

TAX-AID

Deduction Recorder



NEW CLIENTS: Please provide a copy of last year's tax return.

Filing Status: Single Joint Married Filing Separately Head of Household Widow(er) w/Dependent Child (Year Spouse Died ___)
 During the last taxable year: I was married, Date _____ Divorced, or separated, Date _____ Suffered the death of Spouse, Date _____

YOUR PERSONAL INFORMATION

SPOUSE

Your Name		Date of Birth	Spouse's Name		Date of Birth
Home Address, City & State		Zip Code	Home Address, City & State, Same <input type="checkbox"/>		Zip Code
County	School District		County	School District	
Social Security No.	Occupation		Spouse's Social Security No.	Occupation	
Home Telephone No.	Alt. Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Business	Spouse's Home Telephone No.	Alt. Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Business
E-Mail Address			E-Mail Address		
At the end of the year were you: Disabled? <input type="checkbox"/> Blind? <input type="checkbox"/> I am claimed as a dependent on another taxpayer's return. <input type="checkbox"/>			At the end of the year were you: Disabled? <input type="checkbox"/> Blind? <input type="checkbox"/> I am claimed as a dependent on another taxpayer's return. <input type="checkbox"/>		

DEPENDENTS - List names of all dependents, regardless of age, who received more than half their support from you. Do not list spouse.

Name of Dependents	Date of Birth	Social Security No.	Citizen of the U.S.	Year End Age & Relationship	Months Lived in Your Home	Full Time Student 5 Months or More	Did You Provide Over 1/2 Support?	Wages of Dependent	Investment Income of Dependent

ESTIMATED TAXES ALREADY PAID - If applicable

Federal	Federal		State		Local	
	Amount Paid	Date Paid	Amount Paid	Date Paid	Amount Paid	Date Paid
(Not Withheld by W-2's)	Credit from prior year					
	Estimated payments: April					
	June					
	September					
	January					

WAGE & SALARY INCOME - Enclose all W-2's

List names of all employers for taxable year

Total Wages	Fed. Income Tax Withheld	State Income Tax Withheld	Local Income Tax Withheld	Social Security Withheld	Medicare Withheld

DIVIDEND INCOME - Include 1099 Forms Received

*H W J	Name of Payer	Gross Amount Received	Tax Withheld	U.S. or Foreign?
(if foreign, give name of country)				
Discuss exclusions from special ordinary dividend rate of 20% with tax preparer.				

INTEREST INCOME - Include 1099 Forms Received

*H W J	Name of Payer	Gross Amount Received	Tax Withheld
Interest from Seller-Financed Mortgages			
(if buyer used property as personal residence, furnish your SSN and answer information below.)			
Buyer's Name			
Buyer's Address			
Buyer's SSN			
Interest from EE or I U.S. Savings Bonds used for qualified higher education			
During Tax Year, did you have interest in a financial account in a foreign country? (If "YES", give name of country)			
Did you receive a distribution from, or contribute to a foreign trust?			
Tax Exempt Interest			

OTHER INCOME - Include 1099 and K-1 Forms Received

	Payer	Amount
Tips and Gratuities		
Commissions and Fees		
Prizes and Awards		
Alimony Received		
Annuity and Pension Distributions		
Coverdell ESA Distributions		
IRA Distributions (regular, ROTH, SEP and SIMPLE)*		
Were distributions used for K-12 or college educational expenses (at public or private school) of you, spouse, child, or grandchild? Yes No If Yes, enter amount.		
Were distributions used for first-time home buyer expenses of you, your spouse, child, or grandchild? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter amount		
Royalties		
Partnership, Joint Venture, L.L.C. or S corporation.		
Mutual Fund		
Household employee income (not reported on Form W-2)		
Hobby Income		
Trusts or Estates		

*NOTE: If you wish to waive minimum distribution requirements this year.

