





### MEDICAL EXPENSES PAID

To be deductible, medical expenses must exceed 7 1/2% of your adjusted gross income, and then, only to the extent the amount that exceeds the 7 1/2% floor is deductible. Example: Your income is \$40,000 for the year - your medical must exceed \$3,000. Do not include medical expenses that were reimbursed by insurance or paid for by flex spending or Sec. 125 plans.

Hospital, Medical, Dental, Medicare* & Insurance Premiums		
Doctors, Dentists, Psychotherapy & Psychological Counseling		
Hospitals, Nursing Home, Nursing Care, Lodging, etc.		
Prescription Drugs (no "over-the-counter" drugs)		
Glasses, Hearing Aids, Batteries, etc.	Auto Travel	mi
Lab & X-Ray	Parking Fees	
Supplies, Rentals, etc.:	Phone (toll charges)	
Other: _____		
Insurance Reimbursement (only for amounts listed above)		{ }

**\*Amounts withheld from Social Security Benefits only.**

### TAXES PAID

Real Estate - Home & 2nd Home ONLY (not rental)	
Real Estate - Investment Property (land, etc.) (not rental)	
Vehicle License Fees: (1) (2) (3) (4)	
Personal Property Tax (boat, plane, etc.)	
<b>State Income Tax Paid (provide cancelled checks)</b>	
Balance Due or Last Year's Return	Prior Year's Tax or adjustment
Extension Payment Last Year's Return	Last Year's 4th Quarter paid Jan. of this year

### HOME MORTGAGE INTEREST PAID



Provide 1098s		Primary Home	Second Home
Enter Rental Interest in Rental section.			
1st TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual (must list name, address & SSN below)**		
2nd TD	Paid to a Bank, S & L, etc.*		
	Paid to an Individual (must list name, address & SSN below)**		
Home Equity Loan			
Individual's Name:		SS#	
Address:			
*Amounts must agree with Form 1098 issued by the financial institution. If not, check here <input type="checkbox"/> .			
If Form 1098 was issued in another's social security number, enter that person's name and Social Security number here.			
Name:		SS#	
If the second home is a qualified motor home, boat, etc., list the name of the payee here:			
Did you refinance during the year? If so, provide final escrow statement ..		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does your home equity loan exceed \$100,000? .....		<input type="checkbox"/>	<input type="checkbox"/>
Does the sum of all home mortgages exceed \$1,000,000? .....		<input type="checkbox"/>	<input type="checkbox"/>

### INVESTMENT INTEREST PAID

Interest paid for investments, such as land, stocks, etc.

Vacant Land	Brokerage Margin Accounts
Other: _____	

### CHILD OR DEPENDENT CARE EXPENSES



Care must enable you to work (or look for work) or attend school FULL TIME. Care must be for a child under 13 or individual who is physically or mentally incapable of self care. IRS matches employer benefits SS# and EID#.

If employer provides dependent care benefits.

<b>PROVIDER INFORMATION</b> Payee SS# or EID# MANDATORY unless exempt organizations.		Payments must be allocated by Child		
		Child:	Child:	Child:
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				
Name		Amount	Amount	Amount
Address				
Phone				
SS or EID Number				

### CHARITABLE CONTRIBUTIONS

#### CASH

All cash contributions must be documented with either a bank record or written verification from the charity.

House of Worship	Red Cross
Payroll Deduction	Other: _____
Cancer	Other: _____
<b>NON-CASH</b> - Household and clothing items must be in good or better condition. A written receipt is required for donations of \$250 or more, and a detailed list should be included with your return if the total exceeds \$500.	
Fair Market Value of Clothing & Household Items Contributed	
Automobile Travel for Charitable Purposes	mi
Expenses in connection with a charitable organization	
Explain: _____	
Vehicle Donation (provide 1098-C)	

### MISCELLANEOUS DEDUCTIONS

List all travel expenses including auto, out of town meals, hotel, air fare, etc., in sections for business mileage, and away-from-home expenses (next page).

