

Client: _____

For Taxable Year: _____

Please call for an appointment at your earliest convenience. The information requested on this form is essential in preparing your Income Tax Return. Please complete as much of this form as possible. Call if we may be of assistance.

F OTHER INCOME	
LIST ALL SOURCES INCLUDING THOSE THAT ARE NOT TAXABLE	
SOURCE (Please have Statements Available)	AMOUNT
State Income Tax Refunds Received	
Alimony Received	
Unemployment Compensation	
Worker's Compensation or SDI	
Social Security (Filer)	
Social Security (Spouse)	
Tips Received	
Partnerships (Bring Forms K-1)	
S Corporation (Bring Form K-1)	
Pensions	
Self-Employment (Schedule "C" or use Section N)	
Scholarships or Fellowships	
Jury Duty	
Other:	

A PERSONAL DATA	
Your Name:	_____
Occupation:	_____
SS No.:	_____ Birth Date: _____
Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Spouse's Name:	_____
Occupation:	_____
SS No.:	_____ Birth Date: _____
Blind: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street:	_____
City:	_____ State: _____ Zip: _____
Home Phone:	_____ City School District: _____
Cell Phone:	

B DEPENDENT CHILDREN				LIST ALL UNMARRIED CHILDREN SUPPORTED BY YOU			
NAME	SOC. SEC. NUMBER	RELATIONSHIP	AGE	INCOME	SOURCE OF INCOME	WAS TAX RETURN FILED?	CLAIM SELF ON RETURN?

C OTHER DEPENDENTS				
NAME	SOC. SEC. NUMBER	RELATIONSHIP	MONTHS LIVED IN HOME	AMOUNT OF SUPPORT BY YOU BY OTHERS

D ESTIMATED TAXES PAID AND CREDITS				
	Date Due	Date Paid	Federal	State
Prior Yr. 4 th Qtr.	Last January			
Prior Year Credit	Refund Applied			
First Quarter	April			
Second Quarter	June			
Third Quarter	September			
Fourth Quarter	This January			

G INTEREST INCOME	
SOURCE (Please have Statements Available)	AMOUNT
U.S. Government Interest	
Other Non-Taxable Interest	
Seller Financed Mortgage	
Payer's Name:	
Payer's SS No.:	

E DIVIDENDS RECEIVED	
SOURCE (Please have Statements Available)	AMOUNT

RENTERS CREDIT: (Qualifying STATE returns only)
Were you or your spouse living in rental property on March 1st of last year? Give name, address and telephone number of your landlord.

H MEDICAL EXPENSES	
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 _____ Miles	
Parking Fees (for Medical reasons) _____	
Taxi _____ Bus _____ Plane _____	
Ambulance _____	
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) _____	

I INTEREST PAID	
Your December or January Statement will usually indicate total interest paid For the year. If loan interest for the year is not stated, please have the original Contract available.	
Home Mortgage	1 st Cost of House _____
	Cost of Improvements _____
	Date of Loan _____
	2 nd Cost of House _____
	Cost of Improvements _____
	Date of Loan _____
	Points Paid to Acquire Loan _____
If either mortgage paid to individual, give:	
Name:	_____
Address:	_____
SS No.:	_____
Home Equity Loan	Amount _____
Lender _____	
Purpose _____	
Home Equity Loan	Amount _____
Lender _____	
Purpose _____	

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 Deduction _____		
(If contribution to one organization is \$3000 or more, list separately)		
Other _____		
Other _____		
Other _____		
Other _____		
Expenses in connection with a charitable organization, explain _____		
Travel for Charitable Work _____ Miles		
*VALUE IS LESSOR OF FAIR MARKET VALUE OR COST IF TOTAL OF THIS COLUMN IS \$200.00 OR MORE, AN ITEMIZED LIST IS REQUIRED.		

