



**Michael T. Weekes & Assoc. LLC**  
 Business Consulting. Income Tax

**“Master Tax Prep” Client Info Sheet**

**NOTE:** New clients please fill in all boxes in top half of page – returning clients indicate only where there are changes.

|                        |  |                          |  |
|------------------------|--|--------------------------|--|
| <b>TAXPAYER NAME:</b>  |  | <b>SOC SEC NUMBER:</b>   |  |
| <b>DATE OF BIRTH:</b>  |  | <b>OCCUPATION:</b>       |  |
| <b>DAYTIME PHONE:</b>  |  | <b>FAX:</b>              |  |
| <b>SPOUSE NAME:</b>    |  | <b>SOC. SEC. NUMBER:</b> |  |
| <b>DATE OF BIRTH:</b>  |  | <b>OCCUPATION:</b>       |  |
| <b>DAYTIME PHONE:</b>  |  | <b>FAX:</b>              |  |
| <b>STREET ADDRESS:</b> |  | <b>CITY/STATE/ZIP:</b>   |  |
| <b>HOME PHONE:</b>     |  | <b>E-MAIL ADDRESS:</b>   |  |
|                        |  |                          |  |

| <b>DEPENDENT NAME</b><br>(First, Middle Initial, Last) | <b>DATE OF BIRTH</b> | <b>DEPENDENT’S SOC. SEC. NUMBER</b> | <b>RELATIONSHIP</b> | <b>MONTHS LIVED IN YOUR HOME</b> |
|--|----------------------|-------------------------------------|---------------------|----------------------------------|
|  |                      |                                     |                     |                                  |
|  |                      |                                     |                     |                                  |
|  |                      |                                     |                     |                                  |
|  |                      |                                     |                     |                                  |

If any dependent child did not live with you, write child’s name here: \_\_\_\_\_  
 If another taxpayer can claim you or your spouse as a dependent, check this box.

**CHECK ALL INCOME SOURCES YOU HAD IN 2018 - ENCLOSE DOCUMENTATION**

- |  |  |  |
|--|--|--|
| Salary/Wages – W-2 Self-Employed/Business Income | SS/Railroad Retirement Pension / Retirement Income               | Lottery/Gambling Winnings Interest – 1099-INT                    |
| Independent Contractor - 1099 Commissions/Fees   | IRA Distributions Rental Property Income                         | Dividends – 1099-DIV Mutual Fund Distributions 1099              |
| Cash Payments Alimony Received                   | Partnership/S-Corp – K-1 Estate/Trust – K-1                      | Municipal Bonds Farm Income                                      |
| Unemployment \$ _____                            | Military BAS/BAH \$ _____  | Other Income (Enclose Details)                                   |
| Tip Income                                       | Did You Sell a Residence?  | Installment Sale   |
| Did You Sell Any Stocks/Bonds?                   | Did You Sell Other Real Estate? (Enclose settlement statements.) | Sell Any Business Assets? (Enclose sale and original cost info.) |
- (If yes, enclose 1099-B & cost info.)

|  |                                       |                  |
|--|---------------------------------------|------------------|
| <b>IRA Contributions:</b>                    | Taxpayer \$ _____                     | Spouse \$ _____  |
|  | Traditional Roth                      | Traditional Roth |
| <b>SIMPLE/SEP/KEOGH Contributions:</b>       | Taxpayer \$ _____                     | Spouse \$ _____  |
| <b>Alimony Paid \$</b>                       | <b>Recipient:</b>                     | <b>SSN:</b>      |
| Federal Estimated Tax Payments \$ _____      | Job-Related Moving Expenses \$ _____  |                  |
| State Estimated Tax Payments \$ _____        | Lodging Expenses During Move \$ _____ |                  |
| State Tax Due Paid with 2006 Return \$ _____ | Miles Traveled to New Home: _____     |                  |

Dependent Cared For: \_\_\_\_\_  
 Care Provider's Name: \_\_\_\_\_  
 Provider's Address \_\_\_\_\_