	Payer	Amount
Tax Refunds (State and Local)		
Unemployment Compensation		
Strike Benefits		
Disability (may qualify for exclusion)		
Social Security received		
Lump sum distribution from Retirement/PS plans		
Jury Duty Fees		
Gambling Winnings		
Mortgage Debt Forgiveness		
Scholarship and Fellowship Grants		
If Degree candidate: enter amount spent on tuition & course related equipment		
Conversion of IRA, SEP or SIMPLE to Roth IRA		
Other income (U.S. or Foreign?)		
Employer provided educational assistance > \$5,250		
Stimulus payment(s) received		

STOCK OR PROPERTY SALES - Enclose Broker's statements, Form 1099-B, and Real Estate transaction papers.

H W J	Description of Stock, Mutual Fund, or Property (# of Shares)	Date Acquired	Date Sold	Sales Price Amount	Cost Basis Amount	Expenses of Sale	Basis Code	Adjustments to Basis	Depreciation or Ammortization

Were any of these properties your principal residence for at least two of the five years? Yes No Discuss other exemptions for principal residence with tax preparer.

Was depreciation claimed on this property for business or rental use? Yes No

Were any of these sales on the Installment Method? Yes No (if yes, please explain.)

*Use Basis Codes below:
 A 1099-B Received; Box 3 basis (cost) B 1099-B Received; No Box 3 basis (cost)
 C No 1099-B Received; basis is my cost

CREDITS - CHILD & DEPENDENT CARE/CHILD TAX CREDIT -

Name of Qualifying Person	Date of Birth	Dependent?	Year End Age and Relationship	Months Lived in Home	Citizen of U.S. or Resident Alien	Incapable of Self-care

Persons or Organizations who cared for the children or dependents

Name and Address	Social Security No. or EIN	Amount Paid

If you paid over \$1,900 to household employee, write your employer identification number, and the amount of wages paid.

EDUCATION CREDITS

Name of Student	Enrolled in Post-Secondary Educational Institution?	Enrolled in Degree or Certificate Program?	Years of Post-Secondary Education Completed as of 12-31	Took at Least Half Normal Full-Time Workload During One Academic Period of Tax Year?	Ever Convicted of a Felony for Controlled Substances?	Amount of Tuition and Fees Paid During Tax Year (other than amounts paid for educational deduction)

DEDUCTIONS - Medical and Dental Expenses

	Un-reimbursed Amount	Un-reimbursed Amount
Prescription medicines, drugs and insulin		
Doctors and Dentists		
Nurses and Hospitals		
Insurance Premiums		
Eye Laser Surgery		
Lodging while away from home for Medical Care and Ambulance Service		
Other (List below - smoking cessation programs, hearing aids, dentures, eyeglasses, braces, wheelchairs, etc.)		

Are you self employed Yes No

*H-HUSBAND W-WIFE J-JOINT

CONTRIBUTIONS - Retirement Plans and IRAs

Type of Account (regular IRA, Roth IRA, Coverdell ESA, employer-sponsored retirement plan, SEP, etc.)

Amount Contributed This Year

	Individual or Spousal	Amount Contributed This Year		Year End Balance
		Before Year-End	After Year-End	
Are you or your spouse an active participant in a qualified retirement plan (including a 401 (K) plan)?				
Discuss deductibility or credit availability for contributions with tax preparer.				

SPEED PROCESSING

Enclose front pages of government tax forms that have your name and address labels. Be sure to include the mailing envelopes as well.

DEDUCTIONS - Interest

Amount

Home mortgage interest paid to financial institutions (Form 1098)	
Home mortgage interest paid to individuals (show name and address)	
Name:	
Address:	
Date of Mortgage(s)	
Cost of residence & improvements	
Is mortgage on: <input type="checkbox"/> principal residence <input type="checkbox"/> second home	
Percentage points paid on mortgage for new home	
Mortgage prepayment penalties	
Mortgage insurance premiums for policy initiated after 2006	
Interest to purchase or carry investment property	
Amount of interest paid on student loans (Form 1098-E)	
Were loan proceeds used exclusively for educational expenses (tuition, fees, room and board, and related expenses such as books and supplies)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was loan taken out for yourself, your spouse, or a dependent (at the time the loan was taken out)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	

