



Personal Information

Select Filing Status

- Single
- Married Filing Joint
- Married Filing Separately
- Head of Household. Enter qualifying nondependent name and Social Security number below. First Name _____ Last Name _____ SSN _____
- Qualifying Widow(er). Year spouse died: _____

Enter Personal Information

	Taxpayer	Spouse
Social Security Number		
First Name		
Middle Initial		
Last Name		
Jr., Sr., III, etc.		
Date of Birth		
Date of Death		
Occupation		
Daytime Phone Number		
Evening Phone Number		
E-mail Address		
Dependent of Another	<input type="checkbox"/>	<input type="checkbox"/>
Presidential Campaign	<input type="checkbox"/>	<input type="checkbox"/>
Blind	<input type="checkbox"/>	<input type="checkbox"/>
Stateside military address	<input type="checkbox"/>	<input type="checkbox"/>

Enter Address

Address . . . _____ Apt. Number . . . _____
 City . . . _____ State . . . _____ Zip Code . . . _____
 Resident State . . . _____ Resident City . . . _____
 County . . . _____ School Dist . . . _____
 In care of . . . _____

Bank Information:

Use this bank account info for current year direct deposit, if applicable
 Use this bank account info for current year direct debit, if applicable
 Bank Name . _____
 Routing Number . _____ Account Number . _____
 Type of account . Checking Savings



In order to assist you more efficiently, please fill out this questionnaire as completely as possible and make sure that you have all appropriate tax documents (see attached list).

If you have any Dependents, please complete this table:

Name	Social Security Number	Relationship	Birth Date
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		

Note: Please see list of tax documents for assistance in answering the following

If you received a 1099-G for state income tax refunds, please answer the following: <ul style="list-style-type: none">• Did you itemize your deductions last year? <input type="checkbox"/> Yes <input type="checkbox"/> No• If yes, how much were they?	
Were you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out Self-Employed Questionnaire.	
Did you make any estimated tax payments to the IRS for this tax year: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If yes, how much?	Did you work in another state besides your state of residency?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Where:</i>



Taxpayer Questionnaire

Taxpayer information (IF new customer)

- Last year's taxes
- Social Security Numbers (including spouse and children) - please bring cards
- Driver's license (including spouse)
- Birth dates (including spouse and children)
- Birth certificates for new children
- Date of death (if return is for a decedent, please have death certificate)

Income

- Form W-2
- Form 1099-INT & 1099-OID (interest from savings accounts, etc.)
- Form 1099-DIV (dividends earned)
- Form 1099-B (Capital Gains and Losses)
- Income from businesses (including K-1's)
- Form 1099-R (distributions from pensions and annuities)
- Form 1099-SSA (Social Security benefits statements)
- Form 1099-MISC (misc. income)
- Form 1099-G (state and local income tax refunds & unemployment)
- Form 1099-S (Sale of Home, and/or purchase of home contracts, also bring "Settlement Statement(s)")
- Alimony received
- Scholarships and fellowships
- Gambling, lottery winnings, prizes, and awards
- Jury duty pay
- Any other income documents

Adjustments

- Educator Expenses (up to \$250)
- Health Savings Account documents
- Work related moving expenses
- Self-employed SEP, SIMPLE and qualified plans

- Self-employed health insurance premiums
- Alimony paid (recipient's SSN _____)
- Contributions to IRA
- Student loan interest
- Tuition and Fees (1098-T)

Deductions

- Unreimbursed medical expenses (*see worksheet*)
- Real estate taxes paid
- Personal property taxes paid
- Form 1098 - Home mortgage interest statement plus points
- Gifts to charity (*see worksheet*)
- Unreimbursed employee expenses (*see worksheet*)
- Tax return preparation expenses and fees
- Investment expenses
- Any other deductions

Credits

- Child care expenses (*see worksheet*)
- Education credits
- Adoption expenses

Other Taxes

- Self employment tax
- Statements for early distributions of retirement plans
- Advanced Earned Income Credit
- Household employment taxes
- Additional tax payments

Payments

- Estimated tax payments (including refunds applied from previous year)
- Earned Income Credit
- Amount paid with request for extension



Unreimbursed Medical Expenses Worksheet

Total health insurance premiums paid by you AFTER taxes _____

Long-term care insurance premiums paid: _____

Number of miles driven for medical care _____

Other medical and dental _____

Gifts to Charity Worksheet

Cash Donations:

Organization	Amount Given

Miles driven for volunteer work _____

Non-Cash Donations:

Name of Organization	Address	Description	Date of Donation	Value

Unreimbursed Employee Expenses Worksheet

Union and professional dues _____

Professional subscriptions _____

Uniforms and protective clothing _____

Job search expenses _____



Other job expenses _____

Parking fees and tolls _____

Travel expenses (no NOT include meals and entertainment) _____

Other business expenses _____

Meals and entertainment _____

Vehicle Expenses:

Description of vehicle _____

Date vehicle was placed in service _____

Total miles driven for the year _____

Business miles driven for the year BEFORE 7/1 _____ AFTER 7/1 _____

Is there another vehicle available for personal use? Yes No

Was the vehicle available during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes", is the evidence written? Yes No

Child Care Expenses Worksheet

Name of Child	Amount Paid

Name of child care provider _____

Address of child care provider _____

SSN or EIN of child care provider _____

Phone number of child care provider _____

Amount paid to child care provider _____