

Solving the Mystery of your Taxes! Tax Preparation • Payroll • Bookkeeping

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TAX INFORMATION SHEET

This form is to assist you in gathering your income tax information.					
Name:	Spouse Name:				
Phone (Day):	Phone (Day):				
Phone (Eve):	Phone (Eve):				
Marital Status:	(If Widow – Date of Death):				

Dependents Name: (First, initial, and last name)	DOB	SSN	Relationship			onths lived your home
Did you pay more than half the cost		YES		NO		
Can someone claim you as a depend		YES		NO		
*If Dependent, name of Parent/Guardian:						

Check all that apply below – **Please bring documentation with you to Jo's Tax Service.** If you have SELF EMPLOYMENT income please list and detail on a separate sheet including mileage

W-2 Wage Statement	Rental Income (Fill out Self Employment Sheet)
Unemployment	Partnership/S Corp (K-1)
Social Security	Municipal Bonds
Pensions & Retirement Income	Estates/Trusts
Interest \$	Farm Income (Fill out Self Employment Sheet)
Dividends \$	Commissions (1099)
State Tax Refund \$	Installment Sale
Gambling Winnings \$	Tips/Other Income
Other:	Self Employment (Fill out Self Employment Sheet)

Did you sell any stock, real estate or business equipment of any kind?	YES	NO	
Did you move at any time of the tax year to be closer to your job?	YES	NO	
Did you make IRA or SEP contributions? If so please list			

Alimony Re	ceived or	· Paid						
Divorce Date	vorce Date			Alimony	Received			
Alimony Paid								
Recipients Name			Recipien	ts SSN				
Federal Esti	imated T	ax Payments						
Date:	\$	Date:	\$	Date:	\$	Date:	\$	
State Estimation	State Estimated Tax Payments							
Date:	\$	Date:	\$	Date:	\$	Date:	\$	
Child Care	Informat	tion. Note: Thi	is informat	tion is required f	for each j	provider.		
Provider's Name		Address	Address			SN/EIN	Amount Paid	

****ALL clients please be sure to fill out the Client Intake Form.**

**New clients or clients with changes please fill out the Client Data Sheet.

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

Medical & Dental			Charitable Contributions			
Some things are deductible without a prescription. If you're not sure, you can always ask, but a general rule of thumb is that it			The IRS requires that you have receipts for charitable			
has to be required by your doctor and you must have written			contributions made. We don't need them, but YOU need to have them. Please don't claim what you can't prove, should the			
proof.	and you must		.cm	need arise.	iiu iii	ie i
\$ Doctor				\$ Cash or Check		•
\$ Dental				\$ Volunteer work expenses		
\$ Vision				\$		
\$ Hospital & Emerg	gency			\$		
		es in note	es sect	tion) \$		
\$				\$		
\$				\$		
\$				\$		
\$				\$		
Medical Miles:				Miles Driven:		
		Taxes	s & In	nterest Paid		
Real Estate Taxes	\$	Home N	Mortg	gage Interest \$		
Personal Property Taxes	\$	2 nd Mor	rtgage	e/Home Equity \$		
State Income Tax	\$	Points F	Paid a	at Closing \$		
Investment Interest	\$	Mortgag	ige to	Individual – Name:		
Other:	\$	SSN:				
Other:	\$	Address	s:			
	Additio	onal Ded	uctio	ns not covered above		
(Not Self Emplo	oyment – P	lease put	this c	on separate sheet. List name and amount.)		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
		\$		\$		
			N	Υ	Y	Ν
		<u>г г</u>	Did you employ household help?			
· · · · · · · · · · · · · · · · · · ·				Do you purchase stock throughout the year?		
NOTES:	, all jour ,		-			
	has not been o	covered abo	ove that	t you feel needs to be addressed or that you have questions ab	out.	If
				blease list that here as well. If you are self-employed, please list		
a separate sheet. <i>Please list insurance</i> was it started and what months were				<u>o in your household had it, if they did not have it all year, what</u> arate.	it dat	<u>ie</u>
nas ze swi tea una vhat montas were	lie, covereu	and have been	<u>sa sepa</u>			