

Client Information Sheet - Please Complete

Taxpayer _____ Spouse _____
SS# _____ Birth Date _____ SS# _____ Birth Date _____
Employer _____ Employer _____
Retired or Job Title _____ Retired or Job Title _____
Address _____ County _____
Live Inside City Limits of: _____ Work inside City Limits of: _____ School District _____
Home Phone # _____ Work # _____ Cell # _____
Email _____
Residency: Full-Year _____ Part-Year _____ Date of Move _____
If moved, previous address _____ County _____

<u>Dependent Name / Relationship</u>	<u>Social Security #</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments & Credits - Do not list unless you can prove with a receipt or cancelled checks

Child / Dependant Day Care Costs:

Childs Name: _____ \$ _____ Childs Name: _____ \$ _____
Provider Name _____ Provider Name _____
Address _____ Address _____
Fed ID # or SS# _____ Fed ID # or SS# _____

Traditional IRA Contributions

Taxpayer \$ _____ Spouse \$ _____

ROTH IRA Contributions

Taxpayer \$ _____ Spouse \$ _____

College Tuition & Fees: (paid by student, parents or loans, Schools Form 1098-T - Books or Housing not deductible)

Student: _____ College: _____ Class Year: _____ Tuition and Fees: \$ _____
Student: _____ College: _____ Class Year: _____ Tuition and Fees: \$ _____

Student Loan Interest Deduction: (Form 1098E or Loan Statement)

Amount Paid \$ _____

Real Estate Taxes Paid (personal & 2nd home)

Amount Paid \$ _____

Health or Medical Savings Plan Contribution: (Statements or Cancelled checks)

Amount Paid \$ _____

Self-Employed Health Insurance: (Premium Bills or Cancelled checks)

Amount Paid \$ _____

Self-Employed SEP, SIMPLE, Keogh Plan: (Your Total Contributions — Need Statements)

Amount Paid \$ _____

Educator Expenses: (Teacher paid classroom supplies & learning aids)

Amount Paid \$ _____

College Advantage 529 Savings Plan: (Contributions or tuition credits)

Amount Paid \$ _____



Electronic Tax Filing REFUND/BALANCE DUE Options

- 1) ___ Day's will file Federal & State Electronically—You will get a check in the mail in 6 to 8 weeks
- 2) ___ Day's will file Federal & State Electronically—You will get direct deposit refund to your bank in 2 to 3 weeks
(Need a voided Check or Savings Account Information)
- 3) ___ Day's will file Federal & State Electronically—If Balance Due—taxes paid by you with voucher coupon by April 15.
- 4) ___ You will mail in the Federal & State with balance due. If receiving a refund a check will be mailed in 10 to 14 weeks.
(Due to e-file regulations, additional forms and fees will apply for this method)

Income Sources - Remember to bring these with you

- | | |
|--|---|
| Wages — bring your W-2s | Social Security Income: Form SSA-1099 |
| Taxable & Tax-exempt Interest: Form 1099-INT | Gambling Winnings: Form W-2G |
| Taxable & Tax-exempt Dividends: Form 1099DIV | Miscellaneous Income: Form 1099-MISC |
| Capital Gains: Form 1099-B (sale of investments) | Medical Savings Accounts: Form 1099-MSA |
| Schedule K-1: Partnerships (such as Cedar Fair) | Other Sources of Income: Jury Duty, Lawsuit Settlements,
Legal Awards, Discharged of Debts, Cancellation of Loans |
| State & City Tax Refunds: Form 1099-G | |
| IRA, Pension, Annuity distributions: Form 1099-R | |
| Unemployment from State: Form 1099-G | |
| Railroad Retirement Benefits: Form RRB-1099 | |

Itemized Deductions - Do not list unless you can prove with a receipt or cancelled check

Medical Expenses (paid by you only - not Insurance Company)

	<u>Amount</u>
Prescription Medicine	\$ _____
Doctors, Dentist Office	\$ _____
Hospital	\$ _____
Medical Insurance	\$ _____
Eyeglasses/Contacts	\$ _____
Misc. Medical	\$ _____
Private Nursing Care	\$ _____
Medical Mileage	_____

Interest paid

	<u>Amount</u>
Home Mortgage 1st	\$ _____
Home Mortgage 2nd	\$ _____
Home Equity Loan	\$ _____
Deductible Points *	\$ _____
* If you refinanced bring copy of closing statement.	
Interest Paid to Individuals	\$ _____
Name _____	
SS# _____	
Address _____	

Taxes paid by you

Real Estate	\$ _____
State (Qtrly Estimated)	\$ _____
Cities (Qrtly Estimated)	\$ _____
School District (Estimated)	\$ _____
Sales Tax (Need Receipts)	\$ _____

Charitable Contributions (Documented Amounts)

Church: _____	\$ _____
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____

Charitable Mileage _____

Non-Cash Donations (Detailed List Required) \$ _____

Volunteer Expenses \$ _____

Volunteer Mileage _____