

# Client Tax Information Sheet

<b>DATE OF BIRTH:</b>		<b>OCCUPATION:</b>	
<b>DAYTIME PHONE:</b>		<b>FAX:</b>	
<b>SPOUSE NAME:</b>		<b>SOC. SEC. NUMBER:</b>	
<b>DATE OF BIRTH:</b>		<b>OCCUPATION:</b>	
<b>DAYTIME PHONE:</b>		<b>FAX:</b>	
<b>STREET ADDRESS:</b>		<b>CITY/STATE/ZIP:</b>	
<b>HOME PHONE:</b>		<b>E-MAIL ADDRESS:</b>	

DEPENDENT NAME <small>(First, Middle Initial, Last)</small>	DATE OF BIRTH	SOC. SEC. NUMBER	RELATIONSHIP	MONTHS LIVED IN YOUR HOME

If any dependent child did not live with you, write child's name here: \_\_\_\_\_

If another taxpayer can claim you or your spouse as a dependent, check this box.

## CHECK ALL INCOME SOURCES - ENCLOSE DOCUMENTATION

- |                                                                                            |                                                                                    |                                                                                            |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Salary/Wages – W-2                                                                         | Social Security/Railroad Retirement                                                | Lottery/Gambling Winnings                                                                  |
| Self-Employed Business Income                                                              | Pension / Retirement Income                                                        | Interest – 1099-INT                                                                        |
| Independent Contractor - 1099                                                              | IRA Distributions                                                                  | Dividends – 1099-DIV                                                                       |
| Commissions/Fees                                                                           | Rental Property Income                                                             | Mutual Fund Distributions – 1099                                                           |
| Cash Payments                                                                              | Partnership/S-Corporation – K-1                                                    | Municipal Bonds                                                                            |
| Alimony Received                                                                           | Estate/Trust – K-1                                                                 | Farm Income                                                                                |
| Unemployment \$ _____                                                                      | Military BAS/BAH \$ _____                                                          | Other Income (Enclose Details)                                                             |
| Tip Income                                                                                 | Did You Sell a Personal Residence?                                                 | Installment Sale                                                                           |
| Did You Sell Any Stocks/Bonds?<br><small>(If yes, enclose 1099-B &amp; cost info.)</small> | Did You Sell Other Real Estate?<br><small>(Enclose settlement statements.)</small> | Did You Sell Any Business Assets?<br><small>(Enclose sale and original cost info.)</small> |

IRA Contributions: Taxpayer \$ _____			Spouse \$ _____	
	Traditional	Roth	Traditional	Roth
SIMPLE/SEP/KEOGH Contributions: Taxpayer \$ _____			Spouse \$ _____	
Alimony Paid \$ _____	Recipient: _____		SSN: _____	
Federal Estimated Tax Payments \$ _____		Job-Related Moving Expenses \$ _____		
State Estimated Tax Payments \$ _____		Lodging Expenses During Move \$ _____		
State Tax Due Paid w/ Last Years Return \$ _____		Miles Traveled to New Home: _____		

## CHILD/DEPENDENT CARE EXPENSES (Match each provider to dependent.)

Dependent Cared For: _____	
Care Provider's Name: _____	Provider's SSN/EIN: _____
Provider's Address: _____	Amount Paid to Provider: \$ _____
Dependent Cared For: _____	
Care Provider's Name: _____	Provider's SSN/EIN: _____
Provider's Address: _____	Amount Paid to Provider: \$ _____

**Itemized Deductions** (List amounts and enclose receipts, checks or other documentation.)

<b>MEDICAL EXPENSES</b>		<b>INTEREST PAID</b>	
Doctors		<b>Mortgage on Main Home</b>	
Dentists		Paid to Financial Institution (1098)	
Other Medical Professionals		Paid to Individual	
Prescription Drugs		Name:	SSN:
Surgical Procedures		Address:	
Medical Lab Fees		Points Paid on New Mortgage	
Hospitals		(Enclose Settlement Statement)	
Glasses and Contact Lenses		Home Equity Loan/Second Mortgage	
Medical Equipment Rental		<b>Mortgage on Second Home</b>	
Prescribed Physical Aids		Paid to Financial Institution (1098)	
Skilled Nursing Care		Paid to Individual	
Medical Insurance		Name:	SSN:
Dental Insurance		Address:	
Long Term Care Insurance		Investment Interest Paid	
Medicare Part B			
Medical Transportation		<b>CHARITABLE CONTRIBUTIONS</b>	
Medical Miles Driven in Your Vehicle		(Receipts required)	
Other Medical (Describe)		Church/Temple/Mosque	
		United Way	
		Scouts	
		Other (list)	
<b>STATE &amp; LOCAL TAXES</b>			
Home Real Estate Taxes			
Other Real Estate Taxes		Non-Cash Contributions	
Personal Property Tax (autos)		(If over \$500, enclose receipt with name/address of organization and describe how fair market value was determined.)	
Other State or Local Tax			
<b>CASUALTY OR THEFT LOSS</b>		<b>MISCELLANEOUS DEDUCTIONS</b>	
Type of Property:		Tax Return Preparation Fee Last Year	
Describe Loss:		Safe Deposit Box (store investments)	
Cost or Basis of Property		Investment Expenses (enclose list)	
Insurance Reimbursement		Job Hunting Expenses (enclose list)	
Fair Market Value Before Loss		Gambling Losses	
Fair Market Value After Loss		Second Job Mileage	

**Employee Business Expenses and Miscellaneous Deductions**

Prof. Association or Union Dues	\$ _____	Out of Town Transportation	\$ _____
Uniforms (not street clothes)	\$ _____	Out of Town Lodging	\$ _____
Uniform Cleaning	\$ _____	Office in Home Expense	See Page 4.
Safety Equipment	\$ _____	Job Hunting Expenses	\$ _____
Tools & Other Work Equipment	\$ _____	Safe Deposit Box Rent	\$ _____
Advertising & Marketing	\$ _____	Tax Return Preparation	\$ _____
Business Meals & Entertainment	\$ _____	Investment Advice/Management Fee	\$ _____
Local Business Vehicle Mileage	_____	Other _____	\$ _____
Out of Town Travel (miles)	_____	Other _____	\$ _____

<b>EDUCATOR AND EDUCATION EXPENSES</b>		Educator Expense	
Student Name		Student Name	
Type Expense		Type Expense	
Amount	\$ _____	Amount	\$ _____

