

TAXPAYER INFORMATION

First Name _____ Initial _____
 Last Name _____
 Social Security # _____ - _____ - _____
 Occupation _____
 Date Of Birth _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone (_____) _____ - _____
 Work Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____
 E-Mail Address _____

SPOUSE INFORMATION

First Name _____ Initial _____
 Last Name _____
 Social Security # _____ - _____ - _____
 Occupation _____
 Date Of Birth _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone (_____) _____ - _____
 Work Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____
 E-Mail Address _____

FILING STATUS

Single Married Head of Household Married Filing Separate

SALARIES & WAGES

(Please Attach W-2s)

W-2	Gross Income	Federal Withholding	FICA	Medicare	State Withholding	SDI
1						
2						
3						
4						

ELECTRONIC FILING

Would you like free electronic filing? Yes! No
 Automatic deposit? Yes (Attach a VOID check) No

OTHER INCOME

INTEREST -- Attach Forms 1099INT

Payor	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

DIVIDENDS -- Attach Forms 1099DIV

Payor	Ordinary Dividends	Qualified Dividend	Capital Gain
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

CAPITAL GAINS -- Attach Forms 1099B and 1099S

Description	Date Acquired	Date Sold	Sales Price	Cost or Basis

DEPENDENTS

Name _____
 Date of Birth _____
 Social Security # _____
 Child Care Expenses \$ _____
 Months at Home _____ Relationship _____

Name _____
 Date of Birth _____
 Social Security # _____
 Child Care Expenses \$ _____
 Months at Home _____ Relationship _____

Name _____
 Date of Birth _____
 Social Security # _____
 Child Care Expenses \$ _____
 Months at Home _____ Relationship _____

OTHER INCOME**PENSIONS / IRA DISTRIBUTIONS -- Attach Forms 1099R**

Payor	Gross Distribution	Taxable Amount	Roth Conv.?
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

ALIMONY RECEIVED

Payor _____ Amount \$ _____
 Payor's Social Security # _____

UNEMPLOYMENT RECEIVED -- Attach Forms 1099G

Taxpayer Amount \$ _____
 Spouse Amount \$ _____

SOCIAL SECURITY RECEIVED -- Attach Forms SSA-1099

Taxpayer Amount \$ _____
 Spouse Amount \$ _____

MISCELLANEOUS INCOME

Description and Amount _____

DEDUCTIONS**MEDICAL & DENTAL EXPENSES**

Insurance Premiums \$ _____
 Doctors, Dentists, etc. (Net) _____

TAXES PAID

Sales Tax (Large Purchases) \$ _____
 Real Estate Taxes – Residence \$ _____
 Real Estate Taxes – Other Property \$ _____
 Personal Property Taxes \$ _____
 Other Taxes \$ _____

INTEREST PAID -- Attach Forms 1098

Home Mortgage Interest (1st) \$ _____
 Home Mortgage Interest (2nd) \$ _____
 Home Mortgage (Equity Line) \$ _____
 Student Loan Interest \$ _____

CHARITABLE CONTRIBUTIONS

Cash (Check) Contributions \$ _____
 Contributions Other Than Cash \$ _____

MISCELLANEOUS DEDUCTIONS

Unreimbursed Employee Business Expenses
 Expenses \$ _____
 Professional / Union Dues \$ _____
 Investment Expense \$ _____
 Tax Return Preparation Fees \$ _____
 Safety Deposit Box Rental \$ _____

BUSINESS INCOME**GENERAL INFORMATION**

Cash Basis Accrual Basis
 First Year Taxpayer Spouse

Principal Business _____
 Business Name _____
 Business Address _____
 City, State, Zip _____
 Other Accounting Method _____

INCOME

Gross Receipts or Sales \$ _____
 Returns & Allowances \$ _____
 Other Income \$ _____

COST OF GOODS SOLD

Inventory at Beginning of Year \$ _____
 Inventory at End of Year \$ _____
 Purchases \$ _____
 Cost of Items for Personal Use \$ _____
 Cost of Labor \$ _____
 Materials and Supplies \$ _____
 Other Costs \$ _____

