

Please use this checklist to help you better organize your income tax data for preparation of your income tax return. This information will facilitate the interview and return preparation process, and assist us in keeping your fee as low as possible. **Please bring all supporting documents. ***NOTE*** NEW CLIENTS - PLEASE BRING LAST YEAR'S RETURN / RETURNING CLIENTS - PLEASE LIST ANY PERSONAL INFORMATION CHANGES**

TAXPAYER INFORMATION

SPOUSE INFORMATION

Name _____
 SSN _____
 Date of Birth _____
 Occupation _____

Name _____
 SSN _____
 Date of Birth _____
 Occupation _____

Address _____
 Street _____ City _____ State _____ Zip _____

Home Ph # _____
 Work # _____
 Cell # _____
 E-mail _____

Home Ph # _____
 Work # _____
 Cell # _____
 E-mail _____

CHILDREN & OTHER DEPENDENTS

	Child 1	Child 2	Child 3
Name	_____	_____	_____
Months living at home	_____	_____	_____
Date of Birth	_____	_____	_____
Full time Student Y/N	_____	_____	_____
Social Security Number	_____	_____	_____
Relationship to Taxpayer	_____	_____	_____

If necessary use additional sheet of paper

CHILD & DEPENDENT CARE EXPENSES

Person/Organization	Address(City, State Zip)	Phone #	SSN or FEIN	Amt Paid
				\$

If necessary use additional sheet of paper

INCOME

PLEASE BRING ALL W-2's, 1099 FORMS AND/OR YEAR END STATEMENTS

Salaries & Wages		Interest Income	
Employer	Wage	Financial Institution	Amount
	\$		\$

Other Income		Dividend Income	
	\$	Brokerage/Financial Institution	Amount
Alimony	\$		\$
Gambling/Lottery			
State Tax Refunds			
Annuity, IRA or Pension			
Social Security-Taxpayer			
Social Security - Spouse			

Proceeds From Stocks/Bond Sales

# of Shares & Description	Date Acquired	Date Sold	Gross Sale	Cost Basis	Profit (Loss)
	/ /	/ /			\$
	/ /	/ /			
	/ /	/ /			
	/ /	/ /			

If necessary use additional sheet of paper

ADJUSTMENTS TO INCOME

IRA Contributions - Taxpayer	\$
IRA Contributions - Spouse	
Moving Expenses	
Alimony Paid	
Name Of Recipient	
SSN	

Health Insurance Premiums*	\$
For self-employed individuals only*	
Student Loan Interest	
Education Credits-College Tuition	
Name Of Student	
Tuition Paid	\$

ITEMIZED DEDUCTIONS

MEDICAL & DENTAL EXPENSES PAID	
Prescription Drugs	\$
Doctors/Dentists	
Hospitals/Nursing Home/Care	
Insurance Premiums	
Counseling	
Lab/X-Rays	
Glasses/Hearing Aids, etc	
Equipment/Supplies	
Number of Medical Miles	
Insurance Reimbursements	

MISCELLANEOUS TAXES PAID	
State Income Taxes	\$
Real Estate Taxes	
DMV Fees	
Other	

CONTRIBUTIONS	
Church or Temple	\$
Other by cash or check	
Charitable Miles	
Non-cash Contributions	

INTEREST PAID TO AN INDIVIDUAL	
Individuals Name	
Address	
Social Security No.	
Amount Paid	\$

INTEREST PAID*	
Mortgage Interest	\$
Mortgage Interest on 2nd	
Points On New Residence	
Investment Interest	

PLEASE BRING ESCROW CLOSING STATEMENTS IF YOU SOLD OR PURCHASED A HOME OR REFINANCED AN EXISTING LOAN DURING THE YEAR.*

MISCELLANEOUS DEDUCTIONS	
Business Telephone	\$
Business Gifts	
Dues: Union & Professional	
Education/Tuition/Books	
Entertainment & Meals	
Investment Expenses/Fees	
Job Seeking/Resume Fees	
License & Credential Fees	
Professional/Trade Publications	
Safe Deposit Box	
Tax Preparation Fees	
Tools & Equipment	
Uniforms & Protective Clothing	
Uniform Cleaning	
Gambling Losses (up to winnings)	
Other	

AUTO BUSINESS MILEAGE & EXPENSE	
Make & Model Of Auto	
Date Purchased	
Total Miles Driven	
Business Miles Driven	
<i>For Employer</i>	
<i>Job Seeking</i>	
<i>Rental</i>	
<i>Self-Employed Business</i>	
Parking	\$
Gasoline/Oil	
Repairs/Maintenance	
Tires/Batteries	
Insurance	
DMV Fees	
Interest	
Lease Payments	

HOME OFFICE EXPENSE	
Ttl Sq Footage of Home	
Sq Footage of Office	
Rent	\$
Utilities	
Maintenance	
Insurance	
Storage	

UNREIMBURSED BUSINESS TRAVEL EXPENSES	
Airfare	\$
Auto Rental or Taxis	
Meals & Tips	
Lodging & Tips	
Laundry	
Other	
Other	

ESTIMATED INCOME TAXES PAID FOR THE YEAR*

	1st Qtr April 15th	2nd Qtr June 15th	3rd Qtr Sept 15th	4th Qtr Jan 15th
Fed Amt	\$	\$	\$	\$
Date Paid				
State Amt	\$	\$	\$	\$
Date Paid				

PLEASE PROVIDE COPIES OF CANCELED CHECKS FOR PROOF OF ESTIMATED TAXES PAID*

RENTAL INCOME & EXPENSES

Property Address (A): _____		Property Address (B): _____	
Total Income \$ _____		Total Income \$ _____	

DEDUCTIONS	Prop (A)	Prop (B)	DEDUCTIONS	Prop (A)	Prop (B)
Advertising	\$	\$	Mgmt Fees	\$	\$
Auto Expense			Pest Control		
Gardening			Repairs/Maintenance		
Insurance			Plumbing Electrical		
Mortgage Interest			Taxes/Licenses		
Janitorial			Telephone		
Legal/Acctg Fees			Utilities		

SELF-EMPLOYED INCOME & EXPENSES

Name of Proprietor _____	Business Name _____
Employer ID No. _____	Activity or Product _____
Address _____	City _____ State _____ Zip _____

INCOME

Gross Receipts/Sales	\$
Less: returns & allowances	-
Net receipts/Sales	
Less: Cost of Goods Sold	-
Gross Profit	

EQUIPMENT PURCHASES/SALES

Description	Date	Amount
		\$

DEDUCTIONS

	Cost
Advertising	\$
Auto Expense	
Bad Debt From Sales/Services	
Bank Charges	
Commissions	
Depletion	
Depreciation	
Dues & Publications	
Employee Benefit Programs	
Freight (Postage)	
Insurance (Business)	
Interest (Mortgage)	
Interest (Other)	
Laundry & Cleaning	
Legal/Professional Services	

DEDUCTIONS

	Cost
Office Expenses	\$
Pension/Profit Sharing Plans	
Rent	
Repairs/Maintenance	
Supplies	
Taxes	
Telephone	
Travel & Entertainment	
Utilities	
Wages	
Other	
Other	
Other	
Other	
Other	