$\qquad$ Divorced, or separated, Date $\qquad$ Suffered the death of Spouse, Date $\qquad$ YOUR PERSONAL INFORMATION SPOUSE


DEPENDENTS - List names of all dependents, regardless of age, who received more than half their support from you Do not list spouse.

| Name of Dependents | Date of Birth | Social Security No. | Citizen of the U.S. | Year End Age \& Relationship | Months Lived In Your Home | Full Time Student 5 Months or More | Dis You Providide Over $1 / 2$ Sumpot? | Wayes of Dependent | inuestmentincome <br> of Bependent |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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| ESTIMATED TAXES ALREADY PAID - If applicable | Federal |  | State |  | Lacal |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Amount Paid | Date Paid | Amount Paid | Date Pain | Anourt Paid | Dexte Paid |
| (Not Withheld by W-2's) Credit from prior year |  |  |  |  |  |  |
| Cash estimated payments: April |  |  |  |  |  |  |
| June |  |  |  |  |  |  |
| September |  |  |  |  |  |  |
| January |  |  |  |  |  |  |


| WAGE \& SALARY INCOME - Enclose all W-2's <br> List names of all employers for taxable year | Total Wages | Fed. Income <br> Tax Withheld | State Income <br> Tax Withheld | Locai income Tax Witheld | Social Security Withheld | Medicare <br> Withheld |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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DIVIDEND INCOME - Include 1099 Forms Received

| $\begin{aligned} & \text { *H } \\ & \text { W } \\ & \text { J } \end{aligned}$ | Name of Payer | Gross Amount Received | Tax Withheld | U.S. or Foreign? |
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| (if foreign, give name of country) |  |  |  |  |
| Discuss exclusions from special dividend rate of $15 \%$ with tax preparer. |  |  |  |  |

INTEREST INCOME - include 1099 Forms Received


OTHER INCOME - Include 1099 and K-1 Forms Received


STOCK OR PROPERTY SALES - Enclose Broker's statements, Form 1099-B, and Real Estate transaction papers.
Se explain.)

| Sales Price Amount | Cost Basis Amount | Expenses of Sale | Basis Code* | Adjusiments to Basis | Depreciation Ammortizatio |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| N0 Discuss other exemptions for principal residence with tax preparer. |  |  |  |  |  |
| Use Basis Codes below: |  |  |  |  |  |
| 1099-B Received; Box 3 basis (cost) No 1099-B Received; basis is my cost |  |  |  | $\text { B } \quad 109$ | eceived; basis (cost) |

CREDITS - CHILD \& DEPENDENT CARE/CHLD TAX CREDIT -


Date of Birth

| CREDITS - CHILD \& DEPENDENT CAR Nane of Quailing Person | Date of Binth | Dependent? | Year End Age and Relationship | Months Lived in Home | Citizen of U.S. or Resident Alien | Incapable Self-cart |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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Months Lived in Ciitizen of U.S. or Incapable Home Resident Alien Seff-cart

| Mame and Address | Social Security No. or ElN | Amount Paid |
| :---: | :---: | :---: |
|  |  |  |
|  |  |  |
| Li you paid over \$1,700 to household emphoyes, write your empioyer idenitication muntser, and the amoum of wages paid. |  |  |


| EDUGATION GREDITS <br> Name of Btudent | Enollece in Post-Secondary :ducationa instiofstion? | Graveled in Degriee or Cerificaie Progran? | Years of Post-Secondary Education Completed as of $12 \cdot 31$ | Took at Leas Fuil-Time Work Academic Peri | Normal <br> During One Tax Year? | Ever Convicted of a Feiony for Controlled Substances? | Amount of Tuition and Fees PairDuring Tax Year (Other than amour paid for educational deduction |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
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| DEDUCTIONS - Medical and Dental Expenses | $\begin{aligned} & \text { Un-reimbursed } \\ & \text { Amount } \\ & \hline \end{aligned}$ |  |  |  |  |  |  | Un-reimbursed Amount |
| Prescription medicisises, drugs and insulin |  |  | jing while away from | home for Me | al Care | Id Ambulance Se | vice |  |
| Doctors and Dentists |  |  | T Dist triow. smming cassia | ion progams, heain | Is dentuces, | eejasses, brames, whelch | (is, elc) |  |
| Nurses and Hospitals |  |  |  |  |  |  |  |  |
| Insurance Premiuns |  |  |  |  |  |  |  |  |
| Eye Laser Surgery |  |  | you self employed | Yes | No |  |  |  |

CONTRIBUTIONS - Retirement Plans and IRAS
Type of Account (regular IRA, Roth IRA, Coverdell ESA, employer-sponsored retirement plan, SEP, etc.).