EXPENSES

Advertising \$ _____
 Car & Truck Expenses* \$ _____
 Commissions \$ _____
 Employee Benefit Programs \$ _____
 Insurance (other than health) \$ _____
 Health Insurance Premiums for Self* \$ _____
 Interest (Paid to banks, etc) \$ _____
 Legal & Professional Fees \$ _____
 Office Expense \$ _____
 Rent – Vehicles, Machinery, & Equipment \$ _____
 Repairs \$ _____
 Supplies \$ _____
 Taxes – Real Estate \$ _____
 Taxes – Other \$ _____
 Telephone \$ _____
 Travel \$ _____
 Total Meals & Entertainment \$ _____
 Utilities \$ _____
 Wages \$ _____

* Attach Detailed Schedule

Did you acquire or dispose of any business assets (including real estate) during the year? Yes No
 If yes, please attach detailed schedule

Did you have a home office during the year? Yes No
 Rent \$ _____ Utilities \$ _____
 Insurance \$ _____ Janitorial \$ _____
 Misc. \$ _____ % Exclusive Business Use _____ %

RENTAL INCOME & EXPENSES

Check if property was purchased/converted to rental in 2007

Property Address
 1 _____
 2 _____
 3 _____

Property	1	2	3
<i>Income</i>			
Rents Received			
<i>Expenses</i>			
Advertising			
Association Dues			
Auto & Travel			
Cleaning			
Repair & Maint.			
Commissions			
Gardening			
Insurance			
Labor			
Professional Fees			
Misc.			
Mortgage Interest			
Supplies			
Taxes			
Telephone			
Utilities			
Other			

ADJUSTMENTS TO INCOME

ALIMONY PAID

Payee _____ Amount \$ _____

Payee's Soc. Sec. # _____ - _____ - _____

IRA DEDUCTIONS

IRA Contribution \$ _____

Simple Plan Contribution \$ _____

SEP / Keogh Contribution \$ _____

Personal Property Taxes \$ _____

Penalty on Early Withdrawal of Savings \$ _____

Sales Tax

Sales Tax Paid (single item) \$ _____

ESTIMATED TAX PAYMENTS

FEDERAL	Date Paid	Amount Paid
1st Quarter		
2nd Quarter		
3rd Quarter		
4th Quarter		
Overpayment – Prior Year		\$ _____

MISCELLANEOUS QUESTIONS

If any of the following items pertain to you or your spouse, please check the appropriate box and include all pertinent details.

Yes No

- Were there any births, adoptions, marriages, divorces, or deaths in your immediate family during the year?
- Are any of your unmarried children, who might be claimed as dependents, 19 years of age or older?
- Do you have children under age 18 with interest, dividend, or capital gain income in excess of \$1,900?
- Can you be claimed as a dependent on another person's tax return?
- Did you or your spouse "roll over" a retirement plan distribution into another plan? If yes, enter amount \$ _____ and attach Form 1099-R.
- Did you or your spouse receive any disability income during the year? If yes, enter amount \$ _____
- Did you open a Roth IRA or convert an IRA into a Roth IRA
- Did you purchase, sell, or refinance your principal home or second home, or obtain a home equity loan during the year? If yes, please bring escrow papers.
- Did you sell any stocks, bonds, or other investment property during the year? If yes, please bring full information including description, date acquired, date sold, sales price, cost or basis, and expenses of sale.
- Did you make gifts in excess of \$13,000 during the year.
- Did you use your car on the job (other than commute miles)?
- Does anyone owe you money which has become uncollectible?
- Did you incur moving expenses during the year due to a change of employment?
- Did you add any energy efficient home improvements? (Exterior windows / doors? Insulation systems? etc?)
- Did you make payments for post-secondary education?
- Do you want to contribute \$3 to the Presidential Election Campaign Fund?
- Were you audited by either the IRS or the State taxing agency during the year?
- Did you receive any K-1s from S corporations, partnerships, estates, trusts, or LLCs? If yes, please attach K-1s.
- Please provide qualified plan statements?

PLEASE PROVIDE PRIOR YEAR'S TAX RETURNS