

# BASIC 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	WORK PHONE
<b>FILING STATUS</b>			
Date of Birth...	YOU: _____	Blind? YOU..... <input type="checkbox"/> Yes	<input type="checkbox"/> Married <input type="checkbox"/> Single
	SPOUSE _____	SPOUSE... <input type="checkbox"/> Yes	Date of Divorce Decree: _____
Do you have a child living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DEPENDENT INFORMATION							NOTE: You <u>must</u> include the social security number of <u>each</u> dependent you claim.	
NAMES First/Last	SOCIAL SECURITY NUMBER	BIRTH DATE	RELATIONSHIP	MONTHS IN HOME	CHECK (✓) IF STUDENT? ED. CREDIT?		DEPENDENT INCOME	

IRA / KEOGH		YOU \$ AMOUNT	SPOUSE \$ AMOUNT	YOU "Yes" "No"		SPOUSE "Yes" "No"	
CONTRIBUTIONS				Company Pension Plan?*			
IRA Contribution							
KEOGH / S.E.P. Contribution							
Penalty on Early Withdrawal				Self Employed			

ALIMONY PAID		\$ AMOUNT PAID
RECIPIENT'S LAST NAME: _____		
SOCIAL SECURITY NUMBER: _____		
RECIPIENT'S LAST NAME: _____		
SOCIAL SECURITY NUMBER: _____		

AUTO USE VERIFICATION	
<i>Specific information for auto and other "listed" depreciable property <b>MUST BE COMPLETED.</b> These questions appear on the federal return</i>	
Is the property used 50% or less in business?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support the business % claimed?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this evidence written? (Diary, Ledgers, etc.)....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Miles: _____	Business Miles: _____
Commuting Miles (to work and back) : _____	

DIRECT DEPOSIT FOR ELECTRONIC FILING	
<i>Please bring <b>Blank Check</b> for reference.</i>	
Bank Name: _____	
Routing Transit Number: _____	
Account Number: _____	

SALE OF PERSONAL RESIDENCE	
Did you sell your personal residence? <input type="checkbox"/> Yes	Date of sale: _____
<i>Please provide your <b>Final Sales Escrow</b> disbursement document (1 or 2pp) and your <b>Original Purchase Escrow Docs</b> (1 or 2pp).</i>	

ESTIMATED TAX PAYMENTS MADE			
	DUE	DATE PAID	\$ AMOUNT
1 <sup>st</sup> quarter	04/15		
2 <sup>nd</sup> quarter	06/15		
3 <sup>rd</sup> quarter	09/15		
4 <sup>th</sup> quarter	01/15		
Extension	04/15		

EDUCATIONAL CREDITS: Hope & Lifetime		
<i>Subject to phase-out: Joint \$85,000 - \$105,000, Single &amp; HH \$42,000 - \$52,000.</i>		
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		\$
<i>NOTE: Books, room and board, or personal living or family expenses are not deductible.</i>		
If a junior or above, qualified expenses paid before this year.		\$

# INCOME

W-2 WAGES		
	YOU	SPOUSE
Number of W-2's		
Total Wages		

DIVIDENDS		<i>Please provide <u>all</u> 1099 DIV's</i>
RECEIVED FROM	\$ AMOUNT	

INTEREST		<i>Please provide <u>all</u> 1099 INT's</i>
RECEIVED FROM	\$ AMOUNT	

SUPPLEMENTAL INCOME			<i>Please provide <u>all</u> K-1's</i>
CHECK IF "YES"	SOURCE	NUMBER OF K-1'S	
	Partnership		
	Trust		
	S. Corp		

