

ProConsultants

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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 (unmarried) Qualifying Widow

Dependents

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

First Name _____ Middle Initial _____ Last Name _____ S SN _____ 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 _____

Child Care Information

Provider's Name _____ SSN/ EIN _____

Provider's Address _____ Amount P aid \$ _____

Bank Information for Refund

Bank Name _____ Routing No. _____ Account No. _____

Checking Savings

**WE WILL NEED SOCIAL SECURITY CARDS FOR YOU, YOUR SPOUSE AND ALL DEPENDENTS
PLEASE BE SURE TO GIVE US ALL OF THE FORMS THAT APPLY TO YOUR RETURN :**

W2's, 1099-Int, 1099-Div, 1099-Misc, 1099-G, 1099-RB

Legal Itemized Deductions

List the amount spent for the items listed below for the entire year of 2006.
If they exceed the Standard Deduction amounts below you may be able to itemize:

2006 Standard Deduction Amounts

Single or Married Filing Separate -\$5,150

Married Filing Joint -\$10,300

Head of Household - \$7,550

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 _____
Scouts _____
Other _____

Employee Business Expenses

New Uniforms _____
Uniform Cleaning _____
Boots _____
PT Uniforms _____
PT Shoes _____
Haircuts _____
Safety Shoes & Gloves _____
Work Tools _____
Tax Return Preparation _____

Job Seeking Expenses _____
Safe Deposit Box _____
Cell Phone _____
Out of Town (TDY) Expenses _____
Business Meals/Entertainment _____
In-Home-Office Expenses _____
Vehicle Miles (For Work) _____
Union Dues _____
Computer/Software _____

Taxes

Real Estate/Property Tax _____
State Income Tax _____

Home Mortgage Interest _____
Points Paid at Closing _____

Income Adjustments

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 _____

Cost of lodging during move _____

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? _____

Sale of Stocks:

Did you have any stock sales in 2006? 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 .

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

Property Description	
Address	
Date Placed in Service as a Rental	
Purchase Price	
Prior Depreciation	
Was the Home Purchased New or Used?	
Was This Home Sold in 2006?	
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	

Deductible Rental Expenses:

You can deduct the cost of Repairs to a rental property, Repairs include:

- Repainting your property inside or out
- Fixing gutters or floors
- Fixing leaks
- Plastering
- Replacing broken window

Nondeductible Rental Expenses:

You Can Not deduct the cost of Improvements. Improvements include:

- Putting a recreation room
- Paneling a den
- Adding a bathroom or bed room
- Putting up a fence
- Putting in new plumbing or wiring
- Putting in new cabinets
- Putting in a new roof
- Paving a driveway

Profit or Loss from Business (Schedule C)

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

Started or acquired the business in 2006? Yes or No
 Accounting Method: Cash or Accrual

Income	Amounts
Gross Income (Attach 1099-Misc Forms)	
Returns and Allowances	
Other Income	

Expenses	
Advertising	
Car and Truck	
Commissions and Fees	
Contract Labor	
Employee Benefits	
Insurance	
Interest, Mortgage	
Legal and Accounting Fees	
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	
Postage	
Personal Purchases	
Labor	
Materials and Supplies	
Telephone	
Other	

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

Business Use of Home:

Total Area of Home: _____ sq. Ft Total Area used for Business: _____ Sq. Ft

Nature of Business performed in Home: _____

Was another office available to you outside the home? Yes No