

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 4 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, 2017

Income Sources - Remember to bring these with you

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