

This form is to assist you in gathering your income tax information. Do you have a copy of last year's return or any relevant Social Security cards? If you are a prior customer to this office only complete items that have changed.

NAME: _____
 OCCUPATION: _____
 SOCIAL SECURITY #: _____
 DRIVERS LICENSE #: _____
 BIRTH DATE: _____
 ADDRESS: _____
 CITY _____ STATE _____ ZIP _____
 MONTHS AT CURRENT ADDRESS: _____
 PHONE (DAY): _____
 EMAIL ADDRESS: _____

MARITAL STATUS: _____
 SPOUSE NAME: _____
 OCCUPATION: _____
 SOCIAL SECURITY #: _____
 DRIVERS LICENSE #: _____
 BIRTH DATE: _____
 PHONE (EVE): _____
 CELLPHONE: _____

DEPENDENTS (List youngest first) LIST BY NAME (First, middle initial and last name)	MONTH AND YEAR OF BIRTH	DEPENDENT'S SOCIAL SECURITY NUMBER	RELATIONSHIP	MONTHS LIVED IN YOUR HOME

If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here.
 If someone else can claim you as a dependent, check here.

Complete items that pertain to you

IRA/Roth Contributions \$ _____ Alimony paid \$ _____
 Keogh/SEP/SIMPLE Contributions .. \$ _____ Lodging expenses during move \$ _____ Miles _____
 Household moving expenses \$ _____
 Did you pay estimated Federal (1040ES)/State taxes? YES / NO Federal \$ _____
 Which state? _____ \$ _____

CHECK THE INCOME ITEMS WHICH PERTAIN TO YOU

Do you itemize? YES / NO (if yes, see reverse)

- State Tax Refund
- W-2s - # of W-2s _____
- 1099s/Commissions - # of 1099s _____
- Interest \$ _____
- Dividends
- Mutual Fund Distributions
- Alimony Received _____
- Unemployment \$ _____
- Lottery or Gambling Winnings
- Did you sell any stock, real estate, business autos or business equipment?
- Pension, Retirement Income
- IRA Distributions
- Income from Rentals
- Partnerships/Corporation (K-1)
- Estate/Trusts
- Farm Income
- BAS/BAH \$ _____
- Did you buy or sell a personal residence?
- Installment Sale
- Social Security
- Municipal Bonds
- Tip/Other Income
- Self-Employed Business Income
- Subcontractor Pay
- Cash Payments
- Education Expenses

Child Care Information (Note: This information is required for each provider.)

Provider's Name: _____ Provider's SSN/EIN: _____
 Provider's Address: _____ Amount Paid to Provider: _____
 Provider's Name: _____ Provider's SSN/EIN: _____
 Provider's Address: _____ Amount Paid to Provider: _____

Are you interested in a Refund Anticipation Loan?

Keep track of your expense deductions

List amounts for items you have. Save receipts for your deductions.

Medical & Dental:

DR	\$ _____
DR	\$ _____
DR	\$ _____
DR	\$ _____
Operations	\$ _____
Prescription Drugs	\$ _____
Medical/Dental Insurance	\$ _____
Long-term Care Insurance	\$ _____
Hospital & Emergency	\$ _____
Lab & X-Ray	\$ _____
Visiting Nurses/In-home Care	\$ _____
Dental	\$ _____
Dentures & Braces	\$ _____
Glasses & Contact Lenses	\$ _____
Supplies	\$ _____
Hearing Aids & Batteries	\$ _____
Orthopedic Shoes	\$ _____
Therapy Treatments	\$ _____
Canes/Crutches/Braces	\$ _____
Wheelchairs	\$ _____
On Doctor's Advice	\$ _____
Air Conditioning	\$ _____
Vaporizers	\$ _____
Thermometers & Bandages	\$ _____
Other	\$ _____
Medical Miles Driven	\$ _____
Other Medical Transportation	\$ _____

Contributions:

Church	\$ _____
College	\$ _____
United Way	\$ _____
March of Dimes	\$ _____
CFC	\$ _____
Other	\$ _____
Value of furniture or clothing given to	\$ _____
Volunteer work expenses:	
Church, Scouts, School, etc.	\$ _____
Auto Miles Driven	\$ _____

Taxes:

Real Estate Tax	\$ _____
Personal Property Tax	\$ _____
State Income Tax	\$ _____

Interest Paid:

Home Mortgage Interest	\$ _____
2nd Mortgage/Home Equity	\$ _____
Home Mortgage to Individual	\$ _____
Name	_____
Address	_____
Points Paid at Closing	\$ _____
Investment Interest	\$ _____

Casualty Losses:

Accident, Fire, Theft and Natural Disasters \$	\$ _____
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Miscellaneous and Employee Business Expenses:

Uniform Cleaning	\$ _____
Work Tools	\$ _____
Union Dues	\$ _____
Safety Shoes & Gloves	\$ _____
Tax Return Preparation	\$ _____
Safe Deposit Box	\$ _____
Investment Expenses	\$ _____
Education Expenses	\$ _____

Employment/Job Seeking Fees	\$ _____
Sales/Entertainment	\$ _____
Office-in-Home Expense	\$ _____
Business Travel	\$ _____
Out of Town/Temporary	\$ _____
Vehicle Use (Auto, Truck) Miles	\$ _____
For Work (Non-Commute)	\$ _____
Miles Driven to 2nd Job	\$ _____
Other	\$ _____

Self-Employed Business Expenses:

Advertising	\$ _____
Car & Trucking Expenses	\$ _____
Legal & Professional Services	\$ _____
Office Expenses	\$ _____
Rent or Lease Payments	\$ _____
Utilities/Telephone	\$ _____
Business Miles	\$ _____

Repairs & Maintenance	\$ _____
Supplies	\$ _____
Taxes & Licenses	\$ _____
Travel	\$ _____
Meals	\$ _____
Other	\$ _____
Total Miles	\$ _____

Education Expenses:

Student Loan Interest	\$ _____
Post-secondary, Tuition & Fees	\$ _____

By signing below, you acknowledge that you have read this form, and that the data provided on the Customer Data Sheet on the opposite side is accurate to the best of your knowledge.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____