

Taxpayer

Spouse

Full Name _____

Full Name _____

Occupation _____

Occupation _____

SSN# _____

SSN# _____

Date of Birth _____

Date of Birth _____

Daytime # _____

Daytime # _____

Mobile # _____

Mobile # _____

Fax # _____

Fax # _____

Email _____

Email _____

Current Address _____ APT# _____

Have you moved since filing
your last return? _____

City _____ State _____

Zip _____

Date of Move _____

COUNTY _____

Dependents

Legal Name	Birthdate	SSN#

Filing Status

- Single
- Married Filing Jointly
- Married Filing Separately
- Head of Household
- Surviving Widow(er) with dependent child

**PLEASE PROVIDE US WITH SUPPORTING TAX DOCUMENTATION SO WE
MAY COMPLETE YOUR RETURN ACCURATELY AND EFFICIENTLY.**

INCOME

Wages

Please provide us with copies of all W-2s

How many W-2s are in your package? _____

Self Employment Income

Business Activity/ Product _____

Business Name _____

Gross Receipts _____

Inventory on Jan 1 _____

Merchandise Purchases _____

Labor /Materials / Other _____

Inventory on Dec 31 _____

Were any business assets sold this year? _____

Description _____ Date Acquired _____

Date Sold _____ Sales Price _____

Cost Basis _____ Improvements _____

Expenses of Sale _____

Rental Income

Property 1 Address _____

Property 2 Address _____

	Property 1	Property 2
Rents Received		
Security Deposits		

Interest and Dividend Income

Please provide copies of 1099s with interest and/or dividend income.

Partnerships, Estates, Trusts and S-Corp Income

Please provide copies of all Schedule K-1s received for this tax year

Social Security Benefits

Please provide forms SSA-1099 for the tax year

Stock Sales or Trades

Please provide copies of your brokerage statements. We will need the cost and date of purchase for any stocks sales. Most brokers provide this in the 1099-B that they issue at the end of the year. If they do not, we will need this information from you.

Other Income	Amount
State Income Tax Refund	
Alimony Received	
Farm Income	
Unemployment Compensation	
Commissions and Fees	
Tips / Gratuities	
Bonuses and Prizes	
Taxable Disability	
Jury Duty	
Gambling / Lottery Winnings	
Veteran's Pension / Disability	
Workers Comp	
Cancellation of Debt	
Other _____	
Other _____	

PLEASE NOTE: All income you receive must be reported to the IRS. Failure to do so may result in severe consequences from the IRS.

EXPENSES

Employee Business Expenses*

EXPENSE	AMOUNT	EXPENSE	AMOUNT
Business Cards		Repairs	
Business Meals and Entertainment		Internet (Business Use)	
Client Gifts		Professional / Union Dues	
Courier / FEDEX / Postage		Prof. Memberships	
Maps / Books / Publications		Continuing Education	
Office Expense / Supplies		Licenses	
Photocopying / Printing		Mobile Phone (Business Portion)	
Rent (Equip, Office Space, Etc..)		Other _____	

***You may not deduct employee business expenses for items that your company offers you reimbursement regardless of whether or not you accept the reimbursement**

Adjustments to Adjusted Gross Income

	AMOUNT
Educator Expenses	
Health Savings Account Contribution	
Moving Expenses	
SEP or Solo 401k Contributions	
Early Withdrawal of Savings Penalty	
Health Ins (Self Employed Only)	
Alimony Paid (SSN _____)	
IRA Contribution	
Student Loan Interest	

Education Expenses

Student 1

Name of School _____

Tuition Paid _____ Books, Fees _____

Was the student enrolled at least half time _____

Student 2

Name of School _____

Tuition Paid _____ Books, Fees _____

Was the student enrolled at least half time _____

ITEMIZED DEDUCTIONS

Medical Expenses

	AMOUNT
Doctor / Dentist Visits	
Medical Insurance	
Long Term Care Premiums	
Eye Care Costs	
Prescriptions	
Nursing Care	
Medical Transportation	
Other _____	

Interest Paid

	Primary Res	Sec. Res
First Mortgage		
Second Mortgage		
Home Equity Line		
Points Paid		
Investment Interest		

Was any interest paid to a private party _____

Miscellaneous

	AMOUNT
Job Search Expenses	
Tax Prep Fees	
Investment Expenses	
Safe Deposit Box Fees	
IRA / Brokerage Fees	
Gambling Losses	

Charitable Contributions

	AMOUNT
Cash (Provide Receipts)	
Churches / Synagogues	
Charitable Org _____	
Non Cash (Please Provide Receipts)	

ESTIMATED TAX PAYMENTS

	FEDERAL	DATE PAID	STATE	DATE PAID
Amount Applied From Previous Year				
First Quarter				
Second Quarter				
Third Quarter				
Fourth Quarter				