

# New Client Data

Date: \_\_\_\_\_

Referred By \_\_\_\_\_

## Services Menu (Please Choose)

Tax Preparation (Individual) \_\_\_\_\_  
IRS Problems \_\_\_\_\_

Tax Preparation (Business) \_\_\_\_\_  
Consultation with CPA \_\_\_\_\_

Payroll Services \_\_\_\_\_  
Other Services \_\_\_\_\_

### Taxpayer:

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Middle initial \_\_\_\_\_ Suffix \_\_\_\_\_  
Social Security No \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of birth \_\_\_\_\_  
US Citizen \_\_\_\_\_  
Work Phone \_\_\_\_\_

### Spouse:

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Middle initial \_\_\_\_\_ Suffix \_\_\_\_\_  
Social Security No \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of birth \_\_\_\_\_  
US Citizen \_\_\_\_\_  
Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. No \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Pager # \_\_\_\_\_

**Marital Status:** Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_

**Filing Status:** 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

### Dependents

First Name	Last Name	SS#	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you pay daycare expenses please provide daycare information:

Name of Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tax ID: \_\_\_\_\_

- Do you have anyone to claim as dependent \_\_Yes NO\_\_
- Do you own your home (principal residence) \_\_Yes NO\_\_
- Do you own rental real estate (investment ) \_\_Yes NO\_\_
- Do you have a LLC or Corporation \_\_Yes NO\_\_
- Do you have a sole proprietor business \_\_Yes NO\_\_
- Do you pay rent \_\_Yes NO\_\_
- Were you ever audited by the IRS \_\_Yes NO\_\_
- Do you have any pending immigration matters. \_\_Yes NO\_\_
- Do you owe federal or state taxes \_\_Yes NO\_\_
- Do you have an IRA or a pension plan \_\_Yes NO\_\_
- Are you or your dependent attending college. \_\_Yes NO\_\_
- Did you file taxes last year \_\_Yes NO\_\_
- If no, enter the last year you filed taxes: \_\_\_\_\_

Office Use	1	2	3	4
CM _____	Fees _____			Notes Attached [ ]

**Maplewood Office** Phone 973-762-7299 Fax 973-762-7292  
**Newark Office** Phone 973-991-1891  
**Bloomfield Office** Phone 973-748-7100 Fax 973-748-7343  
Fax 973-991-1892

Client: \_\_\_\_\_

# Income & Expense Worksheet

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

Type 1040	1120	1065	990	Other
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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)**

<b>Description</b>	<b>Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Equipment Purchased**

<b>Description</b>	<b>Date</b>	<b>Cost</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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**

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 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: \_\_\_\_\_

Property	Property A	Property B	Property C	Notes
<b>Rental Income</b>	<b>A</b>	<b>B</b>	<b>C</b>	
Apartment 1				
Apartment 2				
Apartment 3				
Apartment 4				
<b>Total Rental Income</b>				

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