Are you or your spouse an active participant in a qualified retirement plan (including a 401 ( $K$ ) plan)?
Discuss deductibility or credit availability for contributions with tax preparer.


| DEDUCTIONS - Miscellaneous |
| :--- |
| Almony Paid (list reciplent's name and SSN)  <br> Recipient  <br> Social Security Number  <br> Penalty on early withdrawal of savings  <br> Un-reimbursed Employee Expenses: Tools  <br> Protective Clothing  <br> Union Professional Dues  <br> Uniforms  <br> Subscriptions to professional journals  <br> Other (specify)  <br> Employer Provided Benefits (specify)  <br> Tax Return Preparation Fees  <br> Investment Expenses  <br> Saie Deposit Box  <br> Casualiy or theft loss not reimbursed by insurance in excess of $\$ 500$  <br> Worthless Stock, Ponzi Scheme Losses  <br> Contribution to Health Savings Account  <br> Expenses paid for higher education (not paid by Coverdell ESA or  <br> reported for educationai credits) for you, spouse or dependent  <br> Teachers - books, supplies and equipment (Grade(s) taught  <br> Gambling Losses (up to winnings)  <br> Gulf, Renewable Energy or Build America Bonds  <br> Other (specify)  <br>   |

DEDUCTIONS - Taxes Amount

| Income Taxes (state and local) |  |
| :--- | :--- |
| Real Estate Tax (nrclude even if not planning to itemize) |  |
| Personal Properiy Tax (Auto) |  |
| Other Taxes (spenify) |  |
| Staie General Sales Tas |  |
|  |  |


| ADOPTION CREDIT | Anount |
| :---: | :---: |
| Amount of expanses paid to adopta child |  |
| Chinds Name? |  |
| Date of Birth? |  |
| Social Security Munben? |  |
| Sprecial needs sthlu? $\square$ Yes $\square$ (Ho |  |

DEDUCTIONS - Chartable Contributions
NOTE: Receipts or bank records are required for all cast comtybudions; writtan acknowdeogemant is rieded for contibutions is excess af $\$ 250$. Amount

| Gash Contributions (Receiptsfanceled checks reculied) |  |
| :---: | :---: |
| Payments over benefits received for charitabie cvens. |  |
| Non-Gash corvibutions: Attand list showing charity name and address, propery descriptins, condition (good or better), dates accuise and contributed, how zequired by you seg. parchase or gifi), cost or adfusted besis, fair maket value: and how you determised value. Note: For charitanle conation of property walle in excess of $\$ 5,000$, addilional isformaxion maybe requived. Please note any dirget constibution made from roirement platis. |  |
| Out of pockef erpenses for donated work in cominnction with above or simitar organizations \& charitios. |  |
| Transportafion or mileage for charitable work (provide dates). |  |
| Expenses (incurred as duly elected delegate to convention or recognized organizatiom. |  |
| Ohter Expenses (specify) |  |

## PRESIOENTIAL ELECTION CAMPAIGN EUND

Congress has set up a fund to help pay for Presidential election costs. Do you want das of your tax to go to this fund? $\qquad$ If you are filing a joint retum, does your spouse want $\$ 3$ dollars of their tax to go to this fund? Note: A "Yes" sesponse will not change your tax or reduce your refund.

## ...from IRS: Recordkeeping

"You are regurred by law to keep rocords that will enabie you to prepare a con plete and accuraif income tax return. Although law generally cioes not requit any special form or records, you must retain all receipts, cancelled checks at other evidence to prove amounts chamed as deducitons. You must keep yo recorch for as long as their coments may be material to administering at internal Revenue Senvice."

