

TAXPAYER INFORMATION

NAME		TAX YEAR	
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TAXPAYER INFORMATION

Your Name			
Social Security #		Birth Date	
Home Phone		Work Phone	
Occupation			
Spouse Name			
Social Security #		Birth Date	
Home Phone		Work Phone	
Occupation			

ADDRESS & STATUS

Street				
City		State		Zip
Status Changes This Year	Dates	Status Changes This Year	Dates	
<input type="checkbox"/> Married		<input type="checkbox"/> Dependant Deceased		
<input type="checkbox"/> Separated		<input type="checkbox"/> Sold Home		
<input type="checkbox"/> Divorced		Legally Blind		
<input type="checkbox"/> Moved		<input type="checkbox"/> Filer		
<input type="checkbox"/> Spouse Deceased		<input type="checkbox"/> Spouse		

ESTIMATED TAXES PAID

Please provide canceled checks

	Date Due	Date Paid	Federal	State
Applied From Prior Year's Refund				
First Quarter	APRIL			
Second Quarter	JUNE			
Third Quarter	SEPT			
Fourth Quarter	This Jan			

SPECIAL INFORMATION

** Must be reported even if NOT taxable unless TRANSFERRED	You	Spouse
Employment Pension Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Conventional IRA, Keogh and SEP Plans:		
Contributions		
Withdrawals		
Rollovers** ⁽¹⁾		
Roth IRA ⁽¹⁾ If rolled from a conventional IRA the rollover can be taxable.		
Contributions		
Withdrawals		
Rollovers** ⁽¹⁾		
State Tax Refund		
Social Security or Railroad Retirement		
Alimony Received - Matched with Payer		
Tips Received		
Unemployment Received		
Gambling Winnings		
Foreign Bank Account	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to contribute a portion of your taxes to the Presidential Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		
Other: _____		
<input type="checkbox"/> <input checked="" type="checkbox"/> If you incurred any adoption expenses this year?		
Salaries, Pensions, & Misc Income	Provide W-2's and 1099s	
Partnership & Trust Income	Provide K-1's	
Student Loan Interest Paid		
Education IRA Contribution		
<input type="checkbox"/> <input checked="" type="checkbox"/> If you have been denied earned income credit by the IRS. If so, have you been recertified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> <input checked="" type="checkbox"/> If you bought, sold, or gifted real estate last year. If so, please call in advance to discuss what documents are required.		

REFUND DIRECT DEPOSIT

Complete for refund direct deposit

Bank Routing Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

DEPENDENTS

Social Security #s are Mandatory

** C - Child , R - Relative, O - Others

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First Name	Last Name (If Different)	Social Security # (Mandatory)	**	Months In Home (This Home)	Birth Date	If over the age of 18	
						Income	✓ If Student
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

INTEREST INCOME

IRS computer matches payer and amount. Always use payer name listed on 1099 even if not the original source.

LINE #	Name of Payer <small>Please provide all forms 1099-INT & 1099-OID</small>	Banks, Credit Union Corporate, Bonds, etc.	Other State Muni- pal Bonds (Federal tax free)	Direct U.S. Obligations (Savings Bonds, T-Bills, etc. (State tax free)	Home State Muni- pal Bonds (Generally tax free)	Seller Financed Mortgages <small>Name, address & SS# required</small>
1						
2						
3						
4						
5						
6						
7						
8						
9	Name:	SS#:	Payer Address:			
10	Name:	SS#:	Payer Address:			
11	FORFEITED INTEREST (Early Withdrawals)		FED WITHHOLDING ON INT & DIV			

DIVIDEND INCOME

IRS computer matches payer and amount. Always use payer name listed on 1099 even if not the original source. Some institutions use substitute 1099s, and caution must be used in separating the various types of dividends.

