1098	\$	_____
Mortgage Interest Paid, Loan #3 - 1098	\$	_____
Points for New / Refinanced Mortgage	\$	_____
Loan Term _____		
(need closing papers for both sale and purchase of each house / refi)		
Investment Interest / Other Mortgage Intrst	\$	_____

Charitable Contributions

(You must have a receipt for any single item/donation valued over \$250 or total donations of more than \$500)

Cash Contributions

Church	\$	_____
Other Cash Contributions	\$	_____
_____	\$	_____
_____	\$	_____

Non-Cash Contributions

Item	Date Donated	Charity	Fair Market Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Miscellaneous Deductions

2% Limitation

Unreimbursed Employee Business Expenses

Parking, Local Transportation	\$	_____
Travel Expenses	\$	_____
Dues - Union, Professional	\$	_____
Books, Subscriptions, Supplies	\$	_____
Licenses, Fees, Credentials	\$	_____
Tools, Equipment, Safety Equipment	\$	_____
Uniforms (include cleaning)	\$	_____
Sales Expense, Gifts	\$	_____
Tuition, Books (work related only)	\$	_____
Other _____	\$	_____
Mileage (not to and from work)		_____

Other Miscellaneous Deductions

Investment Expense	\$	_____
Safe Deposit Box Rental	\$	_____
Job Search Expenses	\$	_____
Custodial Fees for IRA's, Mutual Funds, etc.	\$	_____
Tax Preparation/Consultation Fees	\$	_____
Other _____	\$	_____

Employee Office in the Home

In Square Feet:	a) Total Home	_____	ft.
	b) Office	_____	ft.
	c) Storage	_____	ft.
	Percentage:	_____	%

Rent Deductible	\$	_____
Insurance Deductible	\$	_____
Utilities Deductible	\$	_____
Maintenance Deductible	\$	_____

Casualty / Theft Losses

Non-Business Losses must exceed 10% of Adjusted Gross Income

Date of Loss	_____
Description of Property	_____
Location of Property	_____
Fair Market Value Before Loss	\$ _____
Fair Market Value After Loss	\$ _____
Insurance Reimbursement Amount	\$ _____