Provider's SSN/EIN: \_\_\_\_\_  
 Amt. Paid: \$ \_\_\_\_\_

Dependent Cared For: \_\_\_\_\_  
 Care Provider's Name: \_\_\_\_\_  
 Provider's Address \_\_\_\_\_

Provider's SSN/EIN: \_\_\_\_\_  
 Amt. Paid: \$ \_\_\_\_\_

**CHILD/DEPENDENT CARE EXPENSES (Match each provider to dependent.)**  
**Itemized Deductions** (List amounts and provide receipts, checks or other documentation.)

| <b>MEDICAL EXPENSES</b>              |  | <b>INTEREST PAID</b>   |      |
|--------------------------------------|--|--|------|
| Doctors                              |  | <b>Mortgage on Main Home</b>   |      |
| Dentists                             |  | Paid to Financial Institution (1098)   |      |
| Other Medical Professionals          |  | Paid to Individual   |      |
| Prescription Drugs                   |  | Name:  | SSN: |
| Surgical Procedures                  |  | Address:   |      |
| Medical Lab Fees                     |  | Points Paid on New Mortgage  |      |
| Hospitals                            |  | (Enclose Settlement Statement)   |      |
| Glasses and Contact Lenses           |  | Home Equity Loan/Second Mortgage   |      |
| Medical Equipment Rental             |  | <b>Mortgage on Second Home</b>   |      |
| Prescribed Physical Aids             |  | Paid to Financial Institution (1098)   |      |
| Skilled Nursing Care                 |  | Paid to Individual   |      |
| Medical Insurance                    |  | Name:  | SSN: |
| Dental Insurance                     |  | Address:   |      |
| Long Term Care Insurance             |  | Investment Interest Paid   |      |
| Medicare Part B                      |  |  |      |
| Medical Transportation               |  | <b>CHARITABLE CONTRIBUTIONS*</b>   |      |
| Medical Miles Driven in Your Vehicle |  | *Receipt required for single donations of \$250 or more.   |      |
| Other Medical (Describe)             |  | Church/Temple/Mosque   |      |
|                                      |  | United Way   |      |
|                                      |  | Scouts   |      |
|                                      |  | Other (list)   |      |
| <b>STATE &amp; LOCAL TAXES</b>       |  |  |      |
| Home Real Estate Taxes               |  |  |      |
| Other Real Estate Taxes              |  | Non-Cash Contributions   |      |
| Personal Property Tax (autos, boat)  |  | (If \$500 or more, enclose receipt with name/address of organization and describe how fair market value was determined.) |      |
| Other State or Local Tax             |  |  |      |
| <b>CASUALTY OR THEFT LOSS</b>        |  | <b>MISCELLANEOUS DEDUCTIONS</b>  |      |
| Type of Property:                    |  | Tax Return Preparation Fee (2017)  |      |
| Describe Loss:                       |  | Safe Deposit Box (store investments)   |      |
| Cost or Basis of Property            |  | Investment Expenses (enclose list)   |      |
| Insurance Reimbursement              |  | Job Hunting Expenses (enclose list)  |      |
| Fair Market Value Before Loss        |  | Gambling Losses  |      |
| Fair Market Value After Loss         |  | Second Job Mileage   |      |

## Employee Business Expenses and Miscellaneous Deductions

|                                 |          |                                  |              |
|---------------------------------|----------|----------------------------------|--------------|
| Prof. Association or Union Dues | \$ _____ | Total Mileage on Vehicle in 2009 | _____        |
| Uniforms (not street clothes)   | \$ _____ | Out of Town Transportation       | \$ _____     |
| Uniform Cleaning                | \$ _____ | Out of Town Lodging              | \$ _____     |
| Safety Equipment                | \$ _____ | Office in Home Expense           | Ask for form |
| Tools & Other Work Equipment    | \$ _____ | Job Hunting Expenses             | \$ _____     |
| Advertising & Marketing         | \$ _____ | Safe Deposit Box Rent            | \$ _____     |
| Business Meals & Entertainment  | \$ _____ | Tax Return Preparation           | \$ _____     |
| Business Vehicle Mileage 2009   | _____    | Investment Advice/Management Fee | \$ _____     |
|                                 |          | Other _____                      | \$ _____     |

