Better Income Tax Inc.

CONFIDENTIAL PERSONAL TAX DATA

Client:						For Taxable Ye	ear:
							-
Dii		The information		T	OTH	ED INCOME	
Please call for an appointme requested on this form is ess				F		ER INCOME	
complete as much of this for	m as possible. Call if we m	ay be of assistance.			L SOURCES INCLUDING (Please have Statements Available)	THOSE THAT ARI	E NOT TAXABLE AMOUNT
A	DEDGOMAL DATE	1.4			ne Tax Refunds Received		AMOUNT
\mathbf{A}	PERSONAL DAT	Α		Alimony R			
Your Name:					ment Compensation		
Occupation: SS No.:	Birth Date:		_	Social Sec	Compensation or SDI		
			_		urity (Spouse)		
Spouse's Name:	<u> </u>			Tips Recei	ved		
Occupation:					OS (Bring Forms K-1)		
SS No.: Blind: Yes No	Birth Date:	-		S Corporat Pensions	tion (Bring Form K-1)		
Blind: Yes No Street:					Dyment (Schedule "C" or use Sect	ion N)	
City:	State: Zip:		_		ps or Fellowships		
Home Phone:	City Scho	ool District:		Jury Duty			
Cell Phone:	- City Sens	701 2 1541104		Other:			
n	DEDENIDENT	CHIL DREM			LIST	Γ ALL UNMARRIE	D
В	DEPENDENT	CHILDREN			CHILDRE	EN SUPPORTED B	Y YOU
NAME	SOC. SEC. NUMBER	RELATION- SHIP	AGE	INCOME	SOURCE OF INCOME	WAS TAX RETURN FILED?	CLAIM SELF ON RETURN?
			II.				
C		OT	HER D	EPENDE	NTS		
· ·						AMOUNT	OF SUPPORT
NAME	SOC. SEC. NUMBER	RELATIONS	HIP	MONT	THS LIVED IN HOME	BY YOU	BY OTHERS
D EGEN (A E		ND CDEDIT	~	$\boldsymbol{\alpha}$	D.M.E.D.	EGE DIGOLE	
D ESTIMATE	ED TAXES PAID A		S	\mathbf{G}	INTER	EST INCOME	
	te Due Date Paid	Federal St	ate	SOURCE	(Please have Statements Available)		AMOUNT
Prior Yr. 4 th Qtr. Last Jan Prior Year Credit Refund	Applied						
First Quarter April	Арриса						
Second Quarter June							
Third Quarter Septem				II.C. C			
Fourth Quarter This Jan	nuary				rnment Interest -Taxable Interest		
IF	IVIDENDE DECEL	VED			nced Mortgage		1
	IVIDENDS RECEI			Payer's Na	ime:		
SOURCE (Please have Statements	Available)	AMOUN	NT	Payer's SS	No.:		
				RENTERS	CREDIT: (Qualifying STAT	E returns only)	
					your spouse living in rental pro	= 1	ast year? Give name,
				address and	telephone number of your land	lord.	
				-			
				-			

