Client Information

For the year Jan. 1-Dec. 31, 20____ or other tax year beginning _____, 20____, ending _____, 20____.

Please complete this form before your appointment.

Personal Information

	First Name & M. I.	Last Name	Soc. Sec. No.	Birth Date	Occupation
Taxpayer					
Spouse					

Street Address	City	State	Zip

Work Phone	Home Phone	Cell Phone	Email
Spouse's Work Phone	Spouse's Cell Phone	Spouse's Email Address	Would you like to receive email notifications? ☐ Yes

	Taxpayer	Spouse
Blind	☐ Yes ☐ No	☐ Yes ☐ No
Disabled	☐ Yes ☐ No	☐ Yes ☐ No
Pres. Campaign Fund	☐ Yes ☐ No	☐ Yes ☐ No

Marital Status

☐ Married Will file jointly? ☐ Yes ☐ No

☐ Single

☐ Widow(er), Date of Spouse's Death: _____

Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Soc. Sec. No.	Months Lived With You	Disabled	Dependent Or Child Care	Full Time Student
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

Child and Dependent Care Expenses

Name of Provider (First, Last)	Physical Address	City, State, Zip Code	Soc. Sec. No. or Tax I. D.	Phone Number	Amount
				( ) -	$
				( ) -	$
				( ) -	$
				( ) -	$

Education Expenses

Name of College/University	Physical Address	City, State, Zip Code	Tax I. D./EIN	Phone Number	Amount
				( ) -	$
				( ) -	$
				( ) -	$

Medical and Charitable Donations

Name: _____ SSN: _____ Tax Year _____

Medical/Dental Expenses

	Amount
Medical Insurance Premiums	$
Dental Insurance Premiums	$
Vision Insurance	$
Prescription Drugs	$
Insulin	$
Glasses/Contacts	$
Hearing Aids/Batteries	$
Braces	$
Medical Equipment/Supplies	$
Nursing Care	$
Medical Therapy	$
Hospital	$
Doctors/Dentist/Orthodontist	$
Mileage (number of miles)	miles

Contributions by Cash or Check, Non-cash up to $500, and mileage

	Amount
Church	$
United Way	$
Scouts (excludes girls scout cookies)	$
Telethons	$
University/Public TV/Radio	$
Heart/Lung Cancer, etc.	$
Wildlife Fund	$
Salvation Army, Goodwill **(Donation by Cash)**	$
Other (please list)	$
	$
	$
	$
	$
Non-Cash up to $500	$
Volunteer (number of miles)	Miles

Non-cash

Non-Cash Charitable Contributions		
	Description of Property Donated	Donee Name and Address
1.		
2.		
3.		
4.		
5.		
6.		

	Date Acquired	Date Donated	Cost or Other Basis	Fair Market Value
1.				
2.				
3.				
4.				
5				
6.				