



## 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

<p>If you received a 1099-G for state income tax refunds, please answer the following:</p> <ul style="list-style-type: none"> <li>• Did you itemize your deductions last year? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• If yes, how much were they?</li> </ul>	
<p>Were you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill out Self-Employed Questionnaire.</p>	
<p>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?</p>	<p>Did you work in another state besides your state of residency?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Where:</i></p>



## 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 \_\_\_\_\_



# Taxpayer Questionnaire

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 \_\_\_\_\_

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 \_\_\_\_\_