DEDUCTIONS - Taxes

Amount

Income Taxes (state and local)	
Real Estate Tax (include even if not planning to itemize)	
Personal Property Tax (Auto)	
Other Taxes (specify)	
State General Sales Tax	

ADOPTION CREDIT

Amount

Amount of expenses paid to adopt a child	
Child's Name?	
Date of Birth?	
Social Security Number?	
Special needs child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEDUCTIONS - Miscellaneous

Amount

Alimony Paid (list recipient's name and SSN)	
Recipient	
Social Security Number	
Penalty on early withdrawal of savings	
Un-reimbursed Employee Expenses: Tools	
Protective Clothing	
Union Professional Dues	
Uniforms	
Subscriptions to professional journals	
Other (specify)	
Employer Provided Benefits (specify)	
Tax Return Preparation Fees	
Investment Expenses	
Safe Deposit Box	
Casualty or theft loss not reimbursed by insurance in excess of \$500	
Worthless Stock, Ponzi Scheme Losses	
Contribution to Health Savings Account	
Expenses paid for higher education (not paid by Coverdell ESA or reported for educational credits) for you, spouse or dependent	
Teachers - books, supplies and equipment (Grade(s) taught _____)	
Gambling Losses (up to winnings)	
Gulf, Renewable Energy or Build America Bonds	
Other (specify)	

DEDUCTIONS - Charitable Contributions

NOTE: Receipts or bank records are required for all cash contributions; written acknowledgment is needed for contributions in excess of \$250.

Amount

Cash Contributions (Receipts/canceled checks required)	
Payments over benefits received for charitable events.	
Non-Cash contributions: Attach list showing charity name and address, property description, condition (good or better), dates acquired and contributed, how acquired by you (e.g. purchase or gift), cost or adjusted basis, fair market value, and how you determined value. <i>Note:</i> For charitable donation of property value in excess of \$5,000, additional information maybe required. Please note any direct contribution made from retirement plans.	
Out of pocket expenses for donated work in conjunction with above or similar organizations & charities.	
Transportation or mileage for charitable work (provide dates).	
Expenses (incurred as duly elected delegate to convention or recognized organization).	
Other Expenses (specify)	

PRESIDENTIAL ELECTION CAMPAIGN FUND

Congress has set up a fund to help pay for Presidential election costs. Do you want \$3 of your tax to go to this fund? _____ If you are filing a joint return, does your spouse want \$3 dollars of their tax to go to this fund? _____
Note: A "Yes" response will not change your tax or reduce your refund.

...from IRS: Recordkeeping

"You are required by law to keep records that will enable you to prepare a complete and accurate income tax return. Although law generally does not require any special form or records, you must retain all receipts, cancelled checks and other evidence to prove amounts claimed as deductions. You must keep your records for as long as their contents may be material to administering any Internal Revenue Service."

The enclosed information is correct and includes all income for this return.

Taxpayer's Signature

Date

RENTAL AND ROYALTY INCOME

Type of Property and Address	Total Days Rented at Fair Market Value	Total Days of Personal Usage	Total Rent or Royalty Received
Property A			
Property B			
Property C			
Property D			
Property E			

Did you actively participate in the real estate activities? Yes No
 Are any of these properties vacation homes? Yes No (If Yes, which ones _____)

RENTAL AND ROYALTY DEDUCTIONS

	Property A	Property B	Property C	Property D	Property E
Advertising					
Auto and Travel					
Cleaning and Maintenance					
Commissions					
Insurance					
Legal and Other					
Professional Fees					
Mortgage Interest Paid to Financial Institutions					
Other Interest					
Repairs					
Supplies					
Taxes					
Utilities					
Depreciation (discuss with Tax Consultant)					
Other (specify)					

MOVING EXPENSES

Under certain conditions, if you moved your residence due to transfer or new employment your moving costs may be deductible.

Distance Old Home to NEW Workplace
Miles _____
City moved from _____

Distance Old Home to OLD Workplace
Miles _____
City moved to _____

Cost of moving and storing household goods
Amount _____

Travel costs for yourself and family enroute to new residence (Do not include meals)
Amount _____

Airfare _____

Auto Expenses _____

Lodging _____

Expect to work 39 weeks in area of new workplace in 12 months after move?
 Yes No

Expenses reimbursed by employer
Amount _____

SPEED PROCESSING

Enclose front pages of government tax forms that have your name and address labels. Be sure to include the mailing envelopes as well.

