

(P1)

“ubiquity”

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(Residents Outside CA) (800) 523-1407

PLEASE ATTACH OR BRING COPIES OF YOUR W2'S, 1099'S, 1098'S, AND ETC. INCLUDE ANY ADDITIONAL PAPERWORK YOU THINK WE NEED TO COMPLETE YOUR TAXES. THIS FORM IS JUST TO SPEED UP PROCESSING YOUR RETURN.

TODAY'S DATE: _____

TAXPAYER INFORMATION

SPOUSE INFORMATION

LAST NAME: _____

LAST NAME: _____

FIRST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

MIDDLE INITIAL: _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

OCCUPATION: _____

OCCUPATION: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

WORK PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

HOME PHONE: _____

HOME PHONE: _____

ADDRESS/APT#: _____

CITY/STATE/ZIP: _____

DEPENDENT INFORMATION

***** (Please write Child's Name and Number As It Appears on the Social Security Card) *****

<u>LAST NAME</u>	<u>MIDDLE INITIAL</u>	<u>FIRST NAME</u>	<u>SOCIAL SECURITY #</u>	<u>DATE OF BIRTH</u>
1. _____	_____	_____	1. _____	1. _____
2. _____	_____	_____	2. _____	2. _____
3. _____	_____	_____	3. _____	3. _____
4. _____	_____	_____	4. _____	4. _____
5. _____	_____	_____	5. _____	5. _____

(P2)

1. Is this your first year with UBIQUITY TAX & ACCOUNTING SERVICE? Yes _____ No _____
2. Do you or your spouse owe the INTERNAL REVENUE SERVICE (IRS)? Yes _____ No _____
If so, how much do you owe? Amount _____
3. Do you or your spouse owe the FRANCHISE TAX BOARD (FTB)? Yes _____ No _____
If so, how much do you owe? Amount _____
4. Did you and your spouse file a Tax Return for the previous tax year? Yes _____ No _____
5. Do you or your spouse owe CHILD SUPPORT? Yes _____ No _____
If so, how much do you owe? Amount _____
6. Do you or your spouse owe a STUDENT LOAN? Yes _____ No _____
If so, how much do you owe? Amount _____
7. Do you or your spouse owe any FINANCIAL INSTITUTIONS? Yes _____ No _____
If so, how much do you owe? Amount _____
8. Have you or your spouse received an audit letter from the IRS or FTB ? Yes _____ No _____
If so, what tax year did you receive the letter? Tax Year _____
9. Did you or your spouse receive a tax refund from any state in 2010? Yes _____ No _____
Please list: State _____ Amount _____
10. In the previous year, did you or your spouse withdraw any money from your retirement fund? (Form 1099R) Yes _____ No _____
(Example: 401K, IRA, etc...) Amount _____
11. In the previous year, were you or your spouse unemployed? (Form 1099G) Yes _____ No _____
12. Did you or your spouse have any gambling winnings for the previous? Yes _____ No _____
13. Did you or your spouse take a bad debt loss by loaning money to someone that did not pay you back? (Please be sure to have proper documentation showing proof of bad debt loss) Yes _____ No _____

Name of Organization or Person Debt was Loss to: _____

Date of Debt/Loan: _____ Amount of Debt/Loan: _____

(P3)

MEDICAL EXPENSES

(P3)

- 1. Did you pay for any type of medical expenses or medical premiums? Yes _____ No _____
 Amount of Medical Expenses (Excluding Premiums) _____
 Amount of Medical Premiums _____
- 2. Did you pay for any type of Dental expenses or Dental Premiums? Yes _____ No _____
 Amount of Dental Expenses _____
 Amount of Dental Premiums _____
- 3. Did you purchase any Glasses or Contact Lenses in the previous year? Yes _____ No _____
 Amount of Glasses/Contact Lenses _____
- 4. Did you spend money on Prescriptions for the previous year? Yes _____ No _____
 Amount of Prescriptions _____

REAL ESTATE - (New Home Owner)

- 1. Did you or your spouse buy a house in the previous year? Yes _____ No _____
 How much did you pay in Real Estate Taxes? _____
 How much did you pay in Mortgage Interest? _____
 How much did you pay for points on your new loan? _____

REAL ESTATE - (Existing Principal Residence)

- 1. Did you or your spouse pay Real Estate taxes, or Mortgage Interest, on your principal residence? Yes _____ No _____
 How much did you pay in Real Estate Taxes? _____
 How much did you pay in Mortgage Interest? _____
- 2. Did you or your spouse refinance your principal residence in the previous year? Yes _____ No _____
 How much did you pay in Real Estate Taxes for Old Loan? _____
 How much did you pay in Mortgage Interest for Old Loan? _____

How much did you pay in Real Estate Taxes for New Loan? _____
 How much did you pay in Mortgage Interest for New Loan? _____
 How much did you pay for POINTS on your New Loan? _____