H MEDICAL EXPEN	NSES
Hospital & Medical/Dental Insurance Premiums	
Medicare Insur. Premiums (w/h from Soc. Sec.)	
Prescription Drugs (only)	
Other Medicines (for specific illnesses')	
DR.	
DR	
DR.	
Dentist	
Dentist	
Hospital	
Travel for Medical Purposes Mile	
Parking Fees (for Medical reasons)	
Phone Calls to Drs., Hospitals, Etc. (Toll Charges)	
Medical Equipment	
Prosthetic Devices	
Lab & X-ray (Not included with Dr. & Hospital)	
Glasses	
Hearing Aids Batteries	
Special Therapy	
Insurance Reimbursement (only for amounts listed above)	
<u>·</u>	
T INTEDECT DA	ID
I INTEREST PA	ID
_	
Your December or January Statement will usually in For the year. If loan interest for the year is not stated	ndicate total interest paid
Your December or January Statement will usually in	ndicate total interest paid
Your December or January Statement will usually in For the year. If loan interest for the year is not stated Contract available.	ndicate total interest paid l, please have the original
Your December or January Statement will usually in For the year. If loan interest for the year is not stated Contract available. Home Mortgage 1st Cost of	ndicate total interest paid l, please have the original f House
Your December or January Statement will usually in For the year. If loan interest for the year is not stated Contract available. Home Mortgage 1st Cost of Improvement Cost of Improvemen	ndicate total interest paid I, please have the original If House weements
Your December or January Statement will usually in For the year. If loan interest for the year is not stated Contract available. Home Mortgage 1st Cost of Cost of Improvement Date	ndicate total interest paid I, please have the original If House Vernents Of Loan
Your December or January Statement will usually in For the year. If loan interest for the year is not stated Contract available. Home Mortgage 1st Cost of Improvement Cost of Improvement Cost of Improvement Cost of Improvement Cost of C	rdicate total interest paid I, please have the original f House vements of Loan f House
Your December or January Statement will usually in For the year. If loan interest for the year is not stated Contract available. Home Mortgage 1st Cost of Improving Date 2nd Cost of Improving	f House vements of Loan f House vements
Your December or January Statement will usually in For the year. If loan interest for the year is not stated Contract available. Home Mortgage 1st Cost of Cost of Improving Date 2nd Cost of Improving Cost of Improving Date Cost of Improving Date Date	f House vements of Loan f Loan f House vements of Loan f House vements of Loan f House vements f Loan f House vements f Loan f Loan f Loan f House vements f Loan
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Your December or January Statement will usually in For the year. If loan interest for the year is not stated. Home Mortgage 1st Cost of Cost of Improved Date 2nd Cost of Improved Date 2nd Cost of Improved Date Points Paid to Acquire If either mortgage paid to individual, give: Name: Address: SS No.:	ndicate total interest paid I, please have the original If House Vements Of Loan If House Vements Of Loan If House Vements Of Loan
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Your December or January Statement will usually in For the year. If loan interest for the year is not stated. Contract available. Home Mortgage 1st Cost of Cost of Improvement of Improvement of Cost of Improvement of Improvement of Cost of Improvement of I	ndicate total interest paid I, please have the original If House Vements Of Loan If House Vements Of Loan If House Vements Of Loan If Loan If House Vements Of Loan If Hous

J TAXES	
Real Estate Taxes – Residence	
Real Estate Taxes – Other	
Real Estate Taxes – Other	
Vehicle License (1)	
(2)	
(3)	
(4)	
Other:	
Personal Property Tax (Boat, Plane, etc.)	

K	CONTRIBUTIONS					
		AMOUNT	VALUE (Of Goods)			
Church						
Payroll D	eduction					
	ribution to one organization is or more, list separately)					
Other						
Other						
Other						
Other						
Expenses	in connection with a charitable					
organiz	zation, explain					
Travel for	r Charitable Work Mile	S				
*VALUE IS LESSOR OF FAIR MARKET VALUE OR COST IF TOTAL						
OF THIS COLUMN IS \$200.00 OR MORE, AN ITEMIZED LIST IS						
REQUIR	ED.					

L	RENTAL IN	NCOME &	EXPENSE	S		
	PERTY PURCHASE					
	HAVE ESCROW STATEMENT & COUNTY TAX BILL AVAILABLE					
PROPERTY		ADDRE	SS			
1						
2						
3						
		1	2	3		
_						
Auto Travel (M	, , , , , , , , , , , , , , , , , , ,					
_						
Commissions	& Salaries					
Gardening & I	andscape					
Interest (1)						
(2)	·					
Licenses						
Condo or Man	agement Fee .					
Repairs: Ca	arpentry					
El	ectrical					
Pa	int & Décor					
Pl	umbing					
Ro	oofing					
M	isc. Repairs					
Supplies						
Taxes						
Telephone (Tol	l Calls Only)					
Utilities						
Other						
List cost of property as well as replacement items and major repairs or improvements in SECTION O.						