<b>Do not enter expenses you have listed elsewhere</b>	<b>You</b>	<b>Spouse</b>
Attorney Fees (to protect taxable income)		
Business Gifts (see business expense instructions on next page)		
Dues: Union & Professional		
Employment & Resume Fees		
Entertainment & Meals (see business expense instructions on next page) enter 100%		
Gambling Losses (limited to taxable winnings)		
Insurance - Business (E & O, malpractice, etc.)		
Investment Expenses	Publications & Journals	
	Other: _____	
IRA or SE Plan Fees Paid by You (not deducted from plan)		
Licenses, Fees, Credentials, etc.		
Publications, Books, etc., used in Business		
Safe Deposit Box		
Tax Preparation & Consulting Fees		
Telephone (business calls only)		
Tools, Supplies, Equipment (provide list of items with a useful life of over one year)		
Uniforms - Purchase		
Uniforms - Cleaning		
Other: _____		

### EDUCATION EXPENSES

CAUTION: These expenses qualify for tax credits, deductions, and are used to justify certain exclusions and tax or penalty free distributions. Expenses must be segregated by student. Use a different column for each student in the family.

<b>STUDENT:</b>	<b>THIS COLUMN IS DESIGNATED FOR:</b>		
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FOR TUITION CREDIT ONLY - Qualified Educational Instruction</b>			
Check if at least half-time student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Secondary - First 2 years			
After First 2 years			
Fees - Enrollment/Attendance Only			
<b>Other Expenses - DO NOT COMPLETE Unless qualifying for tax or penalty-free Coverdell Account distributions, Savings Bond Interest Exclusion, or student loan interest deductions. Similar expenses for continuing education should be entered in different section below.</b>			
Tuition K - 12 (for coverdell distributions only)			
Books/Supplies			
Room/Board			
<b>CONTINUING EDUCATION EXPENSES - Education for the taxpayer &amp; spouse only &amp; ONLY if job related</b>			
Tuition & Fees			
Seminar Fees, etc.			
Books/Supplies, etc.			
Travel			(list in appropriate area opposite page)



BUSINESS MILES DRIVEN	To Professional Meetings/From Job to School	mi	mi
	Between 1st & 2nd Job	mi	mi
	Jobseeking/Temporary Job Sites	mi	mi
	Investment/Tax Preparation	mi	mi
	Rental	mi	mi
	Self-employed Business	mi	mi
	Other: _____	mi	mi
	Average Round Trip Distance to Work (required)	mi	mi
	Total Commuting for the Year (required)	mi	mi

### BUSINESS VEHICLE EXPENSES

Complete only if vehicle used for business.

Gasoline, Oil, Lubrication		
Repairs & Maintenance		
Tires, Batteries, etc.		
Insurance (DO NOT DUPLICATE ELSEWHERE)		
License & Taxes (DO NOT DUPLICATE ELSEWHERE)		
Interest (DO NOT DUPLICATE ELSEWHERE)		
Wash & Wax		
Lease Payments		
Other: _____		

### AWAY-FROM-HOME EXPENSES

You

Spouse

Airfare		
Auto Rental, Taxi, etc.		
Meals & Tips (enter 100% of expense)		
Lodging & Tips (do not include meals)		
Laundry		
Other: _____		

### BUSINESS EXPENSE INSTRUCTIONS

Business expense deductions must be based on a log and/or other receipts and records. The combination of records should document: the business purpose, date and time, place and amount. For business meals and entertainment, you must also document that (1) you discussed business during the meal, or (2) you had a substantial bona fide business discussion or activity before or after the meal/entertainment, or (3) you ate alone while out-of-town. You must also record the name and business relationship of each person entertained. Gifts are limited to \$25 per person per year. You may not deduct these expenses unless documented.

### "OFFICE-IN-HOME" EXPENSES

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business, if you are an employee, the home office use must also be for the convenience of the employer.

Total Sq. Feet of:	Home	Office	Storage
Expenses:	Rent*	Utilities	Insurance
Condo or Management Fees	Other: _____		
Maintenance & Repairs: Office	Home in General**		

\*If you own your home, provide purchase settlement statement and list of improvements to office.  
\*\*Roof, outside painting OK; not lawn care.

