

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: _____	After Tax Medical/Dental Insurance Premiums: _____
Self-Employed Health Insurance Premiums Paid: _____	Medicare B & D Premiums (Form SSA-1099): _____
Long-Term Care Insurance Premiums (Taxpayer): _____	Long-Term Care Insurance Premiums (Spouse): _____
Prescription 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...): _____
Prescribed 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

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

Personal Deductions

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: _____

Retirement Investments

_____	_____	_____
Taxpayer Name	Account Type	Amount
_____	_____	_____
Spouse Name	Account Type	Amount

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: _____

Personal Deductions

Child Care Expenses

Child Care Entity Name	Address	Tax ID #/SSN	Compensation
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Did you pay any household employee more than \$24,000?

☐ Yes Amount: _____ ☐ No

If yes, did you withhold taxes?

☐ 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 are **not** deductible. Only the following are:

Total Tips Received: _____

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**.