

TAX CLIENT DATA SHEET

This form is to assist you in gathering your income tax information.
PLEASE BRING IN YOUR COPY OF LAST YEAR'S RETURN.

PRIMARY NAME _____ SPOUSE NAME _____

SSN _____ Birthdate _____ SSN _____ Birthdate _____

ADDRESS(CITY, STATE, ZIP) _____

PHONE (DAY) _____ PHONE (EVE) _____

Did you and your spouse live apart during the year? YES _____ NO _____

Dependents: (List youngest first) Name (first, initial and last name)	Month, Day & Year of birth	Dependent's SSN	Relationship	Months lived in your home

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

If someone else can claim you as a dependent, check here

IRA Contribution \$ _____ Alimony Paid \$ _____

Keogh Retirement / SEP... \$ _____ Recipient's SSN _____

Did you pay estimated Federal (1040ES)/State taxes? How much? \$ _____ Which state? _____

Do you itemize? Yes / No (If yes, see reverse.) If yes, REFUND / BALANCE DUE from State...

How much? \$ _____

CHECK THE INCOME ITEMS WHICH PERTAIN TO YOU

(Attach Documentation)

- | | | |
|---|---|---|
| <input type="checkbox"/> Wage Statement – W-2's
(How many) _____
<input type="checkbox"/> Interest \$ _____ (to include
Savings bonds)
<input type="checkbox"/> Dividends
<input type="checkbox"/> Alimony Received
<input type="checkbox"/> Self-Employed Business Income
<input type="checkbox"/> Commissions – 1099's | <input type="checkbox"/> Pension, Retirement Income
<input type="checkbox"/> Income From Rentals
<input type="checkbox"/> Partnership/S Corporation (K-1)
<input type="checkbox"/> Estates/Trusts
<input type="checkbox"/> Farm Income
<input type="checkbox"/> Unemployment \$ _____
<input type="checkbox"/> Lottery or Gambling Winnings
<input type="checkbox"/> Stock Sales | <input type="checkbox"/> Installment Sale
<input type="checkbox"/> Social Security / Railroad Retirement
<input type="checkbox"/> Municipal Bonds
<input type="checkbox"/> Tips/Other Income
<input type="checkbox"/> Moving Expense
<input type="checkbox"/> *BAS/BAQ \$ _____
(Military Housing Allowance)
<input type="checkbox"/> Did you buy or sell a personal
residence? _____ |
|---|---|---|

Child Care Information (Note: This information is required for each provider. More spaces on reverse.)

Provider's Name _____ Provider's SSN/EIN _____

Provider's Address _____ Amount Paid to Provider _____

Provider's Name _____ Provider's SSN/EIN _____

Provider's Address _____ Amount Paid to Provider _____

Are you interested in receiving a RAL? _____

Are you interested in having your return Electronically Filed? _____

* BAS/BAQ Amounts are included on YTD Leave & Earnings Statement (LES)

Did You Sell:

Any Real-estate	Yes _____ No _____	Business Equipment	Yes _____ No _____
A Business	Yes _____ No _____	Business Vehicles	Yes _____ No _____

Possible Itemized Deductions

(List amounts for items you have – keep receipts for your deductions)

Medical & Dental:

DR \$ _____
 DR \$ _____
 DR \$ _____
 DR \$ _____
 Prescription Drugs \$ _____
 Hospital Insurance \$ _____
 Hospital & Emergency \$ _____
 Lab & X-Ray \$ _____
 Nurses \$ _____
 Dental \$ _____
 Dentures \$ _____
 Glasses & Contact Lenses \$ _____
 Hearing Aids & Batteries \$ _____
 Orthopedic Shoes \$ _____
 Therapy Treatments \$ _____
 Canes/Crutches/Braces \$ _____
 Wheelchairs \$ _____
On Doctor's Advice:
 Air Conditioning \$ _____
 Vaporizers \$ _____
 Thermometers & Bandages \$ _____
 Other \$ _____
 Medical Miles Driven \$ _____
 Other Med. Transportation \$ _____

Taxes:

Real Estate \$ _____
 Personal Property \$ _____
 State Income Taxes \$ _____
 \$ _____

Casualty Losses:

Accident, Fire, & Theft \$ _____

Contributions:

Church \$ _____
 Church \$ _____
 College \$ _____
 United Way \$ _____
 March of Dimes \$ _____
 Heart Fund \$ _____
 Seals - Christmas & Easter \$ _____
 Cancer Society \$ _____
 Red Cross \$ _____
 Muscular Dystrophy \$ _____
 CARE \$ _____
 Mental Retardation \$ _____
 Salvation Army \$ _____
 YMCA, YWCA \$ _____
 Multiple Sclerosis \$ _____
 Crippled Children \$ _____
 Cerebral Palsy \$ _____
 Fair Market Value of
 furniture or clothing: \$ _____
 Volunteer work expenses: \$ _____
 Church, scouts, etc. \$ _____
 Auto miles driven: \$ _____
 Other \$ _____

Interest Paid:

Points Paid at Closing \$ _____
 Home Mortgage to Individual Name \$ _____
 SSN _____
 Address _____
 Home Mortgage \$ _____
 2nd Mortgage/Home Equity \$ _____
 2nd Home/Boat/Mobile/Vacation Investment \$ _____

Miscellaneous and Employee Business Expenses:

* Uniform Cleaning \$ _____ Work Tools \$ _____ Union Dues \$ _____ Safety Shoes \$ _____ Safe Deposit Box \$ _____ Education Expenses \$ _____	Employment/Job Seeking Fees \$ _____ Sales/Entertainment \$ _____ Office-in-Home Expense \$ _____ Tax Return Preparation \$ _____ Investment Expenses \$ _____
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Vehicle Expenses:

Did you use your personal vehicle for work? (Not commute) Yes _____ No _____

Total miles driven for year _____
 Total business miles _____
 Business Travel:
 Out of Town/Temporary(Lodging) \$ _____
 Meals \$ _____

Commuting miles (one way) _____
 Days worked during the year _____
 Vehicle Use (Auto/Truck) Miles _____

Moving Expenses:

Miles \$ _____
 Household Moving Expenses \$ _____
 Lodging Expense During Move \$ _____

Child Care Information (Continued from front.)

Provider's Name _____ Provider's SSN/EIN _____
 Provider's Address _____ Amount Paid to Provider _____