

Client Annual Data Form (Tax Year 2017)

Name: _____ Date: _____ Telephone: (CELL): _____

(HOME): _____

E-mail: _____

(WORK/OTHER) _____

Address: _____ Same as last year? Yes No

(1) Do you want to ADD any new dependents?

Yes No N/A

(If yes, please provide name, date of birth, and SS#).

(2) Did you pay for child care in 2017?

Yes No N/A

Name of provider: _____

Address: _____

Tax ID/SSN: _____

(3) Do you want to REMOVE any dependents?

Yes No N/A

(If yes, provide name, date of birth).

FOR QUESTIONS 4 - 14 INCLUDE YOURSELF AND YOUR SPOUSE, IF MARRIED FILING JOINTLY

(4) Did you receive unemployment in 2017?

Yes No

(5) Did you receive distribution from 401K or IRA?

Yes No

(6) Did you receive distribution from Social Security?

Yes No

(7) Did you pay Student Loans?

Yes No

(8) Did you sell real estate?

Yes No

(9) Did you purchase real estate?

Yes No

(10) Did you refinance real estate?

Yes No

(11) Did you receive alimony in 2017?

Yes No

(12) Do you have a foreign bank account?

Yes No

(If yes to question 12, is the balance 10,000USD or more?)

Yes No N/A

(13) Did you have debt cancellation in 2017?

Yes No

(14) How many jobs did you have in 2017? _____

(15) Are you a U.S. Veteran who lives in NJ?

Yes No

(16) Did you have Health Insurance the entire 2017?

(Taxpayer) Yes No Partial

(Spouse) Yes No Partial N/A

(Dependents) Yes No Partial N/A

(17) Did you get married/divorced/separated?

Yes No (If yes, please provide the date) _____

(18) What was your monthly rent in 2017?

\$ _____ /per month N/A

(19) How will you pay for our services?

(Fees must be paid before e-file or delivery)

Cash Check Credit/Debit Card

Deducted from refund (extra bank fees are incurred)

(20) How would you like to receive your refund?

IRS Check (by mail in 4-5 Wks) -----

Office Pickup - Fees Must be Deducted (office in 2-3 Wks)

Direct Deposit (in your account in 2-3 Wks) -----

(21) Did your bank information change for direct deposit?

(If yes, please provide copy of voided check)

Yes No N/A

(22) How would you like your tax return copies?

Email Paper Mail (USPS Priority Fees apply)

Note: additional copies will cost \$25.00

Notes/Comments: Thank you for taking the time to complete this form. It is a pleasure doing business with you!!!

Name: _____

Tax Year _____

Schedule A Expenses

Medical Expenses

Insurance Premium _____
 Co-Payments _____
 Eye Glasses _____
 Dental Expenses _____
 Prescriptions _____
 Transportation _____
Total Medical _____

Charitable Contributions

All donations *require a donation letter* stating the name of organization, amount of donation, date of donation, and that **no goods or services were exchanged.**

Offering/Tithes/Donations _____

Church & other Charitable Mileage _____
 (No. of Miles)

Organization	Description	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Miscellaneous Exp

Safety Deposit Box fees _____
 Investment Fees & Expense _____

Business Travel

If you were not reimbursed, list your expenses

Airfare, Train, Car Rental _____
 Taxi, Car Rental _____
 Meals/Entertainment _____

Other Business Expenses (List) _____

Employee Mileage

Vehicle Year /Make /Model _____
 Date Purchased or Leased _____
 Business Miles (This Tax Year) _____
 Personal Miles (This Tax Year) _____
 Commuting Miles (To & From Work) _____
 Odometer Miles (At End of Year) _____
 Total Miles (This Tax Year) _____

Employment Related Expenses

Tax Preparation fees for prior Year _____
 Union Dues _____
 Professional Subscriptions _____
 Uniforms _____
 Cleaning of Uniforms _____
 Job Search _____
 Travel between Jobs _____
 Educational Exp (Tuition, Books etc) _____
 On/off Job Training Cost (fees, travel) _____
 Educational Travel _____
 Small tools _____
 Telephone Expense _____
 Internet Expense _____
 Parking & Tolls _____

Other Deductions

IRA Contributions _____
 Student Loan Interest _____
 Moving Expenses _____
 Alimony Paid (X Spouse SS #) _____

Other Expenses

Child Care _____
 Rent Paid _____
 Car Registration Cost _____
 Other Expenses (List) _____

Taxpayer's certification

I hereby declare that I have examined this worksheet, and to the best of my knowledge and belief it is true, correct and complete.

Signature

Date

Client: _____

Income & Expense Worksheet

Year: _____

Type 1040	1120	1065	990	Other
-----------	------	------	-----	-------

Gross Receipts (sales/fees) _____

Business Expenses-(if you operate as a sole proprietor business)

Description	Amount
Accounting	_____
Advertising	_____
Bank Charges	_____
Cleaning	_____
Commissions	_____
Computer service & supplies	_____
Credit & collection costs	_____
Delivery & Postage	_____
Discounts	_____
Insurance	_____
Rent	_____
Repairs & Maintenance	_____
Dues & Subscription	_____
Equipment rent	_____
Business gifts	_____
Insurance	_____
Janitorial	_____
Laundry & cleaning	_____
Legal and professional fees	_____
Meals & Entertainment	_____
Office Expense	_____
Outside services/ sub contractor	_____
Tolls & Parking	_____
Permits & Fees	_____
Postage	_____
Printing	_____
Security	_____
Supplies	_____
Tools	_____
Training/education	_____
Telephone	_____
Travel	_____
Uniforms	_____
Utilities	_____

Home Office Expenses

Total square foot of home	_____
Square foot used for business	_____
Rent	_____
Mortgage Interest	_____
Property Taxes	_____
Homeowner's Insurance	_____
Utilities	_____
Repairs & Improvements (List)	_____

Other Expenses:	_____

Auto Expenses

Gas & Oils	_____
Auto Insurance	_____
Auto Repairs & Cleaning	_____
Total Miles (for year)	_____
Business Miles (for year)	_____

List other expenses on the next page

Other (List your other expenses)

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Equipment Purchased

Description	Date	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes:

Taxpayer's certification

I hereby declare that I have examined this worksheet, and to the best of my knowledge and belief it is true, correct and complete.

Signature

Date

Client: _____

Property	Property A	Property B	Property C	Notes
Rental Income	A	B	C	
Apartment 1				
Apartment 2				
Apartment 3				
Apartment 4				
Total Rental Income				

LINE	Expenses	A	B	C	Notes
5	Advertising				
6	Auto Expense				
7	Cleaning & Maintenance				
8	Commissions				
9a	Mortgage Insurance Premium				
9b	Liability Insurance (Home Owners Ins)				
10	Legal & Professional Fees				
11	Management Fees				
12	Mortgage Interest				
13	Other Interest (Loans)				
14	Repairs				
15	Supplies				
16	Real estate taxes				
17	Utilities				
19	Water				
19	Sewer				
19	Lawn Care				
19	Snow Removal				
19	Other-				
19	Other-				
19	Other-				

Major Improvements (Roof, Siding, Boiler, Driveway)

Description	Cost Basis	Date/Year