

## Client Tax Information Sheet

AAA Accounting & Tax Services  
 584 Hickory House Rd  
 Sanford, NC 27332

(816) 914-6443  
 Fax (860) 838-6797  
 damaly03@yahoo.com

<b>Taxpayer Name</b>		<b>Social Security #</b>	
<b>Date of Birth</b>		<b>Occupation</b>	
<b>Daytime Phone #</b>		<b>Fax</b>	
<b>Spouse Name</b>		<b>Social Security #</b>	
<b>Date of Birth</b>		<b>Occupation</b>	
<b>Daytime Phone #</b>		<b>Fax</b>	
<b>Street</b>		<b>City/State/Zip</b>	
<b>Home Phone</b>		<b>E-Mail Address</b>	

Dependent Name	Date of Birth	Dependent's Social Security #	Relationship	Months lived in home

If any dependent child did not live with you, write child's name here: \_\_\_\_\_  
 If another taxpayer can claim you or your spouse as a dependent, check here [  ]

**Income Adjustments:**

IRA Contributions – Taxpayer	Traditional \$	Roth \$
IRA Contributions – Spouse	Traditional \$	Roth \$
SIMPLE/SEP/KEOGH Contrib.	Taxpayer \$	Spouse \$
Alimony Paid \$	Recipient:	SSN:
Moving Expenses \$	Lodging \$	Miles to New Home
Student Loan Interest \$	Tuition & Fees \$	Other \$

Federal Estimated Tax Payments \$ \_\_\_\_\_ State Estimated Tax Payments \$ \_\_\_\_\_ State \_\_\_\_\_

**Child Care Information**

Dependent	Care Provider	Provider SSN/EIN	Provider Address	Amount Pd

**Check Income Sources You Had (Attach Documentation)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Wage Statements – W-2<br><input type="checkbox"/> Interest Income – 1099-INT<br><input type="checkbox"/> Dividends – 1099-DIV<br><input type="checkbox"/> State Tax Refund – 1099-G<br><input type="checkbox"/> Unemployment – 1099-G<br><input type="checkbox"/> Commissions – 1099S | <input type="checkbox"/> Lottery / Gambling Winnings – W-2G<br><input type="checkbox"/> Pension / Retirement Income – 1099-R<br><input type="checkbox"/> Installment Sale<br><input type="checkbox"/> Partnership / S Corporation – K-1<br><input type="checkbox"/> Municipal Bonds<br><input type="checkbox"/> Self-Employed Business Income | <input type="checkbox"/> Estates / Trusts<br><input type="checkbox"/> Income From Rentals<br><input type="checkbox"/> Farm Income<br><input type="checkbox"/> Social Security<br><input type="checkbox"/> Tip / Other Income<br><input type="checkbox"/> Sale of Home |
|--|---|---|

## Itemized Deductions

MEDICAL EXPENSES		INTEREST PAID	
Doctors		<b>Mortgage on Main Home</b>	
Dentists		Paid to Financial Institution (1098)	
Other Medical Professionals		Paid to Individual	
Prescription Drugs		Name:	SSN:
Surgical Procedures		Address:	
Medical Lab Fees		Points Paid on New Mortgage	
Hospitals		(Be Sure to Have Settlement Statement)	
Glasses & Contact Lenses		Home Equity Loan/Second Mortgage	
Medical Equipment Rental		<b>Mortgage on Second Home</b>	
<b>Prescribed Physical Aids</b>		<b>Paid to Financial Institution (1098)</b>	
Skilled Nursing Care		Paid to Individual	
Medical Insurance		Name:	SSN:
Dental Insurance		Address:	
Long Term Care Insurance		Investment Interest Paid	
Medical Transportation		<b>CHARITABLE CONTRIBUTIONS</b>	
Medical Miles Driven			
Other Medical			
<b>STATE &amp; LOCAL TAXES</b>			
Home Real Estate Taxes			
Other Real Estate Taxes		None-Cash Contributions	
Personal Property Tax (autos)		(If \$500 or more, have receipt with name/address of organization and describe how fair market value was determined.)	
Other State or Local Tax			
<b>CASUALTY OR THEFT LOSS</b>		<b>MISCELLANEOUS DEDUCTIONS</b>	
Type of Property:		Tax Return Preparation Fee (in 2015)	
Describe Loss:		Safe Deposit Box (for investments)	
Cost or Basis of Property		Investment Expenses (enclose list)	
Insurance Reimbursement		Job Hunting Expenses (enclose list)	
Fair Market Value Before Loss		Gambling Losses	
Fair Market Value After Loss		Second Job Mileage	
		Other	