EMPLOYEE BUSINESS EXPENSES

	Un-reimbursed Amount
Fares for Airplane, Taxi, Train, etc.	
Meals (total amount before 50% limit)	
Lodging	
Auto Rental	
Auto Business Expenses	
Dues to Professional Association or Union	
Education	
Entertainment	
Office	
Supplies	
Other	

ACTUAL AUTO EXPENSES

Description of Auto	Un-reimbursed Amount	
	Car #1	Car #2
Cost or Other basis		
Date placed in Service		
License and fees		
State and Local Taxes		
Insurance		
Depreciation (discuss with tax return preparer)		
Interest on Auto Loan		
Gas, oil, lubrications, etc.		
Business parking and tolls		
Tires, repairs, etc.		
Motor Club dues		
Other (attach list)		
Used for Farm, Business or Rental?		
Percentage of Farm or Business use		
Did you trade an auto used in your business this year?		
Do you have adequate records to justify these deductions?		

STANDARD MILEAGE

	1/1 - 6/30	7/1 - 12/31
Total miles driven this year		
Business miles driven		
Personal miles driven		
Was another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Principal Product(s)
Accounting Method used (check one): <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
Do you elect to average farm income over three years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you materially participate in the operation of business? <input type="checkbox"/> Yes <input type="checkbox"/> No

SALE OF LIVESTOCK & OTHER ITEMS BOUGHT FOR RESALE

Description/ # Sold	Date Acquired	Cost/ Basis	Selling Price	Date Sold

FARM INCOME

Description	Selling Amount
Dairy products	
Eggs	
Wool	
Cotton	
Tobacco	
Vegetables	
Soybeans	
Corn	
Milo	
Wheat	
Other Grains	
Hay and Straw	
Fruit and Nuts	
Raised calves and hogs	
Other Farm Income	
Machine Work	
Total taxable distributions from cooperatives	
Taxable Agricultural program payments: cash	
Taxable Agricultural program payments: materials & services	
Commodity credit loans under election	
Commodity credit loans forfeited or repaid with certificates	
Did you make an election in a prior year to include commodity credit loan proceeds as income in that year?	
Federal Gasoline Tax credit	
State Gasoline credits	
Crop Insurance Proceeds & Disaster Payments	
Did you elect to include as income in a following year damage?	
Sales of Livestock due to Drought, Flood or other weather-related conditions:	
Amount	
Did you elect to defer recognition of income? <input type="checkbox"/> To next year? <input type="checkbox"/> For two years?	

Farm Expenses - Miscellaneous

Miscellaneous	Amount
Car, Truck & Tractor (actual or standard mileage)	
Chemicals	
Conservation expenses	
Custom Hire	
Depreciation (Discuss with Tax Consultant)	
Employee benefits programs (Other than Pension and Profit Sharing Plans)	
Feed purchased	
Fertilizer and Lime	
Freight, trucking	
Gasoline, fuel, oil	
Insurance	
Interest	
Mortgage (paid to financial institutions) (Form 1098)	
Other	
Labor hired	
Pension and Profit Sharing Plan contributions	
Rent or lease	
Machinery & Equipment	
Other (Land, animals, etc.)	
Repairs, maintenance	
Seed, plants purchase	
Storage, warehousing	
Supplies purchased	
Taxes	
Utilities	
Veterinary fees, Medicine	
Other expenses (specify)	

IMPROVEMENTS, DEPRECIABLE LIVESTOCK, BUILDINGS & EQUIPMENT

List below the business property bought or the improvements made to existing property.