LINE #	Name of Payer <small>Please provide all forms 1099 DIV</small>	Foreign Taxes Paid	Ordinary	Capital Gains	Direct U.S. Obligations <small>Savings Bonds, T-Bills, etc. (State tax free)</small>	Taxable to State only	Non-taxable State and Federal
1							
2							
3							
4							
5							

STOCK & OTHER ASSET SALES

IRS matches gross proceeds from sale using the 1099B. Many brokerage houses use substitute forms. All transactions must be reported even if there is no profit. The IRS computer has the sales price but not cost

LINE #	Description	Acquisition Date MM/DD/YY	Sales Date MM/DD/YY	Gross Proceeds From Sale <small>(For stocks use net after commission)</small>	Cost or Other Basis	Net Profit or Loss <small>(Information only)</small>
1						
2						
3						
4						
5						

MEDICAL EXPENSES

To be deducted, medical expenses must exceed 7 1/2% of your adjusted gross income, and then, only the amount that exceeds a 7 1/2% floor is deductible. Example: Your income is \$40,000 for the year, your medical must exceed \$3,000

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Hospital, Medical & Dental Insurance Premiums		Taxi, Bus, Train, Air & Other Travel for Medical Purposes	
Long Term Care Insurance		Lodging for Away-From-Home Medical Purposes	
Medicare Insurance Premiums (not payroll tax)		Auto Travel for Medical Purposes	
Doctors, Dentists (discretionary cosmetic surgery is not deductible)		Parking Fees for Medical Purposes	
Prescription Drugs Only		Telephone - Medical Tolls	
Psychotherapy, Psychological Counseling		Handicapped Placard	
Acupuncture, Chiropractic, Christian Science Practitioners		Handicapped Modification to Home	
Hospital		Special Schooling for Physically or Mentally Handicapped	
Nursing Homes, Nursing Care <input type="checkbox"/> if inhome care for elderly		Physical Therapy	
Lab Fees & X-Rays		Medical Equipment, Supplies, Rentals	
Eye Examination, Glasses		Other: _____	
Hearing Aids, Batteries		Other: _____	
Ambulance, Paramedics		Insurance Reimbursement (only for expenses listed if applicable)	

HOME MORTGAGE INTEREST

		Primary Residence	Second Home
1st TD	Paid to a Bank, S & L, etc.*		
	Paid to an individual Must List PAYEE info. Below		
2nd TD	Paid to a Bank, S & L, etc.*		
	Paid to an individual Must List PAYEE info. Below		
Home Equity Loan			
Payee Name		SS#	
Address			
*Amounts must agree with Form 1098 issued by the financial institution. If not, check here <input type="checkbox"/> . If Form 1098 was issued in another's SS#, enter that person's name and social security number here:			
Name		SS#	
If the second home is a qualified motor home, boat, etc., list the name of the payee here:			
PLEASE ANSWER THE FOLLOWING QUESTIONS:			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did you refinance during the year?	
If yes, please provide loan escrow statement.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does your home equity loan exceed \$100,000?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the sum of all of your home mortgages exceed \$1,100,000?	

INVESTMENT INTEREST

Vacant land	
Brokerage margin account	
Other: _____	

TAXES

Property taxes on primary home	
Property taxes on second home	
Property taxes on investment property	
Car license fees (personal property tax portion)	
Personal property tax - boat or airplane	
Personal property tax - other	
Balance due on last year's state return	Do Not Include Interest & Penalties
State income tax adjustments	Do Not Include Interest & Penalties
Extension payment on last year's state return	
Taxes paid to another state	State
City, county, local taxes	
Other: _____	

CHILD OR DEPENDENT CARE EXPENSES

Care must enable you to work (or look for work) or attend school FULLTIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self-care.

<input type="checkbox"/> Check here if you have employer provided dependent care benefits			Payments Must Be Allocated By Child		
Paid To	Address	SS# or Employer ID # MANDATORY unless exempted organization	Child:	Child:	Child:
		<input type="checkbox"/> Check if exempt			
		<input type="checkbox"/> Check if exempt			

CHARITABLE CONTRIBUTIONS

CASH Written verification is required for contributions of \$250 or more to any one organization	
Church	
Church	
Temple	
Payroll Deduction (filer and spouse)	
United Way	
Cancer Society	
Red Cross	
Heart Fund	
Scouts	
Other:	_____
Other:	_____
NON-CASH Provide detailed list of items contributed if total for the year exceeds \$500	
Salvation Army	
Goodwill Industries	
Veteran Organizations	
Travel for Charitable Purposes	_____ miles
Out-of-pocket expenses in connection with a charitable organization. Explain: _____	

EDUCATION EXPENSES

Caution: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. They must be segregated by student

Students:	Column Is For:		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR TUITION CREDIT ONLY - Half to Full Time Students Only - Qualified Educational Instruction			
Post Secondary - 1st 2yrs.			
After 1st 2yrs.			
Fees - Enrollment/Attendance Only			
OTHER EXPENSES - DO NOT COMPLETE unless qualifying for tax or penalty free IRA distributions, Savings Bond interest Exclusion or student loan interest deductions. Similar expenses for continuing education should be entered in different section below.			
Books/Supplies			
Room/Board			
CONTINUING EDUCATION EXPENSES - Education for the taxpayer & spouse only if job related			
Tuition and Fees			
Seminar Fees, etc.			
Books/Supplies, etc.			
Travel	(this in appropriate area opposite page)		

MISCELLANEOUS DEDUCTIONS

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Alimony Paid	To		
	SS#		
Attorney Fees (to Protect Taxable Income)			
Union Dues			
Professional Dues			
Continuing Education (job related)	Tuition, Seminar		
	Books, Supplies		
Entertainment & Business Meals (100% of actual cost)			
Gambling Expenses (limited to winnings)			
Business Insurance (E & O, malpractice, etc.)			
Investment Publications			
Investment Expenses	Type:		
IRA, KEOGH, SEP Fees Paid (not withheld from account)			
Jobs seeking Expenses (in same field)	Employment & Résumé Fees		
	Photocopy & Postage Expense		
	Other:		
Licenses, Fees, Credentials, etc.			
Publications, Books, etc., Used in Business			
Safe Deposit Box (to Store Deeds, Bonds, etc.)			
Telephone (Business Calls Only)			
Tools, Supplies, Equipment			
Uniforms - Purchase			
Uniforms - Cleaning			
Other:			
Other:			

CASUALTY LOSSES (or theft or embezzlement)

To be deducted, the losses must exceed 10% of your adjusted gross income and then only the amount that exceeds the 10% floor is deductible.

<input type="checkbox"/> Check box if loss was in a Presidentially declared disaster area.				
Description of Casualty				
Date of Casualty				
Insurance Reimbursement				
Description of Property	Date Acquired	Original Cost or Other Basis	Major Market Value	
			Before Casualty	After Casualty

AUTO MILEAGE

Do not complete any part of this section if your automobile is used only for commuting to and from work and for pleasure.

Check if vehicle provided (owned) by employer		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Check if any automobile expense reimbursement provided by employer		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Check if reimbursement included in W-2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Vehicle Description	Vehicle 1 <input type="checkbox"/> You <input type="checkbox"/> Spouse	Vehicle 2 <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Make or Model			
Date Originally Purchased			
TOTAL MILES DRIVEN THIS YEAR <small>(Include both business & personal)</small>			
BUSINESS MILES DRIVEN	For Employer	mi	mi
	To Professional Meetings	mi	mi
	Between 1st & 2nd Job	mi	mi
	From Job to School	mi	mi
	Jobseeking	mi	mi
	Investment/Tax Preparation	mi	mi
	Rental	mi	mi
	Self-Employed Business	mi	mi
	Temporary Job Sites	mi	mi
	Other: _____	mi	mi
Average Round -Trip Distance to Work (REQUIRED)	mi	mi	
Total Commuting for the Year (REQUIRED)	mi	mi	

AUTO EXPENSES

Do not complete this section if you are using the government's "standard mileage rate"