The enclosed information is corrert and includes all incone for this retur

| Type of Property and Address | Fair Market Vaiue | Personal Usage | Received |
| :---: | :---: | :---: | :---: |
| Property A |  |  |  |
| Property B |  |  |  |
| Property C |  |  |  |
| Property D |  |  |  |
| Property E |  |  |  |
| Did you actively participate in the real estate activities Are any of these properties vacation homes? | (if Yes, which ones |  | ) |

RENTAL AND ROYALTY DEDUCTIONS

| Advertising | Property A | Property B | Property C | Property D |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | Property E

MOVING EXPENSES
Under certain conditions, if you move your residence due to transfer or nei employment your moving costs may b deductible

Distance Old Home to NEW Workplac Miles

City moved from

Distance Old Home to OLD Workpiace Miles

City moved to

Cost of moving and storing household good Amount

| Travel costs for yourself and <br> family enroute to new residence <br> (Do not include meals) |
| :--- |

SPEED PROCESSING
Enclose front pages of goveriment tax forms that have your name and address labels. Be sure to include the mailing envelopes as well.

EMPLOYEE BUSINESS EXPENSES

| Un-reimbursed <br> Fares for Amount  <br> Meals (total amount before 50\% limit)  <br> Lodging  <br> Auto Rental  <br> Auto Business Expenses  <br> Dues to Professional Association or Union  <br> Education  <br> Entertainment  <br> Office  <br> Supplies  <br> Other  |
| :--- | :--- |

STANDARD MILEAGE
1/1-6/30 7/1-12/3

| Total miles driven this year |  |  |  |
| :--- | :--- | :--- | :--- |
| Business miles driven |  |  |  |
| Personal miles driven |  |  |  |
| Was another vehicle available for personal use? | $\square$ | Yes | $\square$ |

ACTUAL AUTO EXPENSES

| Cescription of Auto | Car \#2 |  |
| :--- | :--- | :--- |
| Cost or Other basis |  |  |
| Date placed in Service |  |  |
| License and fees |  |  |
| State and l.ocal Taxes |  |  |
| Insurance |  |  |
| Depreciation (discuss with tax <br> return preparer) |  |  |
| Interest on Auto Loan |  |  |
| Gas, oil, fubrications, etc. |  |  |
| Business parking and tolls |  |  |
| Tires, repairs, etc. |  |  |
| Motor Club dues |  |  |
| Other (attach list) |  |  |
| Used for Farm, Business or Rental? |  |  |
| Percentage of Farm or Business use |  |  |
| Did you trade an auto used in your business this year? |  |  |
| Do you have adequate records to justify these deductions? |  |  |

## Principal Product(s)

Accounting Method used (check one): $\square$ Cash $\square$ Accrual
Do you elect to average farm income over three years? $\square$ res $\square$ No
Did you materially participate in the operation of business? $\square$ Yes $\square$ №

| SALE OF LIVESTO | DTHER | MS BO | FOR R |  |
| :---: | :---: | :---: | :---: | :---: |
| Description/ | Date | Cost/ Basis | Selling | Date <br> Sold |
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FARM INCOME

| Description |
| :--- |
| Dairy products  <br> Eggs  <br> Wool  <br> Cotton  <br> Tobacco  <br> Vegetables  <br> Soybeans  <br> Corn  <br> Milo  <br> Wheat  <br> Other Grains  <br> Hay and Straw  <br> Fruit and Nuts  <br> Raised calves and hogs  <br> Other Farm Income  <br> Machine Work  <br> Total taxable distributions from cooperatives  <br> Taxable Agriculfural program payments: cash  <br> Taxable Agricultural program payments: materials \& services  <br> Commodity credit loans under election  <br> Commodity credit loans forfeited or repaid with certificates  <br> Did you make an election in a prior year to include  <br> commodity credit loan proceeds as income in that year?  <br> Federal Gasoline Tax credit  <br> State Gasoline credits  <br> Crop Insurance Proceeds \& Disaster Payments  <br> Did you elect to include as income in a foilowing year damage?  <br> Sales of Livestock due to Drought, Flood or other weather-related conditions:  <br>   <br> Did you elect to defer recognition of income?  |

Farm Expenses - Miscellaneous
Amount


IMPROVEMENTS, DEPRECIABLE LIVESTOCK, BUILDINGS \& EQUIPMENT
List below the business property bought or the improvements made to existing property.