L RENTAL INCOME & EXPENSES			
IF PROPERTY PURCHASED OR CONVERTED THIS YEAR, HAVE ESCROW STATEMENT & COUNTY TAX BILL AVAILABLE			
PROPERTY	ADDRESS		
1			
2			
3			
PROPERTY	1	2	3
Income			
Advertising			
Auto Travel (Miles)			
Cleaning			
Commissions & Salaries			
Gardening & Landscape			
Insurance			
Interest (1) _____			
(2) _____			
Licenses			
Condo or Management Fee			
Repairs: Carpentry			
Electrical			
Paint & Décor			
Plumbing			
Roofing			
Misc. Repairs			
Supplies			
Taxes			
Telephone (Toll Calls Only)			
Utilities			
Other			
List cost of property as well as replacement items and major repairs or improvements in SECTION O.			

M MISCELLANEOUS		
	FILER	SPOUSE
Union Dues & Professional Dues		
Tools, Supplies, & Safety Equipment		
Work-related licenses, fees, etc.		
Uniforms: Pur. _____ Cleaning _____ ..		
Business Journals, Books, etc.		
Business Insurance (not life, medical or disability)		
Unreimbursed Business Travel:		
Travel to Professional Meeting	Mi.	Mi.
Travel between 1 st & 2 nd Job	Mi.	Mi.
Telephone (Business Toll Calls only)		
Employment Related Schooling or Seminars:		
Tuition _____ Books _____		
Parking _____ Miles _____		
Job Seeking Expenses (in same field):		
Miles _____ Employment Fee _____		
Toll Calls _____ Air Fare _____		
Food/Lodging _____ Other _____		
Safe Deposit Box		
Last Year's Tax Preparation Fee		
Political Contribution		
Investment Expenses, IRA & HR-10 Fees, etc.		
Casualty & Theft (over \$100 each loss):		
Date _____ Orig. Cost _____		
Market value before _____ after _____		
Insurance Reimbursement _____		
Police Report No. (if any) _____		
Attorney Fees (to protect taxable income)		
Job required physical exam (do not included in Section H)		
Other _____		
Note: Other unreimbursed business expenses are Listed in Section R.		

N SELF EMPLOYED BUSINESS INCOME AND EXPENSES					
	FILER		SPOUSE		
Gross Income					
Returns and Refunds					
Cost of Inventory at Beginning of Year					
Cost of Merchandise Purchased					
Cost of Items for Personal Use					
Cost of Inventory at End of Year					
EXPENSE	Filer	Spouse	EXPENSE	Filer	Spouse
Advertising...			Postage.....		
Bank Charges.			Property Taxes.		
Commissions.			Bus. Meal.....		
Dues.....			Rent.....		
Entertainment.			Repairs.....		
Freight.....			Sales Taxes.....		
Insurance.....			Training.....		
Interest.....			Supplies.....		
Janitorial.....			Telephone.....		
Legal & Acc...			Utilities.....		
Licenses.....			Vehicle.....		
Maintenance...			Wages.....		
Payroll Taxes.			Other.....		

O BUILDING, VEHICLES, EQUIPMENT ETC. PURCHASED FOR BUSINESS		
DESCRIPTION	DATE PURCH.	COST

P EMPLOYEE TRAVEL & BUSINESS EXPENSE					
	FILER		SPOUSE		
Total Miles Auto Driven, Personal & Bus.					
Total Business Miles Driven (See Note 1)					
Parking Fees & Tolls					
AUTOMOBILE EXPENSES (If using actual expenses)					
Original Cost					
Date Purchased					
Gasoline, Oil, Lubrication					
Repairs					
Tires, Batteries, etc.					
Insurance					
License & Taxes					
Interest					
Other					
Lease Payments					
OTHER TRAVEL EXPENSES (See Note 2)					
Air Fare....	Filer	Spouse	Lodging & Tips..	Filer	Spouse
Auto Rent..			Meals & Tips....		
Local Trans			Other.....		
OTHER EXPENSES					
Office Rent			Entertainment (2)		
Telephone..			Dues/Subscr.....		
Supplies....			Gifts (2).....		
Printing....			Other.....		
Reimbursement received from employer for above expenses NOT included in W2 wages.					
Is auto owned or leased? Yes ___ or No ___					
Do you have evidence to support the business claimed above? Yes ___ No ___					
Is the evidence written? Yes ___ No ___					
HOME OFFICE EXPENSE If qualified (See Note 3 below)					
Square Footage of Office					
Total Square Footage of Home					
Utilities.....			Maintenance.....		
Insurance...			Real Estate Tax...		
Interest 1...			Casualty Losses..		
Interest 2...			Other.....		
(1) Based on log or other records.					
(2) 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) To qualify for the "Office in the Home", that portion of the home must be used EXCLUSIVELY and ON A REGULAR BASIS as (a) Your principal place of business or (b) A place of business that is used by patients, clients, or customers in meeting or dealing with you in the normal course of business.					

