

## Client Information

_____	_____	_____
Social Security Number	Full Name (as appears on SSN Card)	Tax Year
_____	_____	_____
Email Address	Phone Number	Date of Birth
_____	_____	
Spouse's SSN	Spouse's Name (as appears on SSN Card)	
_____	_____	_____
Spouse's Email Address	Spouse's Phone Number	Spouse's Date of Birth
_____	_____	_____
Home Address	City	State
		ZIP Code

## Medical Expenses

Doctor's Office/Hospital/Pharmacy Mileage: _____	<b>After Tax</b> Medical/Dental Insurance Premiums: _____
Self-Employed Health Insurance Premiums Paid: _____	Medicare B & D Premiums ( <b>Form SSA-1099</b> ): _____
Long-Term Care Insurance Premiums ( <b>Taxpayer</b> ): _____	Long-Term Care Insurance Premiums ( <b>Spouse</b> ): _____
<b>Prescription</b> Drugs and Medicine: _____	Doctor and Dentist Visits: _____
Chiropractic Care and Acupuncture: _____	Fertility Enhancement or Sterilization: _____
Hospitals/Minor Emergency Clinics: _____	Medical Lodging (Max \$50/night): _____
Special Education Tuition and Testing Fees: _____	Lab, X-Ray, & Other Medical Testing Fees: _____
Nurse, Hospice, & Home Health Care Expenses: _____	Glasses/Contact Lenses: _____
Hearing Aids and Batteries: _____	Guide Dog & Related Veterinary Fees: _____
Medical Transport (ambulance, care flight...): _____	Other Medical Travel (parking, taxi, plane...): _____
<b>Prescribed</b> Medical Equipment: _____	Bandages, Crutches, & Other Medical Supplies: _____
Artificial limbs and teeth: _____	Other Expenses: _____:

Did you purchase health insurance from the Marketplace? **If yes, include Form 1095-A.**

## Taxes

<b>Current</b> Local Sales Tax Rate: _____	Personal <b>Property</b> Taxes: _____
<b>Sales</b> Taxes Paid on Vehicle(s): _____	<b>Sales</b> Taxes Paid on All Item(s): _____
<b>Real Estate</b> Taxes on Residence: _____	<b>Real Estate</b> Taxes 2nd Home: _____

## Interest

Mortgage Interest Paid to **Financial Institution**: \_\_\_\_\_ Mortgage Interest Paid to **Individual\***: \_\_\_\_\_  
 Home Equity Interest (to buy/build/improve): \_\_\_\_\_ 2nd Home (Land/Resort) Mortgage Interest: \_\_\_\_\_  
 Points Previously Paid on Refinanced Mortgage: \_\_\_\_\_ Refinance Date: \_\_\_\_\_ Term Length: \_\_\_\_\_  
 Deductible Points Paid on **New** Mortgage to **Buy**: \_\_\_\_\_ Mortgage (**Not Homeowners**) Insurance: \_\_\_\_\_  
 Investment Interest Expense: \_\_\_\_\_ Student Loan Interest (**Form 1098-E**): \_\_\_\_\_

\* \_\_\_\_\_  
 Social Security Number      Name      Home Address

## Charitable Contributions

Church Contributions (Tithe & Offerings): \_\_\_\_\_ Other Ministries: \_\_\_\_\_  
 United Way (if payroll deducted, see last stub): \_\_\_\_\_ Other Charities: \_\_\_\_\_  
 Non-Profit Schools or Hospitals: \_\_\_\_\_ Charitable Miles: \_\_\_\_\_  
**Non-Cash** Gifts (give receipts if more than \$500): \_\_\_\_\_ **I attest to the numbers in this section. Initials:** \_\_\_\_\_

## Military Moving Expenses

Miles from **Old** Home to **New** Workplace: \_\_\_\_\_ Miles from **Old** Home to **Old** Workplace: \_\_\_\_\_  
 Transportation, Lodging, & Moving Van Costs: \_\_\_\_\_ Miles Driven: \_\_\_\_\_ Reimbursement (**W2**): \_\_\_\_\_

## Casualty/Theft Loss

As of 2018, personal casualty & theft losses are only deductible if occurring in a federally-declared disaster area. Also, the loss must exceed 10% of AGI to deduct. Business casualty & theft losses are still deductible.

Date of Casualty/Theft: \_\_\_\_\_ Insurance Reimbursement: \_\_\_\_\_  
 Fair Market Value **Before** Casualty/Theft: \_\_\_\_\_ Fair Market Value **After** Casualty/Theft: \_\_\_\_\_  
 Original Cost of Property Lost: \_\_\_\_\_ Improvements/Upgrades of Property Lost: \_\_\_\_\_  
 Description of Casualty/Theft:

## Child Care Expenses

_____	_____	_____	_____
Child Care Entity Name	Address	Tax ID #/SSN	Compensation
_____	_____	_____	_____
Child Care Entity Name	Address	Tax ID #/SSN	Compensation
_____	_____	_____	_____
Child Care Entity Name	Address	Tax ID #/SSN	Compensation
_____	_____	_____	_____
Child Care Entity Name	Address	Tax ID #/SSN	Compensation

Did you pay any household employee more than \$24,000?      If yes, did you withhold taxes?

Yes Amount: \_\_\_\_\_       No       Yes Amount: \_\_\_\_\_       No

## Investment Sales

_____	_____	_____	_____	_____	_____	_____
Investment Name	Date	No. of Shares	Amount Paid	Date	No. of Shares	Amount Received
_____	_____	_____	_____	_____	_____	_____
Investment Name	Date	No. of Shares	Amount Paid	Date	No. of Shares	Amount Received
_____	_____	_____	_____	_____	_____	_____
Investment Name	Date	No. of Shares	Amount Paid	Date	No. of Shares	Amount Received
_____	_____	_____	_____	_____	_____	_____
Investment Name	Date	No. of Shares	Amount Paid	Date	No. of Shares	Amount Received

## Miscellaneous Deductions

Truck driver per diem, employee job expenses, and almost all other miscellaneous itemized deductions subject to 2% of AGI are **not** deductible. Only the following still are:

Business Meals for Job of a **Non-Entertainment** Nature: \_\_\_\_\_

Gambling Losses (Including Travel) up to Amount of Winnings: \_\_\_\_\_

Classroom Teaching Expenses (Max. of \$250 and must have worked more than 900 hrs): \_\_\_\_\_

Finalized Date of Child Adoption: \_\_\_\_\_ Expenses: \_\_\_\_\_

Did you have any energy efficient home improvements? If so, provide **bill of sale**.