

Taxpayer's name _____ Social Security Number _____
 Spouse's name _____ Social Security Number _____
 Home Address _____ Apartment Number _____
 City or town _____ State _____ Zip Code _____ County _____
 Foreign country _____ Foreign province/state _____ Foreign postal code _____
 E-mail Address(es) _____
 Telephone #1 _____ Telephone #2 _____

	Date of Birth	Occupation	Blind	Disabled	Date of Death
Taxpayer	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spouse	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

☐ Single ☐ Check if parent (or someone else) can claim you as a dependent on their return
☐ Married Filing Joint
☐ Married Filing Separate ☐ Check if you lived apart from your spouse for all of the current tax year
☐ Head of Household (May be used if unmarried and you paid over half the cost of keeping up a home for your dependent or qualifying child)
 If the person is a child but not a dependent: Name _____ SSN _____
☐ Qualifying Widow(er) (May be used if your spouse died in the previous two years and you had a child living with you whom you can claim as a dependent.)
 Year spouse died _____

Routing Number _____ Account Number _____

[illegible]

MISCELLANEOUS QUESTIONS

Complete the following questions. If your answer to any question below is Yes, enclose supporting documentation.

	Yes	No
1. Have you received any notices or correspondences from the IRS or state in the past 3 tax years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you earn any foreign income or have any foreign taxes paid	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you pay a household employee cash wages of \$1,800 or more	<input type="checkbox"/>	<input type="checkbox"/>
4. If yes to #3, were total cash wages of \$1,000 or more paid in a calendar quarter to the Household Employee?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you refinance a mortgage	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you pay any real estate taxes	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you sell your home	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you use any special fuels for farming purposes or other non-highway uses?	<input type="checkbox"/>	<input type="checkbox"/>
9. Did you receive any unreported tip income	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any children age 18 or under (or student under age 24) who had investment income of more than \$1,900?	<input type="checkbox"/>	<input type="checkbox"/>
11. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return?	<input type="checkbox"/>	<input type="checkbox"/>
12. Did you pay any expenses related to the adoption of an eligible child?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did you purchase an item(s) this tax year that you paid a large amount of sales tax on?	<input type="checkbox"/>	<input type="checkbox"/>
14. Did you receive any distributions from a health savings account (HSA), Archer MSA, or Medicare Advantage (MA) MSA reported to you on Form 1099-SA?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you currently repaying the First-Time Homebuyer Credit? If yes, provide details below.	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS OR QUESTIONS

[illegible]

ITEMIZED DEDUCTIONS

Medical and Dental Expenses <i>(not including reimbursements)</i>	Taxpayer A Amount	Taxpayer B Amount
Medical/dental care insurance premiums (other than self-employed)		
Medicare B and D premiums from SSA-1099 and RRB-1099-R		
Qualified long-term care premiums		
Doctor, dentist, and hospital fees		
Prescription medicines and drugs		
Medical aids such as eyeglasses, contact lenses, and hearing aids.		
Total transportation expenses		
Other medical and dental expenses		

Taxes Paid	Taxpayer A Amount	Taxpayer B Amount
State and local income taxes paid (other than withholdings and estimates)		
Actual state and local general sales taxes paid		
Real estate taxes		
Personal state/local property taxes (list type of tax paid) _____		

Interest Paid	Taxpayer A Amount	Taxpayer B Amount
Home mortgage interest paid to financial institution (enclose Form 1098 or statement)		
Home mortgage interest paid to individual		
<i>Individual's name</i> _____		
<i>Individual's address</i> _____		
<i>Individual's ID number</i> _____		
Qualified mortgage insurance premiums (VA, FHA, RHS, or private)		
Investment interest expense		

[illegible]

ITEMIZED DEDUCTIONS (continued)**Casualty and Theft Losses** (for property damaged by storm, water, fire, accident, or theft)

Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.

(If additional losses were incurred, please attach a separate sheet of paper with these details.)

Location of property: _____ Residential property ☐
Description of property: _____ Business property ☐
Date of loss: _____ Federal Disaster ☐

Amount of damage _____ Cost basis of property _____ Repair Costs _____
Insurance reimbursement _____ FMV of property before loss _____ Other _____
Federal monies received _____ FMV of property after loss _____ Other _____

Unreimbursed Employee Business Expenses **T = Taxpayer S = Spouse** **T or S**

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) _____
Subscriptions related to your work _____
Licenses and regulatory fees _____
Tools and supplies used in your work _____
Work clothes, uniforms if required _____
Medical exams required by your employer _____
Work related education (books, tuition) _____
Legal fees related to your job _____
Job search expenses (current occupation) _____

***In home office:**

Total square footage _____
Office square footage _____
Office square footage _____
Rent _____
Insurance _____
Utilities _____
Repairs/Maintenance _____

Vehicle Information

Vehicle description _____
Date placed in service _____
Cost or basis _____

Miles of vehicle

Business miles _____
Commuting miles _____
Other miles _____

Expenses

Actual expenses _____
(gas, oil, repairs, etc)
Parking fees and tolls _____
Travel expenses _____

Questions relating to mortgage interest, taxes, and casualty losses were asked previously*Sales, Purchases, and Disposition of Assets in Current Tax Year**

(New clients, enclose detailed listing of all depreciable assets.)

T S	Asset description	Date acquired	Purchase price	Date sold	Sales price

Investment Related Expenses

Tax preparation fees _____
Safe deposit box _____
Custodial, trust admin fees _____
Fees to collect interest and dividends _____
Tax advice not related to investment income _____
Legal fees related to producing taxable income _____
Other _____
Other _____
Other _____

Other Misc. Deductions

Gambling losses _____
Estate tax deduction (in respect of a decedent) _____
Portfolio from Schedule K-1 _____
Unrecovered investment in a pension _____
Amortizable premium on taxable bonds _____
Disabled persons work expenses _____
Other _____
Other _____
Other _____