|  | Hem | Date |
| :--- | :--- | :--- |
| Amount |  |  |
|  |  |  |
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SALES OF DEPRECIABLE LIVESTOCK, PROPERTY \& EQUIPMENT
List below the business property sold during the last year. (Business Property includes builc ings \& improvements, equipment \& depreciable livestock)

| Date Acquired Date Sold Selling Price |  |  |  | CostBasis |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
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| :--- | :--- | :--- | :--- | :--- |
| Name of Proprietor |  |  |
|  |  |  |
| Main Business Activity and/or Product | $\square$ |  |
| Did you materially participate in the operation of business? | $\square$ |  |


| INCOME | \$ | \% Domestic Production | INVENTORY/ACCOUNTING METHOD/HOME OFFICE |
| :---: | :---: | :---: | :---: |
| Gross Receipts or sales |  |  | Beginning Inventory $\qquad$ Purchases $\qquad$ Other Costs $\qquad$ Closing Inventory $\qquad$ <br> Method(s) used to value closing inventory: (1) $\qquad$ cash (2) $\qquad$ accrual (3) $\qquad$ other Altach explandion Accounting method: (1) $\qquad$ cash (2) $\qquad$ accrual (3) $\qquad$ other $\begin{gathered}\text { k.lach } \\ \text { explanation }\end{gathered}$ <br> Was there any change in determining quantities, costs or valuations between opening and closing inventory? $\square$ Yes $\square$ No Did you have an office in your home or otherwise use any of your home for business purposes? $\square$ Yes $\square$ No fflyes, ibicuss with Was this business accuired or begun this year? $\square$ Yes $\square$ No $\square$ tax consulvenant) |
|  |  |  |  |
| Less: returns from sales |  |  |  |
|  |  |  |  |
| Less: cost of goods sold |  |  |  |
| Plus: other income |  |  |  |

* Please note what $\%$ of sales and related costs are from domestically produced manufactured product.

| BUSINESS EXPENSES |
| :--- |
| Advertising  <br> Bad debts from sales or servicas  <br> Car and truck expenses (actual or standard mileage)  <br> Commissions and Fees  <br> Depletion  <br> Depreciation (discuss with tax consultant)  <br> Employee Benefit Program  <br> Insurance (other tharı health insurance of proprietor)  <br> Interest:  <br> Mortgage (paid to financial institutions) (form 1098)  <br> Other  <br>   <br>   |
| Legai and Professional services |
| Office expenses |
| Pension and Profit Sharimg Plan Contributions |

BUSINESS EXPENSES

| Rent or lease: |  |
| :--- | :--- |
| Machinery \& Equipment |  |
| Other Business Property |  |
| Repairs and Maintenance |  |
| Supplies |  |
| Taxes and Licenses |  |
| Travel |  |
| Entertainment \& meals (enter full amount before 50\% limit) |  |
| Utilities and Telephone |  |
| Wages |  |
| Other Deductions (Specify) |  |
|  |  |
|  |  |
|  |  |
| Health insurance on proprietor |  |
| Is healih insurance plan nondiscriminatory? |  |
| Amount paid for self-employed health insurance |  |


| ASSET PURCHASES AND SALES | Date Acquired | CostBasis | $\begin{aligned} & \text { Date } \\ & \text { Sold } \end{aligned}$ | $\begin{aligned} & \text { Sale } \\ & \text { Price } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
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[^0][Interest payment advisory statements sent you by creditors
$\square$ Real estate tax bill, mortgage statements, eic.
$\square$ All forms K -1(S) showing income/loss from partnerships, estates, irusts, limited liability companies and small business corporations

## $\square$ Divorce or separation documents and agreements

$\square$ Describe the extent of your material or active participation if you clained a loss from any business, partnership, limited liability company, small business corporation or joint venture. State if you had any amounts for which you were not at risk for debt.

## MISCELLANEOUS INFORMATION



If needed, use separate sheet for item clarification, additional facts and figures, or a memo for your appointment questions. Do you wish to have any refund credited to your bank account (up to three accounts)? $\square$ $\square$ Yes $\square$ No Account \# Routing \#

Name of Bank


[^0]:    REMINDER... Please check to see you are submitting the following items
    DThe tax forms and mailing envelopes sent to you
    $\square$ Estimated Tax forms if applicable
    DLast year's returns (unless prepared by our firm)
    ■Purchase \& selling agreements \& closing statements for real estate, stocks, etc.
    $\square$ All W-2's, all 1099 Forms and all 1098 Forms
    $\square$ Any sales contracts that inslude financial charges
    $\square$ Cancelled checks, receipts \& records for listed and unlisted deductions

