

## Tax Info Prep Sheet

(Please Complete Prior to Appt )

Year: \_\_\_\_\_

Name	_____	SSN	_____	DOB	_____
Spouse	_____	SSN	_____	DOB	_____
Dependent	_____	Relation	_____	SSN	_____
Dependent	_____	Relation	_____	SSN	_____
Dependent	_____	Relation	_____	SSN	_____
Address	_____	City	_____	St	_____
Cell:	_____	Alternate #	_____	Zip	_____
E-mail Address	_____	Driver's License #	_____	State Issued	_____

Occupation: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_

Filing Status:  Single  Married F/Joint  Married F/Separate  Head of Household

Free Look Requested: Yes  No  Year(s) \_\_\_\_\_ (Original Returns needed)

<b>RECOVERY REBATE/STIMULUS:</b>	<b>ACA(Obamacare)/Healthcare.gov</b>	<b>401k/TSP WITHDRAWAL</b>
Total Amount 1st Stimulus Received \$ _____	YES__ (1095A required) NO__	YES__(1099r Required) NO__
Total Amount 2nd Stimulus Received \$ _____		

### Adjustments

IRA contributions	_____	Teacher's Expenses	_____
Moving Expenses	_____	Estimated Taxes	_____
Student Loan Interest	_____	Education Expense(1098T REQUIRED)	_____

### Itemized Deductions

#### Medical/Dental

Dental Exp _____	Health Ins (Post Tax) _____	Prescription Cost _____
Medical Exp _____	Dental Ins (Post Tax) _____	

#### Taxes & Interest

Interest (Mortgages) _____	Real Estate Taxes _____	Boat / Motorcycle _____
PMI _____	Auto / Truck Tax _____	Yr/Make/Model _____

#### Gifts to Charity

Cash Contributions \_\_\_\_\_ Non-cash contributions \_\_\_\_\_

#### Job Expenses

Job Expense /Supplies _____	Hotel Expenses _____	Office Expenses _____
Job Travel Expense _____	Meals & Entertainment _____	Vehicle Expenses _____
Military Exp (boots, shoes etc) _____	Supplies/Equipment _____	Grooming (Military only) _____
Uniforms / Cleaners _____	Licenses Fees _____	Other Job Expenses _____
Mileage: <input type="checkbox"/> Commuting _____	Business _____	Personal _____

#### Miscellaneous Deductions

Prior Yr Tax prep fees _____	Casualty Loss _____	Legal Fees _____
Professional/Assoc Dues _____	Alimony Paid _____	Energy Credit Exp _____

#### Daycare

Daycare Expense \_\_\_\_\_ Daycare Tax Id # \_\_\_\_\_

Daycare Name \_\_\_\_\_

Daycare Address \_\_\_\_\_

**Business Information -Complete on Business Info Worksheet**

**Rental Information - Complete on Rental Information Worksheet**

Comments/ Additional Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_