



**BRING ALL OFFICIAL DOCUMENTS**

NEW CLIENTS: BRING COPY OF YOUR PRIOR YEAR TAX RETURN

- W-2 Statements
- 1099 Interest
- 1099 Dividends
- Home Purchase/Sale Documents (Purchase Agreement, Settlement Statement or HUD-1)
- Home Mortgage Refinance Documents
- 1099 Social Security Income
- 1099 Pension/Annuity Disbursement
- 1099 IRA/Keogh Withdrawal/Rollover
- All IRA Year-End Statements
- 1099 Unemployment Income
- 1099 State Tax Refund
- Stock Sales - Purchase and Sale Info
- 1099 Broker Statement
- 1099 Miscellaneous Commissions
- 1099 Prizes, Gambling Income
- 1099 Debt Forgiveness
- Rents
- Agricultural Payments
- K-1's from S-Corps, Partnerships
- K-1's from Estates, Trusts
- Alimony
- Jury Duty

**BRING VOIDED CHECK FOR DIRECT DEPOSIT OF REFUND**

**BUSINESS**

Furnish Income & Expense detail separately or call for a special worksheet if any of the following apply:

- Business - Self Employed
- Farm
- Rentals

**EDUCATION EXPENSES**

- Tuition \$ \_\_\_\_\_
- Fees \$ \_\_\_\_\_
- Books \$ \_\_\_\_\_
- Living Expenses \$ \_\_\_\_\_
- School Year (1,2,3,4) \_\_\_\_\_

**ENERGY CREDIT**

- Heating/Cooling \$ \_\_\_\_\_
- Roof, Windows \$ \_\_\_\_\_
- Solar/Wind \$ \_\_\_\_\_

**PERSONAL DATA**

*This section for new clients only, or for changes to prior-year information*

Last Name	Phone	Taxpayer	Spouse
	Home		
	Office		
	Mobile		
Email (taxpayer)		Email (spouse)	
First Name & Initial (taxpayer)		First Name & Initial (spouse)	
Occupation		Occupation	
Social Security No.		Social Security No.	
Birthdate (req'd)		Birthdate (req'd)	
Mailing Address		County	School District
City		State	ZIP Code

**DEPENDENTS**

Name First, Initial & Last (if different)	Date of Birth (required for Child Tax Credit)	Social Security No.	Relationship	# month s lived in your home	"X" if not living with you
	/ /				
	/ /				
	/ /				
	/ /				

**ESTIMATED TAXES PAID**

Please have cancelled checks available

	Date Due	Date Paid	Federal	Date Paid	State
<b>Fourth Quarter Prior Year</b>	Jan. 20XX	/ /	\$	/ /	\$
<b>First Quarter</b>	Apr. 20XX	/ /	\$	/ /	\$
<b>Second Quarter</b>	Jun. 20XX	/ /	\$	/ /	\$
<b>Third Quarter</b>	Sep. 20XX	/ /	\$	/ /	\$
<b>Fourth Quarter</b>	Dec. 20XX Jan. 20XX	/ /	\$	/ /	\$



**ITEMIZED DEDUCTIONS**

<b>MEDICAL EXPENSES</b>	
Generally must exceed 7.5% of Income for Federal & Most States	
Prescription drugs (no "over-the-counter" drugs)	
Doctors/Dentists/Hospitals/Glasses	
Hospital & nursing home	
Medical insurance premiums (paid out of pocket)	
Long Term Health Care insurance premiums	
Insurance reimbursements (only for the above amounts)	
Auto travel (for medical purposes)	miles
1095-A, 1095- B, 1095-C, or Proof of Health Insurance	
Other	

<b>TAXES PAID</b>	
Real Estate - Primary residence	
Real Estate - Second home	
Real Estate - Other (list)	
Auto License Fee - No trucks, boats, or motorcycles	1.
	2.
	3.
Sales Tax - Vehicle or homebuilding materials	

<b>HOME MORTGAGE INTEREST PAID</b>		
BRING YOUR 1098 FORM(S)	Primary Home	Second Home
<input type="checkbox"/> Paid to an Institution Institution Name:	Interest Paid	
	Points Paid	
<input type="checkbox"/> Paid to an Individual Name:	Address:	
	Interest Paid	
Social Security No.		

<b>CHILD OR DEPENDENT CARE</b>		
Child or dependent care expenses allow you to work or attend school full time. Number of children under age 13:		
Name of Provider/Address	Soc Sec # or EIN	Amount Paid

<b>STUDENT LOAN INTEREST - OTHER DEDUCT &amp; CREDITS</b>		
Bring statement(s) from lending agency - Form 1098-T		
Bring tuition paid statements from educational institution		
<b>College Savings Iowa - 529 Plan Contributions</b>		
Beneficiary Name		
Social Security No.		
Amount paid in:	\$	\$

<b>CHARITABLE CONTRIBUTIONS</b>	
Contributions by cash/check (attach summary if you need more room)	
Contributions by payroll deduction	
Travel for charitable purposes	miles
Value of goods contributed (usually fair market value)	
Name & address of recipient: <small>(include detailed list of donated items when total is \$250 or more)</small>	

<b>MISCELLANEOUS BUSINESS &amp; INVESTMENT EXPENSES NOT LISTED ELSEWHERE</b>		
	Taxpayer	Spouse
Dues: union & professional		
Employment-related education/seminars		
Tuition/fees		
Books/publications		
Licenses, fees, credentials, etc.		
Tools, supplies, equipment		
Insurance - business (E&O, malpractice)		
Uniforms - purchased		
Uniforms - cleaned		
Business travel (explain)		
- Meals		
- Lodging		
- Other transportation		
- Reimbursement		
Job seeking expenses in same field		
- Employment & resume fees		
Investment management fees		
Safe deposit box		
Tax preparation & consulting fees		
IRA or Keogh (HR-10) fees paid by you		
Gambling losses - only to the amt of wins		
Tuition (K-12 only)		
Text books (K-12 only)		
Other:		
Move in/out of state? Date of move:		

The above stated information is correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_