| EDUCATOR AND EDUCATION EXPENSES |          | Educator Expense |          |
|---------------------------------|----------|------------------|----------|
| Student Name                    |          | Student Name     |          |
| Type Expense                    |          | Type Expense     |          |
| Amount                          | \$ _____ | Amount           | \$ _____ |
|                                 |          |                  |          |

**PLEASE ANSWER ALL QUESTIONS – For Yes answers, provide details on the lines below.**

|     |   |     |    |
|-----|---|-----|----|
| 1.  | Has the IRS or any state or local taxing agency notified you of any change to a prior year tax return?  | Yes | No |
| 2.  | Are any dependents claimed by you not citizens or residents of the U.S.?  | Yes | No |
| 3.  | Do you (or your spouse) wish to designate \$3.00 of your taxes to the Presidential Campaign Fund?   |     |    |
| 4.  | Did you or your spouse receive income from any source not listed elsewhere in this questionnaire?   | Yes | No |
| 5.  | Did you or your spouse barter goods or services with others?  | Yes | No |
| 6.  | Did you or your spouse receive any distributions from an IRA, pension or profit sharing plan?   | Yes | No |
| 7.  | Do you have any children age 14 or under who have investment income?  | Yes | No |
| 8.  | Did you move during the past year?  | Yes | No |
| 9.  | Did you or your spouse start a new business in the past year or do you anticipate starting one in the current or next year?   | Yes | No |
| 10. | Do you expect any significant changes in income, tax withholding or tax liability in the next year?   | Yes | No |
| 11. | Did you or your spouse make gifts to any individual of more than \$11,000?  | Yes | No |
| 12. | Did you or your spouse pay premiums or receive benefits from long term care insurance?  | Yes | No |
| 13. | Did you or your spouse receive educational benefit payments from your employer?   | Yes | No |
| 14. | Did you, your spouse or a dependent attend post-secondary school?   | Yes | No |
| 15. | Are you or your spouse paying off a student loan?   | Yes | No |
| 16. | Did you pay anyone who is over age 18 \$1,400 or more to work at your home during the year doing housework, yard work or other domestic help? If so, provide details and amounts. | Yes | No |
| 17. | Did you or your spouse become disabled during the year?   | Yes | No |
| 18. | Are you or your spouse handicapped employees?   | Yes | No |
| 19. | Do you or your spouse have a foreign bank or investment account?  | Yes | No |
| 20. | Did you or your spouse have earned income and living expenses while working outside of the United States?   | Yes | No |
| 21. | Did you or your spouse open a health savings account (HAS) during the year?   | Yes | No |
| 22. | Did you have a casualty loss due to conditions in a Presidentially-declared disaster area?  | Yes | No |

|     |   |     |    |
|-----|---|-----|----|
| 23. | Did you receive reimbursement from insurance or another source for prior year casualty losses or medical deductions?              | Yes | No |
| 24. | If you or your spouse have reached age 70 and a half, have you begun your mandatory withdrawals from retirement savings accounts? | Yes | No |
|     |   |     |    |
|     |   |     |    |
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|     |   |     |    |
|     |   |     |    |
|     |   |     |    |
|     |   |     |    |

I (we) have reviewed the information in this questionnaire (including the business and rental data sheets, if applicable) and to the best of my (our) knowledge it is accurate, correct and complete.

\_\_\_\_\_

(Taxpayer)

\_\_\_\_\_

(Spouse)

\_\_\_\_\_

Date:

\_\_\_\_\_

Date:

Michael T. Weekes & Associates, RTP



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 “We’ve mastered the art of completing your tax return, accurately, honestly & quickly”**