SELF EMPLOYED INCOME (Schedule C)			
<i>Please bring <b>PROFIT &amp; LOSS</b> statement &amp; all Invoices for Capital Purchases.</i>			
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)			
<i>Please bring <b>PROFIT &amp; LOSS</b> statement for each rental.</i>			
Did you <input type="checkbox"/> BUY <input type="checkbox"/> SELL any rentals? <i>Provide all relevant Buy and Sell Escrow Docs ( 1 or 2pp each)</i>			
Did you have any capital improvement? (see below) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Provide all relevant documents, contracts, receipts, etc.</i>			
NAME OF PROPERTY			
GROSS INCOME (Rents)			
EXPENSES	INSURANCE		
	INTEREST		
	TAXES		
	OTHER OPERATING EXPENSES: <i>(Auto, Advertising, Cleaning, Gardening, Association Dues, Repairs, Painting, Utilities, Travel, etc.)</i>		
	CAPITAL IMPROVEMENTS		
<i>(New Roof, Tile, Cement, Carpets, Landscaping, Driveways, Furniture, Appliances, New Plumbing, Fixtures, Etc, Other Than Repairs.</i>			

GAINS AND LOSSES FROM SALE OF PROPERTY						
<i>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 <u>all</u> 1099's.)</i>						
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			<i>Please provide <u>all</u> 1099's received.</i>
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:			

# ITEMIZED DEDUCTIONS

<b>MEDICAL</b> <small>Must exceed 7.5% of your adjusted gross income.</small>	\$ AMOUNT
Medical Insurance Premium	
Medicine and Drugs	
Doctors, Etc.	
Hospitals	
Transportation: _____ (miles)	
Parking / Tolls	
Therapy	
Glasses, Etc.	
Orthopedic Devices	
Nursing	
Insurance Reimbursement	< >

<b>TAXES</b>	\$ AMOUNT
State Income Tax <small>(Amounts Withheld, Estimated, &amp; Paid This Year)</small>	
Real Estate	
DMV 1 <small>(Registration Fee)</small>	
DMV 2	
DMV 3	

<b>CONTRIBUTIONS</b> <small>Must include name of organization if amount is over \$3,000.</small>	\$ AMOUNT
Church	
United Way	
Red Cross, M/D	
Miscellaneous Organized Charity	
Transportation: _____ (miles)	
Non-Cash <small>(If over \$500 you will have to complete form 8283 providing details on the contribution.)</small>	

<b>INTEREST</b>	\$ AMOUNT
<b>RESIDENTIAL INTEREST:</b> <small>You can deduct the interest paid on 2 personal residences. Maximum Mortgage(s) = \$1,000,000</small>	
Institutions (Form 1098)	
Individual <small>Name</small>	
<small>Address</small>	
<small>Social Security No.</small>	
<b>INVESTMENT INTEREST EXPENSE:</b> <small>Deduction limited to investment income; i.e., interest dividends, and if elected, sale of investment property.</small>	
Stock Broker Margin Account	
Real Estate Lot <small>(Unimproved)</small>	
Other:	

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

<b>MOVING EXPENSES</b> <small>Please bring all company supplied forms and worksheets.</small>	NOTE: You must have changed job locations in order to claim moving expenses.
<b>DISTANCE TEST</b>	
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.
<b>COSTS</b>	
Transportation and storage of household goods	\$
Travel and lodging expenses excluding meals <small>(meals are not deductible)</small>	\$
Are all company reimbursements included in your W-2?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>CASUALTY</b> <small>NOTE: The loss must exceed 10% of your AGI to be deductible. You must have written appraisals.</small>	\$ AMOUNT
Cost or Basis	
Insurance or Other Reimbursement	
Fair Market Before <small>(appraisal)</small>	
Fair Market After <small>(appraisal)</small>	
Description:	
Date Purchased:	

<b>CHILD CARE EXPENSES</b> <small>You must provide the name, address, telephone number, and Social Security/ID number of your babysitter in order to claim this credit.</small>	NOTE: If you received employer provided child care benefits, please check... <input type="checkbox"/> \$ AMOUNT _____			
PERSON / ORGANIZATION PROVIDING CARE	ADDRESS	TELEPHONE #	SOC. SEC. # / FED. ID #	AMOUNT PAID