## EMPLOYEE BUSINESS EXPENSES

Union Dues	\$ _____	Uniforms (not street clothes)	\$ _____
Uniform Cleaning	\$ _____	Safety Equipment	\$ _____
Tools & Other Work Equipment	\$ _____	Advertising	\$ _____
Business Meals & Entertainment	\$ _____	Local Mileage	_____
Out of Town Travel Miles	_____	Out of Town Transport	\$ _____
Out of Town Lodging	\$ _____	Office in Home Expense	\$ _____

EDUCATOR AND EDUCATION EXPENSES		Educator Expense	
Student Name		Student Name	
Type Expense		Type Expense	
Amount	\$ _____	Amount	\$ _____

## BUSINESS TAX DATA SHEET

<b>Business Name:</b>		<b>Name(s) of Owner(s)</b>	<b>Ownership % or Shares</b>
<b>Address:</b>			
<b>Tax ID Number:</b>			
<b>Type of Business:</b>			
<b>Products or Services:</b>			
<b>Business Entity:</b>	Sole Proprietor	C Corporation	S Corporation
			Partnership
			LLC
<b>Date Business Formed (mo/day/yr):</b>	/ /	<b>Number of Months in Business This Yr.</b>	

1. Accounting System Used:                   Cash                   Accrual                   Other (explain) \_\_\_\_\_
2. Inventory Valuation (if any) is based on:                   Cost                   Market                   Other
3. Did you use any part of your home for business?           Yes                   No
4. Did you buy or sell any business assets during the year?    Yes                   No (please list)
5. Did you hire any new employees who may qualify for job credits?   Yes                   No

**Business Owners: Include copies of your 2011 Profit and Loss Statement, and Balance Sheets for year end and prior year.**

INCOME		COST OF GOODS SOLD (If applicable)	
Gross Receipts or Sales		Inventory at Beginning of Year	
Returns & Allowances		Purchases	
Income Reported on Form 1099*		Cost of Labor (related to inventory)	
Commissions*		Materials and Supplies	
Other (please detail)		Other Inventory Costs	
*Do not list 1099's or commissions separately if included in gross receipts.		Inventory Withdrawn for Personal Use	
		Inventory at End of Year	
Cash Bank Balance at Start of Year		Cash Bank Balance at End of Year	
EXPENSES			
Advertising		Wages (not reported above)	
Bad Debts (only if reported as income)		<b>Payroll Taxes</b>	
Bank Charges		Social Security & Medicare	
Business Vehicle Expense (detail)		Unemployment (Fed & State)	
Commissions & Fees Paid		<b>Other Taxes</b>	
Dues & Publications		Real Estate Taxes	
Employee Benefit Programs		Personal Property	
Postage & Shipping		Other	
Insurance		<b>Automobile Expenses</b> (written records required)	
Mortgage Interest		Total Miles Driven This Year	
Other Business Interest		Business Miles Driven This Year	
Laundry & Cleaning		Parking & Tolls	
Legal & Professional Fees		Gas, Oil, Maintenance, Washing	
License Fees (business & professional)		Other	
Office Supplies		<b>Travel (Out of Town)</b>	
Pension/Profit-Sharing (Employees)		Transportation	
Rent & Lease (vehicles, equipment)		Lodging	
Rent & Lease (real estate)		Cabs, Rental Cars, Buses	
Repairs & Maintenance		Other	
Supplies (other than office)		<b>Meals &amp; Entertainment</b> (list 100% of expenses)	
Telephone		Meals & Tips	
Personal Health Ins. (sole proprietor)		Entertainment Expenses	
Other		Tickets & Events	
		Gifts	
Owner's draw (if sole proprietor)			
Guaranteed payments to partners or members (if partnership or LLC taxed as partnership - detail)			
Dividends & distributions paid to stockholders (if corporation - detail)			