Advertising		
Cleaning & Maintenance		
Commissions		
Insurance		
Legal & Professional Fees		
Mortgage Interest Paid to Banks		
Other Interest		
Repairs: Carpentry, Hardware		
Electrical, Plumbing		
Paint & Decorating		
Supplies		
Taxes		
Utilities		
Wages & Salaries		
Condo or Management Fees		
Telephone (toll calls only)		
Improvements & Replacements	See Instructions Below	
Other: _____		
Number of Days Used Personally		

Improvements and Replacements include furniture, appliances, carpet, drapes, major repairs, or improvements. Provide a list with DESCRIPTION, DATE OF PURCHASE OR COMPLETION, and COST for each item.

### SELF-EMPLOYED BUSINESS INCOME & EXPENSE

List business vehicle expenses and travel expenses in other column, this page.

	You	Spouse			
Gross Income					
Returns & Refunds	<	>			
Cost of Inventory at Beginning of Year					
Cost of Merchandise Purchased					
Cost of Items for Personal Use					
Cost of Inventory at End of Year					
Expense	You	Spouse	Expense	You	Spouse
Advertising			Rent (other)		
Bank Charges			Repairs		
Commissions			Seminars		
Dues & Pubs.			Supplies		
Entertainment (100%)			Taxes-Payroll		
Freight			Taxes-Sales		
Gifts (see business expense instructions)			Taxes-Property		
Insurance			Telephone		
Interest (mortgage)			Utilities		
Interest (other)			Wages (W-2)		
Legal/Profess.			Other: _____		
Office Expense			Other: _____		
Rent (equip.)			Equipment:		

Provide list including description, purchase date and cost.



**RETURN SERVICE REQUESTED**

**BUSINESS CENTER INSTRUCTIONS**

**TAX QUESTIONNAIRE**

**PLEASE COMPLETE THIS QUESTIONNAIRE BEFORE YOUR APPOINTMENT**  
 As a matter of policy, and for future reference, the completed questionnaire will be kept on file in our office.  
 If you want a photocopy for your records, please ask for one.  
 Thank you.....

- PLEASE MAIL THIS COMPLETED QUESTIONNAIRE TO THIS OFFICE BEFORE YOUR APPOINTMENT.
- PLEASE MAIL THIS COMPLETED QUESTIONNAIRE TO THIS OFFICE SO YOUR RETURN CAN BE PREPARED BY CORRESPONDENCE.

- PLEASE CALL FOR YOUR APPOINTMENT.
- YOUR APPOINTMENT IS SCHEDULED FOR

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_ AM  
 \_\_\_\_\_ PM

PLEASE PROMPTLY NOTIFY THIS OFFICE IF YOU  
 ARE UNABLE TO KEEP THIS APPOINTMENT.  
**THANK YOU!**

**ELECTRONIC FILING INFORMATION**

**We may elect to use electronic filing, if your return qualifies.**

The following information is required for electronically depositing your refunds into your bank account.  
 Note: If you wish to direct deposit in up to three accounts (including IRA accounts), please provide the information below for the additional accounts and specify how the refund is to be allocated.

Name of your bank or financial institution (Note if filing a joint tax return, the account must be a joint account):

Routing Transit Number (RTN):

Must contain 9 digits and begin with 01 thru 12 or 21 thru 32.

Depositor Account Number:

CAUTION: Occasionally the check number will appear before or after the account number- do not include it with the account number.

Type of Account (check one):  Checking or  Savings

A paper-filed tax return must be signed by the taxpayer (and spouse if filing jointly). When your return is electronically transmitted, a physical signature is not possible. Instead, you can use a Personal Identification Number (PIN) as your electronic signature. Your (and your spouse's, if filing a joint return) PIN can be any randomly selected five-digit number not beginning with zero and is only used to tie your physical signature on the transmission authorization to the transmitted return. There is no need on your part to record or remember the number, and you can use the same or a different number each time you file. Please indicate your desired PIN(s).

Your selected PIN:

Your Spouse's selected PIN: