

Solving the Mystery of your Taxes!

Tax Preparation • Payroll • Bookkeeping

104 Sycamore Street, Culpeper, VA 22701 Phone: (540) 825-0325 Fax: (540) 825-7288

TAX INFORMATION SHEET

This form is to assist you in gathering your income tax information. PLEASE BRING HEALTH INSURANCE INFORMATION WITH YOU (1095A, B or C)

Name:			Spouse Nan	ne.						
SSN:		Spouse Name: SSN								
Occupation:		Occupation:								
*Birthdate:		*Birthdate:								
Address:			Address:							
71001055.		riuuress.								
Phone (Day):		Phone (Day):								
Phone (Eve):		Phone (Eve):								
Marital Status:		(If Widow – Date of Death):								
(II // Ido // Dute of Douth).										
Dependents Name:	ne: DOB				Rela	Months				
(First, initial, and last name)			SSN			ľ	in your	home		
Did you pay more than half the cost	I	Y	ES NO)						
Can someone claim you as a dependent?				YES NO						
Check all that apply below – Please bring documentation with you to Jo's Tax Service.										
If you have SELF EMPLOYN										
W-2 Wage Statement		Rental Income								
Unemployment		Partnership/S Corp (K-1)								
Social Security		Municipal Bonds								
Pensions & Retirement Income		Estates/Trusts								
Interest \$		Farm Income								
Dividends \$		Commissions (1099)								
State Tax Refund \$		Installment Sale								
Alimony Received \$		Tips/Other Income								
Gambling Winnings \$		Self Employment Income								
Did you sell any stock, real estate	or husinos	e ganir	ment of an	v kind	19	VFC	NO			
Did you move at any time of the ta	•									
Check all that apply below – Brin						1120	110			
IRA Cont: \$	SEP Cont		ти аррисал	10.	Alimony	Paid: \$				
Federal Estimated Tax Payments		• Ψ			· · · · · · · · · · · · · · · · · · · ·	- 1 ψ				
Date: / / \$ Date:	/ / \$		Date: /	/ :	\$	Date: /	/ \$			
State Estimated Tax Payments	· -		· · ·		-		<u> </u>			
Date: / / \$ Date:	/ / \$		Date: /	/	\$	Date: /	/ \$			
Child Care Information. Note: This information is required for each provider.										
Provider's Name Address					SSN/EII	Amount P	aid			
Do you Itemize? If yes, see rev	verse.			Wou	ıld vou lil	ke to elec	tronically	file?		

Possible Legal Deductions
(List amounts for items you have – Keep receipts for your deductions)

Medical & Dental

Charitable Contributions

Some things are deductible witho sure, you can always ask, but a g has to be required by your doctor	eneral rule of the rand you must	numb is that it	The IRS requires that you have receipts for charitable contributions made. We don't need them, but YOU need to have them. Please don't claim what you can't prove, should the							
proo	t.		need arise.							
\$Doctor			\$ Cash or Check							
\$ Dental			\$ Volunteer work expenses							
\$Vision										
\$Hospital & Emergency \$										
\$ Medical Insurance (Give dates in notes section) \$										
<u>\$</u>										
\$										
\$										
	\$									
Medical Miles: Miles Driven: Taxes & Interest Paid										
Real Estate Taxes	\$	Home Mort	gage Interest	\$						
Personal Property Taxes	\$	2 nd Mortgag	\$							
State Income Tax	\$	Points Paid	\$							
Investment Interest	\$	Mortgage to								
Other:	\$	SSN:								
Other:	\$	Address:	Address:							
Miscellaneous & Employee Business Expenses										
(N			ease put this on separate sheet.)							
Uniform Cleaning \$ Job Seeking Fees				\$						
Work Tools	\$	Office-in-H	Iome Expense	\$						
Safety Shoes & Gloves	\$	Safe Depos	it Box	\$						
Union Dues	\$	Business Travel Expenses (Out of town/Temporary)			\$					
	\$	Vehicle Use								
*	\$	Other:								
	\$	Other:		\$						
Education Expenses	\$	Other:		\$						
		0 X/X	I 5: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		** / * *					
Did you receive foreign inco			Did you employ household help?	2	Y/N					
Did you have health insuran	ce all year?	Y / N	Do you purchase stock throughout the y	/ear?	Y / N					
NOTES:	4h a4 h a a m a4 h		and that you feel woods to be addressed on the	4 a la <i>i</i>						
			pove that you feel needs to be addressed or that onal daycare information, please list that here							
			list insurance information here, including who							
household had it, if they did not have it all year, what date was it started?										