(P4)

PERSONAL PROPERTY

(P4)

1. Did you or your spouse register any vehicles in the previous year? Yes _____ No _____
 (Example: Car, Boat Motorcycle, Truck, etc...)
 A. Amount for Car #1: _____
 B. Amount for Car #2: _____

CONTRIBUTIONS

1. Did you or your spouse donate CASH money to any organization in the previous year? Yes _____ No _____
 (Example: Church, United Way, etc...)
 Name of Organization: _____
 Amount of Donation: _____

 Name of Organization: _____
 Amount of Donation: _____

2. Did you or your spouse make a NON-CASH contribution to any organization in the previous year valued under \$500.00? (Example: Clothes, Furniture, etc...) Yes _____ No _____
 Name of Organization: _____
 Value Amount of Donation: _____

CASUALTIES AND THEFT LOSSES

1. Did you or your spouse have a BURGLARY or THEFT in the previous year valued over \$5,000.00? Yes _____ No _____
 Type of Loss: _____
 Date of Loss: _____
 Amount of Loss: _____
 Where you reimbursed by the insurance company? _____

1. Did you or your spouse pay UNION DUES in the previous year? Yes _____ No _____
 Amount of Union Dues Paid: _____
2. Did you or your spouse buy TOOLS/EQUIPMENT in the previous year? Yes _____ No _____
 Amount of Tools/Equipment: _____
3. Did you or your spouse purchase any MATERIALS or SUPPLIES in the previous year? Yes _____ No _____
4. Did you or your spouse purchase or clean UNIFORMS in the previous year? Yes _____ No _____
 Uniform Purchase: _____ Uniform Cleaning: _____ Work Shoes: _____
5. Did you or your spouse pay for CONTINUED EDUCATION relating to the job? Yes _____ No _____
 Amount of Continued Education: _____
6. Did you or your spouse use your car for work related business trips? Yes _____ No _____
 Distance to work from home: _____
 Average distance from work to business site (weekly) _____

CHILDCARE EXPENSES

1. Did you or your spouse pay for CHILDCARE in the previous year? Yes _____ No _____
 (Please make sure to request from your daycare provider an annual letter or receipt stating the amount of money you paid for daycare as proof for the Franchise Tax Board and also for your records)
 Provider Name: _____
 Provider Address: _____

 Provider Phone #: _____
 Provider Federal I.D. or Social Security #: _____
 Amount of Childcare Paid for the previous year: _____

MOVING EXPENSES

1. Did you or your spouse move in the previous year? Yes _____ No _____
 Distance from OLD home to OLD job _____
 Distance from OLD home to NEW job _____
 Amount Paid for Storage Expense _____
 Amount Paid for Hotel Expense: _____
 Amount Paid for Travel Expense: _____

1. Did you or your spouse attend college less than 2 years? Yes _____ No _____
 Who attended college? Taxpayer _____ Spouse _____
2. Did you or your spouse attend college more than 2 years? Yes _____ No _____
 Who attended college? Taxpayer _____ Spouse _____
3. Did you or your spouse pay interest on any student loans in the previous year? Yes _____ No _____
 Amount of Interest Paid: _____

SELF EMPLOYED BUSINESS

1. Did you or your spouse own a business or started a business in the previous year? Yes _____ No _____
 Type of Business: _____
 Name of Business: _____
 Address of Business: _____
 Gross Receipts or Sales Received: _____
- | | |
|--|-----------------------------------|
| A. Advertising Expense _____ | H. Taxes/Licenses: _____ |
| B. Rent/Lease of Equipment or Vehicle: _____ | I. Travel Expense: _____ |
| C. Insurance Expense (Other than Health) _____ | J. Meals/Entertainment: _____ |
| D. Mortgage Interest Paid: _____ | K. Utilities Expense: _____ |
| E. Legal Expenses Paid: _____ | L. Wages Paid to Employees: _____ |
| F. Repairs/Maintenance Expense: _____ | M. Business Cell Phone: _____ |
| G. Supplies Expense: _____ | |

Signature _____ Date _____

REAL ESTATE - (Rental Property)

1. Do you or your spouse own rental property? Yes _____ No _____
 Address of Rental Property:

- | | |
|------------------------------------|----------------------------|
| A. Amount of Rents Received: _____ | H. Supplies: _____ |
| B. Cleaning Maintenance: _____ | I. Property Taxes: _____ |
| C. Insurance: _____ | J. Utilities: _____ |
| D. Legal Fees: _____ | H. Gardner: _____ |
| E. Management Fees: _____ | I. P.O. Box Expense: _____ |
| F. Mortgage Interest: _____ | J. Other: _____ |
| G. Repairs: _____ | |

Signature _____ Date _____