M MIS	CELLANEO	US	
		FILER	SPOUSE
Union Dues & Professional Dues			
Tools, Supplies, & Safety Equipment			
Work-related licenses, fees, etc.			
Uniforms: Pur. Cleanin	ng		
Business Journals, Books, etc.	F		
Business Insurance (not life, medical or d Unreimbursed Business Travel:	iisability)		
Travel to Professional Meeting		Mi.	Mi.
		Mi.	Mi.
Telephone (Business Toll Calls only)			
Employment Related Schooling or S	Seminars:		
Tuition Books			
Parking Miles			
Job Seeking Expenses (in same field): Miles Employment Fe	20		
Toll Calls Air Fare			
Food/Lodging Other	. ———		
Last Year's Tax Preparation Fee	<u> </u>		
		<u>-</u>	
Investment Expenses, IRA & HR-10	0 Fees, etc		
Casualty & Theft (over \$100 each loss):			
Date Orig. Cost Market value before			
Insurance Reimbursement	after		
Police Report No. (if any)			
Attorney Fees (to protect taxable income)			
Job required physical exam (do not inc			
Other		-	
· · · · · · · · · · · · · · · · · · ·			
Note: Other unreimbursed business Listed in Section R.	expenses are		
Listed in Section K.			1
NI SELED	MPLOYED BUS	INESS	
	MPLOYED BUS ME AND EXPEN		
INCOL			SPOUSE
Gross Income	ME AND EXPEN	ISES	SPOUSE
Gross Income Returns and Refunds	ME AND EXPEN	ISES	SPOUSE
Gross Income Returns and Refunds Cost of Inventory at Beginning of Y	ME AND EXPEN	ISES	SPOUSE
Gross Income Returns and Refunds Cost of Inventory at Beginning of Y Cost of Merchandise Purchased	ME AND EXPE	ISES	SPOUSE
Gross Income Returns and Refunds Cost of Inventory at Beginning of Y Cost of Merchandise Purchased	ME AND EXPEN	ISES	SPOUSE
Gross Income Returns and Refunds Cost of Inventory at Beginning of Y Cost of Merchandise Purchased Cost of Items for Personal Use	ME AND EXPEN	ISES	SPOUSE
Gross Income Returns and Refunds Cost of Inventory at Beginning of Y Cost of Merchandise Purchased Cost of Items for Personal Use Cost of Inventory at End of Year	Year EXPENSE Postage	SES FILER Filer	
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P	EM	PLOYE	E TRAV	EL & BUS	INE	ESS EX	KPENSE
					FI	LER	SPOUSE
Total N	Miles A	uto Driven	, Personal &	k Bus			
	Total Business Miles Driven (See Note 1)						
Parkin	g Fees	& Tolls					
	_			ng actual expenses)			
Origin	al Cost						
Date P	urchase	ed					
Gasoli	ne, Oil,	Lubricatio	n				
Tires,	Batterie	es, etc					
Insurai	nce						
Licens	e & Ta	xes					
Interes	t						
Other							
Lease !	Paymer	nts					
OTHE	ER TRA	AVEL EX	PENSES (Se	ee Note 2)			
		Filer	Spouse			Filer	Spouse
Air Fa				Lodging & Ti			
Auto F				Meals & Tips			
Local '				Other			
		PENSES	1	1			
Office				Entertainment	` '		
Teleph				Dues/Subscr.			
	upplies Gifts (2)						
Printin	0			Other			
				oyer for above			
			in W2 wag				
		or leased?		or No	_	_	
				business claim	ed		
above							
		e written?	Yes	No			
				alified (See Note 3)	
	•	ge of Office					
Utilitie	•	Footage of	поше .	Maintananaa			
Insurai				Maintenance. Real Estate Ta			+
Interes				Casualty Loss			
Interes				Other			+
		n log or oth	ner records.	Juici	• • • • •		
		_		he documented	as fo	llower	
(2) L	 Deductions of this nature must be documented as follows: Name, Business Relationship, Date & Time, Place & Amount. 						
	Gifts are generally limited to \$25.00 per person. You may not deduct these expenses unless documented.						
(3) T				e Home", that p	ortio	n of the l	nome must
				d ON A REGU			
				(b) A place of l			
				s in meeting or o			
			of business			<i>C J</i> .	
1							
		CI	III D-0-1	DEDEVIDE	TT.	CARE	
O		CF	$\mathbb{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal$	DEPENDE	\mathbf{v}	CAKE	

