Client Information

YOUR NAME *(First, Middle, Last)*			YOUR SOCIAL SECURITY NUMBER
SPOUSE NAME *(First, Middle, Last)*			SPOUSE'S SOCIAL SECURITY NUMBER
ADDRESS	YOUR OCCUPATION	SPOUSES OCCUPATION	
CITY, STATE, ZIP	HOME PHONE	CELL PHONE	

FILING STATUS

Date of Birth… *YOU:* ________________ *SPOUSE* ________________

Blind? *YOU………* ☐ **Yes** *SPOUSE…* ☐ **Yes**

☐ **Married** ☐ **Single**

Date of Divorce Decree: ________________

Do you have a child living with you? ☐ **Yes** ☐ **No**

DEPENDENT INFORMATION

NOTE: You must include the social security number of each dependent you claim.

NAMES First/Last	SOCIAL SECURITY NUMBER	BIRTH DATE	RELATIONSHIP	MONTHS IN HOME	CHECK (✓) IF STUDENT?	ED. CREDIT?	DEPENDENT INCOME
					☐	☐	
					☐	☐	
					☐	☐	
					☐	☐	
					☐	☐	

IRA / KEOGH

CONTRIBUTIONS	YOU $ AMOUNT	SPOUSE $ AMOUNT
IRA Contribution		
KEOGH / S.E.P. Contribution		
Penalty on Early Withdrawal		

	YOU "Yes"	YOU "No"	SPOUSE "Yes"	SPOUSE "No"
Company Pension Plan?*	☐	☐	☐	☐
Self Employed	☐	☐	☐	☐

ALIMONY PAID

	$ AMOUNT PAID
RECIPIENT'S LAST NAME: ________________ SOCIAL SECURITY NUMBER: ____ | ____ | ____	
RECIPIENT'S LAST NAME: ________________ SOCIAL SECURITY NUMBER: ____ | ____ | ____	

AUTO USE VERIFICATION

Specific information for auto and other "listed" depreciable property ***MUST BE COMPLETED.*** *These questions appear on the federal return*

Is the property used 50% or less in business?.......... ☐ Yes ☐ No

Do you have evidence to support the business % claimed?...................... ☐ Yes ☐ No

Is this evidence written? (Diary, Ledgers, etc.)…… ☐ Yes ☐ No

Total Miles: ________________ Business Miles: ________________

Commuting Miles *(to work and back)* : ________________

DIRECT DEPOSIT FOR ELECTRONIC FILING

Please bring ***Blank Check*** *for reference.*

Bank Name: ________________

Routing Transit Number: ________________

Account Number: ________________

PURCHASE/SALE OF PERSONAL RESIDENCE

Did you sell/buy your personal residence? ☐ Yes Date of purch/sale: ________

Please provide your ***Final*** *Sales Escrow disbursement document (1 or 2pp) and your* ***Original*** *Purchase Escrow Docs (1 or 2pp).*

ESTIMATED TAX PAYMENTS MADE

	Due	Date Paid	Fed Amount	State Amount
1st quarter	04/15			
2nd quarter	06/15			
3rd quarter	09/15			
4th quarter	01/15			
Extension	04/15			

EDUCATIONAL CREDITS: Hope &Lifetime

Subject to phase-out: Joint $85,000 - $105,000, Single & HH $42,000 - $52,000.

General Qualifications	Please Check One "Yes"	"No"
Was your dependent a freshman or sophomore?	☐	☐
Is your dependent taking a program that leads to a recognized degree or credential?	☐	☐
Is your dependent taking at least one half of a full-time workload (8 units)?	☐	☐
Has your dependent been convicted of a felony for possession or distribution of drugs?	☐	☐
QUALIFIED EXPENSES: Tuition and related fees *NOTE: Books, room and board, or personal living or family expenses are not deductible.*	$	
If a junior or above, qualified expenses paid before this year.	$	

INCOME

W-2 WAGES

	YOU	SPOUSE
Number of W-2's		
Total Wages		

INTEREST
*Please provide **all** 1099 INT's*

RECEIVED FROM	$ AMOUNT

DIVIDENDS
*Please provide **all** 1099 DIV's*

RECEIVED FROM	$ AMOUNT

SUPPLEMENTAL INCOME
*Please provide **all** K-1's*

CHECK IF "YES"	SOURCE	NUMBER OF K-1'S
☐	Partnership	
☐	Trust	
☐	S. Corp	

SELF EMPLOYED INCOME (Schedule C)
*Please bring **PROFIT & LOSS** statement & all Invoices for Capital Purchases.*

SUPPLEMENTAL INFORMATION

BUSINESS NAME

ADDRESS

TYPE OF BUSINESS FED ID#

INVENTORY		CAPITAL ADDITIONS	
BEG. INVENTORY		AUTO/TRUCK	
PURCHASES		COMPUTERS	
END INVENTORY		FURN/EQUIPMENT	
		OTHER	

HOME OFFICE INFORMATION

BUSINESS USE %/COST		TOTAL EXPENSES	
NO OF ROOMS		INTEREST	
SQ FT HOUSE		TAXES	
SQ FT OFFICE		RENT	
MONTHS USED		UTILITIES	
COST OF HOUSE		INSURANCE	
COST OF IMPROVEMENTS		REPAIRS	
COST OF BUILD HM OFF		OTHER	
		DIRECT OFFICE EXPENSES	
		CLEANING	
		REPAIRS	

RENTAL INCOME (Schedule E, Side 1)
*Please bring **PROFIT & LOSS** statement for each rental.*

Did you ☐ BUY ☐ SELL any rentals?