Q CHILD & DEPENDENT CARE					
NAME OF CHILD OR DEPENDENT			BIRTHDATE		
Paid To (Name & Address Required)	EIN	Relation- ship	DATE		Amount Paid
Name			From	To	
Address					
Tax Payer I.D. Number					
Name					
Address					
Tax Payer I.D. Number					
Name					
Address					
Tax Payer I.D. Number					

R MOVING EXPENSES

If you moved your residence because of transfer to a new place of employment or because you changed employers, the cost of the move may be deductible. The information below is necessary to determine the amount allowable, if any.

Distance of former residence from new bus. location _____ miles.
 Distance of former residence from former bus. location _____ miles.
 Date new employ. began _____ Still employed at this loc.? _____
 If "no," date left _____

Transportation of family:	AMOUNT
Fares – Train, Bus, Air Travel	
Auto expense or mileage	
Cost of lodging en-route	
Cost of meals en-route	
Cost of moving furniture and personal effects	
Cost of pre-move house hunting trips	
Temporary living expenses near new employment site	
Expense of sale or lease settlement of former residence	
Expenses of purchase or acquiring lease of new residence	
Other expenses	
Amount reimbursed by employer	

S SECURITIES & PROPERTY SOLD

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SELLING PRICE	ORIGINAL COST

Do you or your spouse have an I.R.A or self retirement plan?
 Yes No

Amount contributed: Yours _____ Spouse _____

Are you or your spouse covered by another retirement plan?
 Yes No

Did you rollover any funds from one plan to another?
 Yes No

Did you receive any distributions or early withdrawals from any plan?
 Yes No

Please have the following information available at the time of your appointment:
 A copy of last year's tax return (if you are a new client)
 All income statements (W-2's, 1099's, etc.)
 Business and rental income and expenses
 Escrow statements for property bought, sold or refinanced
 Front cover from federal and state tax booklets
DO NOT REMOVE THE LABELS!

THE CHECKLIST BELOW COULD LEAD TO HELPFUL DEDUCTIONS PLEASE CHECK AND PROVIDE SUPPORTING INFORMATION

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Any births, adoptions, marriages, divorces or deaths in your immediate family during the past year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you help support anyone (other than your own children)? If so, list in Section B. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you travel between job locations on the same day? (See Section L). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job other than to and from work? _____ Miles |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any special licenses, permits, certifications, etc. for your job? (See Section M). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you take any schooling related to your job? (See Section M) |
| <input type="checkbox"/> | <input type="checkbox"/> | Amount forfeited from closing a time deposit? \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you move because of a job change? List expenses in Section R. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money which has become a bad debt? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have losses from previous years to carry forward? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have rental property? If yes, complete Section L. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a business? If yes, complete Section N. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy any business equipment? If yes, complete Section P. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell any securities or property or have any become worthless? (See Section S). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur employee expenses on your job? Complete Section M. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have child or dependent care or household expenses to enable you to work or attend school full time? Complete Section Q. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have income or loss from pensions, annuities, estates, partnerships or any other sources? Please have statements available and complete Section F. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive alimony? Amount \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay alimony? Amount paid \$ _____
Paid to whom: _____
Social Security #: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay estimated tax? (See Section O). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay additional State tax last April 15 th ?
Amount \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a pension or profit sharing plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a foreign bank account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, or do you anticipate buying or leasing a car? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell real estate last year? Bring escrow papers for purchase and sale. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you anticipate buying or selling real estate this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance your home? Bring loan papers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund? This neither increases nor decreases your tax. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or your spouse permanently and totally disabled? |

LIST BELOW ANY ITEMS YOU HAVE IN QUESTION

Signature _____