



## PERSONAL INCOME TAX RETURN DATA

NAMES: Self: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

OCCUPATION: Self:    
Spouse:  

ADDRESS:	Street:		State <input type="text"/>	Zip <input type="text"/>
	City			
	County			
	Telephone			
	Cell Phone			
	E-mail			

	Self		Spouse	
	Yes	No	Yes	No
Will you be claimed as a dependent on someone else's return?				
Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?				
Are you legally blind?				
Were you audited in the past three years?				
Do you owe any prior year taxes?				

DEPENDENT (s)				
Name (first, initial, last)	Date of Birth	SS#	Relationship	Months in Home

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

## CHILD CARE EXPENSE

Provider	Address	City	State	Zip	SS# or EIN#	Amount
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**ESTIMATED TAX PAYMENTS YOU HAVE MADE**

	April 1st Quarter		June 2nd Quarter		Sept 3rd Quarter		Jan 4th Quarter	
	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Total		0		0		0		0
Federal								
State								
Local								

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Salaries  
Attach W-2 and/or 1099-Misc Forms

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Interest Earned

Attached 1099-Int Forms

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Capital Gains/Losses (Sales of Real Estate, Personal Property, Stock, Bonds)

Item Sold	Date	Date	Selling	Cost
Gain (Loss)	Sold	Acq'd	Price	

ATTACH REAL ESTATE AND PERSONAL PURCHASES AND SALES CLOSING PAPERS

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RENT	PROPERTY #1	PROPERTY #2	PROPERTY #3
Description and			
Address of Property			
Gross Rents	\$ -	\$ -	\$ -

**EXPENSES**

Advertising			
Cleaning & Maint			
Commissions			
Insurance			
Mortgage Interest			
Repairs			
Supplies			
Taxes			
Utilities			
Other*			

Improvements\*

What percent of the property did you occupy during the year?

0%

0%

0%

Check here if you actively participated in the operation

If a vacation home or condo, how many days occupied by you?

days

days

days

If property acquired in current year attach closing statement

NOTE: If you or your spouse are an active participate in a pension or profit sharing plan, your deduction for payment to an IRA may be limited.

Payments to a Keogh (H.R. 10) Retirement Plan \$ \_\_\_\_\_  
Penalty for Early Withdrawal of Savings \$ \_\_\_\_\_

Alimony: Paid to: \_\_\_\_\_ Social Security # \_\_\_\_\_

Amount \$ -

Job-Related Educational Expenses: Books \$ - Tuition \$ - Miles Driven (Work to school) \_\_\_\_\_

Business Use of Personal Auto: Date Purchased: \_\_\_\_\_ Total Miles Driven \_\_\_\_\_

Expenses Paid Personally: Gas \$ - Repairs \$ - Insurance \$ -

Do you have another vehicle for personal use? \_\_\_\_\_ Yes/No

If your employer provided you with a vehicle, is personal use during off-duty hours permitted? \_\_\_\_\_ Yes/No N/A

Do you have evidence to support your deduction? \_\_\_\_\_ Yes/No Written evidence? \_\_\_\_\_ Yes/No

Reimbursement Received \$ -

Other Non-reimbursed Business expenses: Travel Expenses (Not including meals and entertainment) \$ -

Meals & Entertainment \$ - Other \$ -

Student Loan (Form 1098E) \$ -

Did you move more than 50 miles? \_\_\_\_\_ Yes/No

#### OTHER INCOME

Pensions (Attached W-2P or 1099R)	\$ -
IRS Distribution (Attach 1099R)	\$ -
Partnerships (Attach K-1)	\$ -
S. Corp (Attach K-1)	\$ -
Estates or Trust (Attach K-1)	\$ -
Proceeds of Installment Sales	\$ -
Alimony Received	\$ -
Social Security (Attach SSA 1099)	\$ -
State Income Tax Refund	\$ -
Tips (not included on W-2)	\$ -
Lottery or Other Winnings (Attach W2-G)	\$ -
Farm Income	\$ -
Other	\$ -

If self-employed attach schedule of income and expenses

#### ITEMIZED DEDUCTIONS

##### Medical Expense

Medical Insurance Premiums	\$ -	Hearing Aids	\$ -
Long Term Care Premiums	\$ -	Eye Glasses	\$ -
Prescription, Medicine, & Drugs	\$ -	Lab Fees	\$ -
Miles Driven for Medical Care	\$ -	Ambulance	\$ -
Other Medical Transportation	\$ -	Hospitals	\$ -

Long Term Care Reimbursement (Attach 1099 LTC)

**TAXES**

State and Local Taxes	<u>\$ -</u>
Real Estate Tax	<u>\$ -</u>
Personal Property Tax	<u>\$ -</u>

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**CONTRIBUTIONS**

Paid To	Amount
Church/Temple	<u>\$ -</u>
Other	<u>\$ -</u>

Miles driven for charitable purposes: \_\_\_\_\_

Do you have any non-cash contribution? \_\_\_\_\_

**INTEREST PAID**

Home mortgage paid to financial institution	<u>\$ -</u>
Home mortgage paid to individual	<u>\$ -</u>
Closing Points on New Home:	_____
Closing Points on Refinancing	_____
Investment Interest:	<u>\$ -</u>

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**MISCELLANEOUS**

Tax preparation	<u>\$ -</u>	Safety Deposit Box	<u>\$ -</u>
Uniforms	<u>\$ -</u>	Union/Professional Dues	<u>\$ -</u>
Tools	<u>\$ -</u>	Telephone Used for Business	<u>\$ -</u>
Investment Expenses	<u>\$ -</u>	Professional Books & Magazines	<u>\$ -</u>

Casualty losses through fire, storm, and theft or casualty not reimbursed, attach detail list of each loss

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**HOPE AND LIFETIME LEARNING CREDIT:**

Tuition and fees paid	<u>\$ -</u>
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(Do not include books, room and board and other expenses)

Were payments for first two years of post-secondary school education \_\_\_\_\_ Yes/No

**CHILD AND DEPENDENT CARE EXPENSES**

Who provided care?

Name	_____	Address	_____
SS# or ID#	_____	Amount	_____

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Did you give or receive gifts of \$11,000 from an individual. If so, please provide name, address and social security number of recipient.

**DECLARATION: I HAVE REVIEWED THE INFORMATION GIVEN TO YOU ON THIS FORM AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, COMPLETE AND READY FOR YOUR PREPARATION OF MY INCOME TAX RETURN. I ACKNOWLEDGE THAT I HAVE MAINTAINED ADEQUATE DOCUMENTATION TO SUBSTANTIATE ALL DEDUCTIONS THAT I HAVE CLAIMED.**

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Client