Item	Date	Amount

SALES OF DEPRECIABLE LIVESTOCK, PROPERTY & EQUIPMENT

List below the business property sold during the last year. (Business Property includes buildings & improvements, equipment & depreciable livestock)

Item	Date Acquired	Date Sold	Selling Price	Cost/Basis

PROFIT OR LOSS FROM SOLE PROPRIETORSHIP BUSINESS

Name of Proprietor	Employer I.D.	Business Name
Main Business Activity and/or Product	Business Address Number, Street, City, State, Zip	
Did you materially participate in the operation of business? <input type="checkbox"/> Yes <input type="checkbox"/> No		

INCOME	\$	% Domestic Production	INVENTORY/ACCOUNTING METHOD/HOME OFFICE
Gross Receipts or sales			Beginning Inventory _____ Purchases _____
Less: returns from sales			Other Costs _____ Closing Inventory _____
Less: cost of goods sold			Method(s) used to value closing inventory: (1) _____ cash (2) _____ accrual (3) _____ other <small>Attach explanation</small>
Plus: other income			Accounting method: (1) _____ cash (2) _____ accrual (3) _____ other <small>Attach explanation</small>
			Was there any change in determining quantities, costs or valuations between opening and closing inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Did you have an office in your home or otherwise use any of your home for business purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If Yes, discuss with tax consultant)</small>
			Was this business acquired or begun this year? <input type="checkbox"/> Yes <input type="checkbox"/> No

* Please note what % of sales and related costs are from domestically produced manufactured product.

BUSINESS EXPENSES	Amount
Advertising	
Bad debts from sales or services	
Car and truck expenses (actual or standard mileage)	
Commissions and Fees	
Depletion	
Depreciation (discuss with tax consultant)	
Employee Benefit Program	
Insurance (other than health insurance of proprietor)	
Interest:	
Mortgage (paid to financial institutions) (form 1098)	
Other	
Legal and Professional services	
Office expenses	
Pension and Profit Sharing Plan Contributions	

BUSINESS EXPENSES	Amount
Rent or lease:	
Machinery & Equipment	
Other Business Property	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel	
Entertainment & meals (enter full amount before 50% limit)	
Utilities and Telephone	
Wages	
Other Deductions (Specify)	
Health insurance on proprietor	
Is health insurance plan nondiscriminatory?	
Amount paid for self-employed health insurance	

ASSET PURCHASES AND SALES	Date Acquired	Cost/Basis	Date Sold	Sale Price

<p>REMINDER...Please check to see you are submitting the following items</p> <input type="checkbox"/> The tax forms and mailing envelopes sent to you <input type="checkbox"/> Estimated Tax forms if applicable <input type="checkbox"/> Last year's returns (unless prepared by our firm) <input type="checkbox"/> Purchase & selling agreements & closing statements for real estate, stocks, etc. <input type="checkbox"/> All W-2's, all 1099 Forms and all 1098 Forms <input type="checkbox"/> Proof of Health Insurance (form 1095 or equivalent) <input type="checkbox"/> Any sales contracts that include financial charges	<input type="checkbox"/> Cancelled checks, receipts & records for listed and unlisted deductions <input type="checkbox"/> Interest payment advisory statements sent you by creditors <input type="checkbox"/> Real estate tax bill, mortgage statements, etc. <input type="checkbox"/> All forms K-1(S) showing Income/loss from partnerships, estates, trusts, limited liability companies and small business corporations <input type="checkbox"/> Divorce or separation documents and agreements <input type="checkbox"/> Describe the extent of your material or active participation if you claimed a loss from any business, partnership, limited liability company, small business corporation or joint venture. State if you had any amounts for which you were not at risk for debt.
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MISCELLANEOUS INFORMATION			
Did you purchase a hybrid vehicle or energy efficient equipment (AC, furnace, water heater, doors/windows, etc)? If so, discuss.			
Do you authorize the IRS to discuss your tax return with the paid preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you make gifts of cash or property totalling more than \$14,000 per person (or \$28,000 per person if you and spouse join in gift.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you wish to pay any tax due by credit card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Credit Card Number	Credit Card Type	Exp. Date	
Did you receive any healthcare premium credits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do all family members have health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	

If needed, use separate sheet for item clarification, additional facts and figures, or a memo for your appointment questions.

Do you wish to have any refund credited to your bank account (up to three accounts)? Yes No

Account # _____ Routing # _____ Name of Bank _____