Q	CHILD & DEPENDENT CARE						
NAME OF CHILD OR DEPENDENT BIRTHDAT							
Paid T	o EIN	Relation-	DA	TE	Amount		
(Name	& Address Required)	ship	From	To	Paid		
Name							
Addres	SS						
Tax Pa	yer I.D. Number						
Name							
Addres	SS						
Tax Pa	yer I.D. Number						
Name							
Addres	SS		•	•			
Tax Pa	yer I.D. Number		•	•			

R MOVING EXPENSES							LIST BELOW COULD LEAD TO HELPFUL DEDUCTIONS CHECK AND PROVIDE SUPPORTING INFORMATION
If you moved your residence because of transfer to a new place of employment					Yes	No No	CHECK AND TROVIDE SULFORTING IN ORWATION
or because you changed employers, the cost of the move may be deductible.							Any births, adoptions, marriages, divorces or deaths in your
The information below is necessary to determine the amount allowable, if any.							immediate family during the past year? Did you help support anyone (other than your own
Distance of former residence from new bus. location miles.						Ц	children)? If so, list in Section B.
Distance of former residence from former bus. location miles.							Do you travel between job locations on the same day? (See
Date new employ. b	egan	Still emplo	yed at this loc.	?			Section L).
If "no," date left Transportation of f	amily•			AMOUNT			Did you use your car on the job other than to and from work? Miles
Fares – Train, Bus,				ZIMOCIVI			Do you have any special licenses, permits, certifications, etc.
Auto expense or mil	-				_	_	for your job? (See Section M).
Cost of lodging en-r Cost of meals en-rou							Did you take any schooling related to your job? (See Section M) Amount forfeited from closing a time deposit? \$
Cost of moving furn							Did you move because of a job change? List expenses in
Cost of pre-move ho	ouse hunting trips					_	Section R.
Temporary living ex Expense of sale or le	penses near new	employment	site				Does anyone owe you money which has become a bad debt?
Expenses of purchas			ience		H		Do you have losses from previous years to carry forward? Do you have rental property? If yes, complete Section L.
							Do you have a business? If yes, complete Section N.
							Did you buy any business equipment? If yes, complete
Amount reimbursed	by employer						Section P. Did you sell any securities or property or have any become
C C	ECUDITIES	0 DDOI		I D		Ц	worthless? (See Section S).
S	ECURITIES		EKTY SO.				Did you incur employee expenses on your job? Complete
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SELLING PRICE	ORIGINAL COST			Section M.
	ACQUIRED	SOLD	PRICE	COST		Ц	Did you have child or dependent care or household expenses to enable you to work or attend school full time? Complete
							Section Q.
							Did you have income or loss from pensions, annuities,
							estates, partnerships or any other sources? Please have statements available and complete Section F.
					П		Did you receive alimony? Amount \$
							Did you pay alimony? Amount paid \$
							Paid to whom:
Do you or your spou	ise have an LR.A	or self retire	ment plan?		П	П	Social Security #: Did you pay estimated tax? (See Section O).
Yes	No		F				Did you pay additional State tax last April 15 th ?
A	37		G.				Amount \$
Amount contributed	: Yours		Spouse				Did you receive a distribution from a pension or profit sharing plan?
Are you or your spo	use covered by ar	nother retirer	nent plan?				Do you have a foreign bank account?
Yes	No						Did you, or do you anticipate buying or leasing a car?
Did you rollover any	funds from one	plan to anoth	ner?			Ш	Did you buy or sell real estate last year? Bring escrow papers for purchase and sale.
Yes	No						Do you anticipate buying or selling real estate this year?
D: 1	4:-4-:14:	1	1- £	-10			Did you refinance your home? Bring loan papers.
Did you receive any Yes			wais from any p	oian?		Ш	Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund? This neither increases nor decreases your
							tax.
Please have the follo	in a in fammatia	a available of	the time of vo				Are you or your spouse permanently and totally disabled?
appointment:	owing information	i avanabie ai	tine time of you	ır			
* *	ear's tax return (if	f you are a new c	lient)		LIS	T BEL	LOW ANY ITEMS YOU HAVE IN QUESTION
	ements (W-2's, 1099						
	ntal income and e nts for property b		or rafinanced				
	n federal and state						
DO I	NOT REMOVE T	THE LABEL	S!				
					~.		
					Signature		