

Personal Information

Date _____

First time client? Yes No

Referred By _____
(Name)

Tax Payer

First Name _____ Middle Initial _____ Last Name _____ SSN _____ DOB _____
(Shown on SS Card)
Occupation _____

Spouse

First Name _____ Middle Initial _____ Last Name _____ SSN _____ DOB _____
(Shown on SS Card)
Occupation _____ Maiden Name for Spouse _____

Filing Status: (check one)

Single Married filing Jointly Married filing Separately Head of Household Qualifying Widow

Dependents

First Name _____ Middle Initial _____ Last Name _____ SSN _____ DOB _____ (circle) M/F
First Name _____ Middle Initial _____ Last Name _____ SSN _____ DOB _____ M/F
First Name _____ Middle Initial _____ Last Name _____ SSN _____ DOB _____ M/F
First Name _____ Middle Initial _____ Last Name _____ SSN _____ DOB _____ M/F

Address

_____ City _____ State _____ Zip _____

Telephone

Home (_____) _____ Cell (_____) _____ Work (_____) _____

E-mail _____

Number of W2's _____

Child Care Information

Provider's Name _____ SSN/EIN _____

Provider's Address _____ Amount Paid \$ _____

Bank Information for Refund

Bank Name _____ Routing No. _____ Account No. _____

Checking Savings

**PLEASE BE SURE TO HAVE ALL YOUR DOCUMENTS READY TO COMPLETE YOUR RETURN.
WE WILL NEED SOCIAL SECURITY CARDS FOR YOU, YOUR SPOUSE AND ALL DEPENDENTS (if applicable).**

Possible Legal Deductions

List the amount spent for the items listed below for the entire tax year.
If they exceed the current IRS Standard Deduction amount you may be able to itemize.

The amounts listed below are true to the best of my knowledge.
I should have receipts and tax records to support these amounts.

Client signature

Date

Medical (must exceed 7.5% of AGI)

Doctor _____
 Prescription Drugs _____
 Hospital Insurance _____
 Hospital Emergency _____
 Nurses _____
 Dental _____
 Glasses & Contact Lenses _____
 Medical Premiums _____
 Medical Supplies _____
 Miles Driven _____

Contributions/Charity

Church _____
 College _____
 United Way _____
 Unit Funds _____
 Salvation Army _____
 Red Cross _____
 Goodwill _____
 March of Dimes _____
 Red Cross _____
 Scouts _____
 Others _____

Employee Business Expenses

New Uniforms _____
 Uniform Cleaning _____
 Boots _____
 PT Uniforms _____
 PT Shoes _____
 In-Home-Office Expenses _____
 Safety Shoes & Gloves _____
 Tax Preparation Fees _____

Job Seeking Expenses _____
 Safe Deposit Box _____
 Cell Phone _____
 Out of Town (TDY) Expenses _____
 Business Meals/Entertainment _____
 Vehicle Miles (For Work) _____
 Work Tools _____
 Union Dues _____

Taxes

Real Estate Tax _____
 Sales Tax (new vehicle purchase) _____
 State Income Tax _____

Home Mortgage Interest _____
 2nd Mortgage/Home Equity _____
 Points Paid at Closing _____

Income Adjustments and Credits

Moving Expenses: (Out of Pocket Expenses Only): This applies for moves further then 50 Miles

Cost to ship and pack household goods _____
 Cost to travel to new home _____

Sale of Stocks:

Did you sell any stocks? If, yes submit all 1099B forms. For each sale of stock we will need the Purchase date, Purchase Price, Date Sold, and the Cost/Basis

Education Expenses:

Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent? _____
 What were those expenses? (Do not include reimbursed amounts) _____
 How many years have you been attending college? _____

Profit or Loss from Business (Schedule C)

Business or Profession:
Employer ID Number:
Business Code:
Name:
Address:

Accounting Method - Cash
Materially Participated in the business in 2010? - Yes
Started or acquired the business in 2010? Yes or No
All Investment is at Risk? Yes

Income	Amounts
Gross Receipts or Sales (May or May Not have a 1099)	
Returns and Allowances	
Other Income	

Expenses	
Advertising	
Car and Truck	
Commissions and Fees	
Contract Labor	
Employee Benefits	
Insurance	
Interest, Mortgage	
Legal and Professional Svcs	
Office Expenses	
Pensions and Profit Sharing	
Rent or Lease, Machinery	
Rent or Lease, Property	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel	
Meals and Entertainment	
Utilities	
Wages	
Beginning Inventory	
Personal Purchases	
Labor	
Materials and Supplies	
Ending Inventory	

Mileage	
Date Vehicle Placed In Service For the business	
Total Miles for the Year	
How Many were Business Miles	

Rent and Royalty Income (Schedule E) (Attach 1099 Forms)

Property Description	
Address	
Date Purchased	
Purchase Price	
Prior Depreciation	
Was the Home Purchased New or Used?	
Was This Home Sold in 2010?	
Rental Income	
Advertising	
Auto and Travel to the Rental Property	
Cleaning and Maintenance	
Commissions	
Insurance	
Legal and Prof Fees	
Mgmt Fees	
Mortgage Interest	
Other Interest	
Repairs	
Supplies	
Property Taxes	
Utilities	
Other	