

CLIENT PROFILE

	PRIMARY	SPOUSE	
Full Name	_____	_____	
Occupation	_____	_____	
Soc Sec #	_____	_____	
DOB	_____	_____	
Home Phone	_____	_____	
Mobile Phone	_____	_____	
Work Phone	_____	_____	
Fax #	_____	_____	
Email	_____	_____	
Current Street Address	_____		
City	_____	ST _____	Zip _____
County	_____		
Have you moved since your last tax return?	Yes	No	Date of Move _____
DEPENDENTS			
Legal Name	DOB	Soc Sec #	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Signature	_____		
	Date _____		

INCOME

Check All That Apply and Bring Statements

	Wages, Sick Pay, Etc.
	Interest & Dividends
	Alimony Received
	Unemployment Compensation
	Social Security
	Lottery / Gambling Winnings

	Pension & IRA Withdrawals
	Rental Income & Expenses
	Farm Income & Expenses
	Self-Employment Income & Expenses
	Sale of Stock, Land, Etc.
	Other Income (List Source & Amount)

ITEMIZED DEDUCTIONS

MEDICAL & DENTAL	Husband	Wife	GIFTS to CHARITY	Husband	Wife
Health Ins Premiums	\$	\$	(Attach Receipts)	\$	\$
Prescription & Medicine	\$	\$	Total Gifts by Cash or Check	\$	\$
HSA Distributions- BRING	\$	\$	Charitable Miles	\$	\$
STATEMENT-1099SA	\$	\$	Other than by Cash or Check	\$	\$
Dental Expenses	\$	\$			
Long-Term Care Ins Prem	\$	\$			

TAXES YOU PAID	Husband	Wife	JOB EXPENSES (List)	Husband	Wife
State & Local Taxes	\$	\$	Do you get a car allowance- BRING	\$	\$
Real Estate Tax	\$	\$	* Parking	\$	\$
Personal Property Tax	\$	\$	* Business Miles	\$	\$

MORTGAGES	Husband	Wife	ANY SIDE HUSTLES/JOBs	Husband	Wife
Mortgage Interest	\$	\$	Do you get a car allowance- BRING	\$	\$

DEDUCTIONS & CREDITS: (Check all that apply)		Husband	Wife
Teaching Supplies (K-12 Teachers Only)		\$	\$
IRA Contributions <input type="checkbox"/> Roth <input type="checkbox"/> Traditional		\$	\$
Alimony Paid		\$	\$
Recipient's Name: _____	Soc Sec # _____		
Student Loan Interest		\$	\$
HSA Contributions (Bring Statements)		\$	\$
Self-Employed Health Ins Premiums		\$	\$
SEP, Simple & Other Pension Contributions		\$	\$
Child Care Expenses Babysitter's Name _____		\$	\$
Address _____			
Soc Sec # _____ or Fed ID # _____			
Investment Interest (Bring Statements)		\$	\$
Tuition / Fees / Educational Expenses (Bring Statements)		\$	\$