Things we need to prepare your Income Tax Return

Business Income & Expences for the year of _____

Business name			
Business Address			
Employer Identification Number	Phone #		
Business Income:			
Gross receipts (private)			
Other Income (received from state)			
Total Income			
Business Expences:			
Accounting & Tax Preparation		Telephone - Cellphone	
Advertising		Uniforms, Safety Gear	
Bank Charges		Restaurants (with Clients)	
Business Insurance		Other Expences:	
Commission		Gifts & Promotions	
Dues & Subscription		Safety Equipment	
Sub-Contractors(send Form 1099)		Licences & Permits	
Interest (credit cards,)		Membership Fees	
Janitorial		Food for Residents	
Laundry & Cleaning		Residents Activities	
Legal & Profesional		Pest Control	
Licence Fee & Cont. Education		Continuing Education	
Mischelaneous Expence		Beauty Care	
Office Expence		Registered Nurse	
Placement Agency		Company Meetings	
Postage & Delivery		Car & truck expences:	
Rent machinery & equipment		Vehicle name	
Rent Other		Repairs & Maintenance	
Repairs & Maintenance		Vehicle Insurance	
Supplies Purchase (bath, kitch)		Fuel & Oil change	
Taxes Paid (Estimated)		Vehicle Interest	
Telephone - Home		Milleage (business portion only)	
Durchase of Col	Assets	lasta lauran than a was	
	• •	asts longer than a year ent, appliences, car, etc.)	
Description of Property	Cost	Date of Purchase	Date of Sale
2 confidence in opening	2031	Date of Farenase	Date of Jule

House Expences only

Business Use of Home

Mortgage Int	erest			
Real estate taxes for House				
House Insurance				
Repairs & Maintenance				
House Decor	ations			
Security Fee				
Landscaping				
Rent				
Utilities				
	Electricity			
	Heat (gas, oil, wood)			
	Garbage			
	Water			
	Cable			
	Internet			
Other Expen	ces			
	area (square footage) home (square footage)			
Add	litional Expences you may have			
Sales of Stoc	ks or Bonds			
Sales of Stoc Health Insura	ks or Bonds ance Premium (monthly payments only)			
Sales of Stock Health Insura Doctors & Pr	ks or Bonds ance Premium (monthly payments only)			
Sales of Stock Health Insura Doctors & Pr Health Cover	ks or Bonds ance Premium (monthly payments only) escriptions			
Sales of Stock Health Insura Doctors & Pr Health Cover Cash & Nonc	ks or Bonds ance Premium (monthly payments only) escriptions age Documentation (Form 1095)			
Sales of Stock Health Insura Doctors & Pr Health Cover Cash & Nonc School Fees	cs or Bonds ance Premium (monthly payments only) escriptions age Documentation (Form 1095) ash Charitable Donation			
Sales of Stock Health Insura Doctors & Pr Health Cover Cash & Nonc School Fees	escriptions age Documentation (Form 1095) ash Charitable Donation 1098-T (not including 1st to 12 grade) re expences (babysiting)			
Sales of Stock Health Insura Doctors & Pr Health Cover Cash & Nonc School Fees - Child Day Car Education Lo	escriptions age Documentation (Form 1095) ash Charitable Donation 1098-T (not including 1st to 12 grade) re expences (babysiting)			
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Sales of Stock Health Insura Doctors & Pr Health Cover Cash & Nonc School Fees - Child Day Cal Education Lo State Income Add Form W-2 Unemployme	escriptions age Documentation (Form 1095) ash Charitable Donation 1098-T (not including 1st to 12 grade) re expences (babysiting) an Interest Tax Refund Amount ditional Income you may have			
Sales of Stock Health Insura Doctors & Pr Health Cover Cash & Nonc School Fees - Child Day Cal Education Lo State Income Add Form W-2 Unemployme Interest & Di Social Security	escriptions age Documentation (Form 1095) ash Charitable Donation 1098-T (not including 1st to 12 grade) re expences (babysiting) an Interest Tax Refund Amount ditional Income you may have			

Please attach another sheet of paper if you have items not included on this page.

Please bring a copy of your Last year Tax Return, Social Security Cards & Driver Licence

Client Information - For the _____ Tax Year

Taxpayer	First name and initial	
	Last name	
	Social security no.	
	Occupation	
	Date of birth (m/d/y)	
Spouse	First name and initial	
	Last name	
	Social security no.	
	Occupation	
	Date of birth (m/d/y)	
Address	Street Address	
	Apartment number	
	City	
	State	
	ZIP code	
Contact Info	Home phone	
	Other phone	
Dependents	First name and initial	
	Last name	
	Social security no.	
	Occupation	
	Date of birth (m/d/y)	
	Relationship	
Dependents	First name and initial	
	Last name	
	Social security no.	
	Occupation	
	Date of birth (m/d/y)	
	Relationship	