Gasoline & Oil		
Repairs, Service, Tires, etc.		
Insurance		
License & Taxes		
Wash, Wax, Auto Club, etc.		
Interest <small>(Applies only to self-employed individuals)</small>		
Lease Payment		
Other: _____		
Employer Reimbursement		

AWAY-FROM-HOME EXPENSES

<input type="checkbox"/> Check if employer reimbursed any amount	You	Spouse
Airfare, Train, etc.		
Auto Rental, Taxi, Bus, etc.		
Meals (enter 100% of expense)		
Lodging (DO NOT INCLUDE MEALS)		
Porter, Skycap, Tips, etc.		
Laundry		
Other: _____		

MOVING EXPENSES

<input type="checkbox"/> Check if employer reimbursed any amount	
Miles from Old Residence to New Job (A)	
Miles from Old Residence to Old Job (B)	
Difference in (A) and (B) (must be 50 miles or more)	
Cost of Commercial Movers	
Truck, Trailer Rental	
Road tolls	
Lodging en route (do not include meals)	
Automobile Travel	
Other: _____	
Other: _____	

HOME SALE-PURCHASE

HOME SOLD	
Address: _____	
Date Purchased	
Purchase Price (including cost & fees)**	
Gain Deferred from Prior Property or Residence(s)**	
**If you sold a home prior to this one, the information required on these two lines will be on Form 2119 in the year of sale.	
Improvements (not maintenance) on Home Sold	
Date of Sale	
Sales Price (provide closing escrow statement)	
Sales Expenses (provide closing escrow statement)	
<input type="checkbox"/> ✓ If you owned and used the property as your primary residence two of the prior five years <input type="checkbox"/> ✓ If your spouse owned and used the property as his/her primary residence two of the prior five years <input type="checkbox"/> ✓ If this residence or any part of this home was granted or used for business purposes. <input type="checkbox"/> ✓ If this home was acquired in exchange for a business or investment property after 5/6/97	

"OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. Home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business.

Total Square Feet of Home	
Total Square Feet Used for Office	
Total Square Feet Used for Storage	
Rent	Utilities
Insurance	Condo/Assoc. Dues
Home Repairs	Office Repairs

RENTAL INCOME

Note: If the property was purchased or converted to rental use this year, please provide the purchase settlement statement and a current property tax bill.

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Property Number	Type - i.e., Commercial Residential, Equip., etc.	Description or Address	Rental Income	Number of Days Used Personally	Percent Ownership
1					
2					

EXPENSES Note: if you have more than two rentals,||

Property Number	1	2	Property Number	1	2
Association / Homeowners Dues			Taxes - Property		
Cleaning & Maintenance Fees*			Taxes - Other		
Commissions / Management Fees*			Telephone (Tolls Only)		
Insurance			Utilities		
Legal & Professional Fees*			Gardener*		
Mortgage Interest Paid to Banks			Pool Service*		
Other Interest			Painting*		
Repairs: Carpentry, Hardware*			Other: _____		
Electrical* (No Improvements)			Other: _____		
Plumbing*			Other: _____		
Supplies			Other: _____		

CAPITAL ASSET PURCHASES & IMPROVEMENTS (Rental or Business)

▼ Used for ▼

Date	Description of asset or improvement	Rental	Business	Amount (cost)
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

BUSINESS INCOME

*Indicates payments that may require issuance of a 1099 if the annual amount to an individual is \$600 or more.

Business Number	Filer or Spouse	Business Name & EID (if applicable)	Gross Income	Returns and Allowances	Beginning Inventory	Ending Inventory
1						
2						

Business	1	2	Business	1	2
Merchandise Purchased for Resale			Office expenses		
Items Withdrawn for Personal Use			Rent*		
Advertising			Repairs*		
Bank Charges			Taxes		
Commissions*			Entertainment		
Dues & Publications			Telephone		
Freight/Delivery/Postage			Utilities		
Gifts			Wages (W-2)		
Insurance			Seminars		
Interest - Mortgage			Other: _____		
Interest - Other			Other: _____		
Legal/Professional*			Other: _____		

