



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: _____	<u>After Tax</u> 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: _____



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**): _____

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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: _____



Child Care Expenses

Child Care Entity Name	Address	Tax ID #/SSN	Compensation
Child Care Entity Name	Address	Tax ID #/SSN	Compensation
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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 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**.