Provide all relevant Buy and Sell Escrow Docs (1 or 2pp each)

Did you have any capital improvement? (see below) ☐ YES ☐ NO

Provide all relevant documents, contracts, receipts, etc.

NAME OF PROPERTY				
GROSS INCOME (Rents)				
EXPENSES	INSURANCE			
	INTEREST			
	TAXES			
	OTHER OPERATING EXPENSES:			
	(Auto, Advertising, Cleaning, Gardening, Association Dues, Repairs, Painting, Utilities, Travel, etc.)			
CAPITAL IMPROVEMENTS				
(New Roof, Tile, Cement, Carpets, Landscaping, Driveways, Furniture, Appliances, New Plumbing, Fixtures, Etc, Other Than Repairs.				

GAINS AND LOSSES FROM SALE OF PROPERTY

*The 15% capital gains rate (5% if in the 10% or 15% tax bracket) applies if held over 12 months. These amounts must be reconciled on your returns. (Include **all** 1099's.)*

How many 1099-B forms did you receive? _______Total of all 1099-B(s): $ ____________________ How many 1099-S forms did you receive? _______Total of all 1099-S(s): $ __________________

DESCRIPTION	DATE PURCH.	DATE SOLD	SALE PRICE	PURCH. PRICE	LOSS	GAIN

OTHER INCOME
*Please provide **all** 1099's received.*

SOURCE (DOCUMENT)	YOUR $ AMOUNT	SPOUSE'S $ AMOUNT
Unemployment (1099)		
Social Security (1099)		
Pensions (1099R)		
State Refunds (1099)		
Jury Duty Check (Check Stub)		
Finder Fees (1099)		
Director Fees (1099)		

SOURCE (DOCUMENT)	YOUR $ AMOUNT	SPOUSE'S $ AMOUNT
Alimony (Divorce Decree)		
California Lottery (1099)		
California Lottery Loses (Tickets)		
Other Gambling (1099)		
Gambling Losses (Must Substantiate)		
Prizes (1099)		
Other:		

DEDUCTIONS/CREDITS

MEDICAL

Must exceed 7.5% of your adjusted gross income.

	$ AMOUNT
Medical Insurance Premium	
Medicine and Drugs	
Doctors, Etc.	
Hospitals	
Transportation:__________(miles)	
Parking / Tolls	
Therapy	
Glasses, Etc.	
Orthopedic Devices	
Nursing	
Insurance Reimbursement	< >

INTEREST

RESIDENTIAL INTEREST: *You can deduct the interest paid on 2 personal residences. Maximum Mortgage(s) = $1,000,000*

	$ AMOUNT
Institutions (Form 1098)	
Individual	
Name	
Address	
Social Security No.	

INVESTMENT INTEREST EXPENSE: *Deduction limited to investment income; i.e., interest dividends, and if elected, sale of investment property.*

Stock Broker Margin Account	
Real Estate Lot *(Unimproved)*	
Other:	

MOVING EXPENSES

Please bring all company supplied forms and worksheets.

NOTE: You must have changed job locations in order to claim moving expenses.

DISTANCE TEST	
Distance from old home to new work place	mi.
Distance from old home to old work place	mi.
Difference in these numbers (subtract) must be 50 miles or more	mi.
COSTS	
Transportation and storage of household goods	$
Travel and lodging expenses excluding meals *(meals are not deductible)*	$
Are all company reimbursements included in your W-2?	☐ Yes ☐ No

TAXES

	$ AMOUNT
State Income Tax *(Amounts Withheld, Estimated, & Paid This Year)*	
Real Estate	
Car #1	
Car #2	
Car #3	

CONTRIBUTIONS

Must include name of organization if amount is over $3,000.

	$ AMOUNT
Church	
United Way	
Red Cross, M/D	
Miscellaneous Organized Charity	
Transportation:________(miles)	
Non-Cash *(If over $500 you need receipts providing details on the contribution.)*	

MISCELLANEOUS

	$ AMOUNT
Union Dues	
Tax Preparation Fee	
Job Supplies	
Auto	
Publications	
Safe Deposit Box	
Uniforms	
Travel *(Air, Hotel, Taxi, etc.)*	
Meals / Entertainment *(Separate from Travel)*	

CASUALTY

NOTE: The loss must exceed 10% of your AGI to be deductible.
You must have written appraisals.

	$ AMOUNT
Cost or Basis	
Insurance or Other Reimbursement	
Fair Market Before *(appraisal)*	
Fair Market After *(appraisal)*	
Description:	
Date Purchased:	

CHILD CARE EXPENSES

You must provide the name, address, telephone number, and Social Security/ID number of your babysitter in order to claim this credit.

NOTE: If you received employer provided child care benefits, please check… ☐ ***$ AMOUNT___________***

PERSON / ORGANIZATION PROVIDING CARE	ADDRESS	TELEPHONE #	SOC. SEC. # / FED. ID #	AMOUNT PAID