

# Client Information Sheet - Please Complete

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_  
SS# \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Retired or Job Title \_\_\_\_\_ Retired or Job Title \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
Live Inside City Limits of: \_\_\_\_\_ Work inside City Limits of: \_\_\_\_\_ School District \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email \_\_\_\_\_ Residency: Full-Year \_\_\_\_\_ Part-Year \_\_\_\_\_ Date of Move \_\_\_\_\_  
If moved, previous address \_\_\_\_\_ County \_\_\_\_\_

<u>Dependent Name / Relationship</u>	<u>Social Security #</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Adjustments & Credits - Do not list unless you can prove with a receipt or cancelled checks

### Child / Dependant Day Care Costs:

Childs Name: \_\_\_\_\_ \$ \_\_\_\_\_ Childs Name: \_\_\_\_\_ \$ \_\_\_\_\_  
Provider Name \_\_\_\_\_ Provider Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Fed ID # or SS# \_\_\_\_\_ Fed ID # or SS# \_\_\_\_\_

### Traditional IRA Contributions

Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

### ROTH IRA Contributions

Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

### College Tuition & Fees: (paid by student, parents or loans, Schools Form 1098-T - Books or Housing not deductible)

Student: \_\_\_\_\_ College: \_\_\_\_\_ Class Year: \_\_\_\_\_ Tuition and Fees: \$ \_\_\_\_\_  
Student: \_\_\_\_\_ College: \_\_\_\_\_ Class Year: \_\_\_\_\_ Tuition and Fees: \$ \_\_\_\_\_

**Student Loan Interest Deduction:** (Form 1098E or Loan Statement)

Amount Paid \$ \_\_\_\_\_

**Real Estate Taxes Paid** (personal & 2nd home)

Amount Paid \$ \_\_\_\_\_

**Health or Medical Savings Plan Contribution:** (Statements or Cancelled checks)

Amount Paid \$ \_\_\_\_\_

**Moving Expenses:** (Total expenses less any Employer reimbursements)

Amount Paid \$ \_\_\_\_\_

**Alimony Paid:** (Need Recipient's Name & SS#: \_\_\_\_\_)

Amount Paid \$ \_\_\_\_\_

**Self-Employed Health Insurance:** (Premium Bills or Cancelled checks)

Amount Paid \$ \_\_\_\_\_

**Self-Employed SEP, SIMPLE, Keogh Plan:** (Your Total Contributions — Need Statements)

Amount Paid \$ \_\_\_\_\_

**Educator Expenses:** (Teacher paid classroom supplies & learning aids)

Amount Paid \$ \_\_\_\_\_

**College Advantage 529 Savings Plan:** (Contributions or tuition credits)

Amount Paid \$ \_\_\_\_\_



# Electronic Tax Filing REFUND/BALANCE DUE Options

- 1)  Day's will file Federal & State Electronically—You will get a check in the mail in 6 to 8 weeks
- 2)  Day's will file Federal & State Electronically—You will get direct deposit refund to your bank in 2 to 3 weeks  
(Need a voided Check or Savings Account Information)
- 3)  Day's will file Federal & State Electronically—If Balance Due—taxes paid by you with voucher coupon by April 15, 2014

## Income Sources - Remember to bring these with you

- |  |   |
|--|---|
| <b>Wages</b> — bring your W-2s                           | <b>Unemployment from State:</b> Form 1099-G   |
| <b>Taxable &amp; Tax-exempt Interest:</b> Form 1099-INT  | <b>Railroad Retirement Benefits:</b> Form RRB-1099  |
| <b>Taxable &amp; Tax-exempt Dividends:</b> Form 1099DIV  | <b>Social Security Income:</b> Form SSA-1099  |
| <b>Capital Gains:</b> Form 1099-B ( sale of investments) | <b>Gambling Winnings:</b> Form W-2G   |
| <b>Schedule K-1:</b> Partnerships ( such as Cedar Fair)  | <b>Miscellaneous Income:</b> Form 1099-MISC   |
| <b>State &amp; City Tax Refunds:</b> Form 1099-G         | <b>Medical Savings Accounts:</b> Form 1099-MSA  |
| <b>Alimony Received</b> \$ _____                         | <b>Other Sources of Income:</b> Jury Duty, Lawsuit Settlements,<br>Legal Awards, Discharged of Debts, Cancellation of Loans |
| <b>IRA, Pension, Annuity distributions:</b> Form 1099-R  |   |

## Itemized Deductions - Do not list unless you can prove with a receipt or cancelled check

### Medical Expenses (paid by you only - not Insurance Company)

	<u>Amount</u>
Prescription Medicine	\$ _____
Doctors, Dentist Office	\$ _____
Hospital	\$ _____
Medical Insurance	\$ _____
Eyeglasses/Contacts	\$ _____
Misc. Medical	\$ _____
Private Nursing Care	\$ _____
Medical Mileage	_____

### Taxes paid by you

Real Estate	\$ _____
State (Qtrly Estimated)	\$ _____
Cities (Qrtly Estimated)	\$ _____
School District (Estimated)	\$ _____
Sales Tax (Need Receipts)	\$ _____

### Miscellaneous Deductions

Union Dues	\$ _____
Professional Fees	\$ _____
Professional Licenses	\$ _____
Professional Insurance	\$ _____
Tax Preparation	\$ _____
Consultation Fees	\$ _____
Work Subscriptions	\$ _____
Tools/Supplies (job)	\$ _____
Uniforms Safety Equipment	\$ _____
Work Education Expense	\$ _____
(that does not qualify for new job)	
Gambling Losses and Lottery Ticket Purchases (to offset winnings only)	\$ _____

### Interest paid

	<u>Amount</u>
Home Mortgage 1st	\$ _____
Home Mortgage 2nd	\$ _____
Home Equity Loan	\$ _____
Deductible Points *	\$ _____
* If you refinanced bring copy of closing statement.	
Interest Paid to Individuals	\$ _____
Name _____	
SS# _____	
Address _____	

### Charitable Contributions (Documented Amounts)

Church: _____	\$ _____
1) _____	\$ _____
2) _____	\$ _____
3) _____	\$ _____
Charitable Mileage _____	
Non-Cash Donations (Detailed List Required) \$ _____	
Volunteer Expenses	\$ _____
Volunteer Mileage _____	

### Employee Business Expense - Form 2106

Advertising & Promotions	\$ _____
Business Meals	\$ _____
Travel/Entertainment	\$ _____
Licenses & Education, Seminars	\$ _____
Computer, Office Supplies	\$ _____
Postage & Shipping Costs	\$ _____
Phone, Cell Phone, Pager, Fax	\$ _____
Auto Expense (receipts required)	\$ _____
Business Mileage (log book required)	_____