HOW CAN I PAY LESS IN TAXES??? USE A FIRM WITH EXPERIENCE!

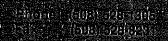


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Our Staff:

Allen A. Auerr, Jr., CPA, MBA

Over 40 years experience Individual and Corporate Tax Professional Tax Planning Expertise

Kevin A. Auerr, CPA

Over 20 years experience Individual and Corporate Tax Professional

Gordon McClay, EA, ATP

Over 50 years experience Individual Tax Professional

Susan M. Reavy, CPA, MPA

Over 10 years experience Individual and Corporate Tax Professional

Terri King, Staff Accountant

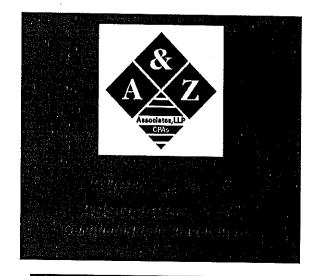
Over 20 years experience Payroll Taxes QuickBooks Specialist

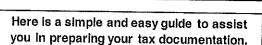
Leslie Scherer, CPA

Over 30 years experience Individual and Corporate Tax Professional

Ethan J. Steeves, CPA

Over 5 years experience Individual and Corporate Tax Professional





Please note below if you have an appointment. Also identify your tax preparer by placing a checkmark in the appropriate box below.

Appointment	Information
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Appointment imormation		
D	ate: Time:	
Tax Preparer:		
	Allen A. Auerr, Jr., CPA, MBA	
	Kevin A. Auerr, CPA	
	Gordon McClay, EA, ATP	
	Susan M. Reavy, CPA, MPA	
	Leslie Scherer, CPA	
	Ethan J. Steeves, CPA	

TAX INFORMATION CHECKLIST

☐ Business (preparer will discuss)

Personal Information Adjustments to Income 3. Interest ☐ Taxpayer and/or spouse's name, address, phone numbers and SS# ☐ IRA Contributions – Need Year End Statements of IRA Balances ☐ Refinance and Points – bring statements	
phone numbers and 50# ☐ Helinance and Points – bring statements	3 s)
El Liting etatue (it loint need each lifets — ord Western Delivement	3S)
□ Filing status (if joint need each filers' □ SEP/Keough Retirement □ Investment (preparer will discuss social security numbers) □ SEP/Keough Retirement □ Investment (preparer will discuss social security numbers)	
☐ Student Loan Interest ☐ Dependents ☐ Cash, checks and non cash (list	et of
1. Name Rent paid – Need total paid for the year items and receipts) 2. Social Security Number	
3. Date(s) of Birth 4. Copy of Birth Certificate or Social savings bonds, etc. Security card if not already submitted Dank Information - Account Interest, cashed in savings bonds, etc. 5. Casualty or Theft Loss (preparer will discuss)	1
☐ Health Insurance Verification ☐ Self Employed Health Insurance: Need total paid for the year 6. Moving Expenses (preparer will disc	cuss)
□ E-mail: □ Penalty for early withdrawal from savings Credits	
Income D.W. 2's with correct name, address and D. Child Care Expanses - Need Name, address D. Education Credits - Need tuition pa	id for
□ W-2's with correct name, address and Social Security Number □ Child Care Expenses – Need Name, address, and S.S. # or Tax ID # of provider and amount paid for the year □ Child Care Expenses – Need Name, address, each dependent and money paid or 529 Plan (1099-Q)	ıt of
□ Interest & Dividends - Need 1099's Itemized Deductions - (Preparer will discuss □ Title V Septic Credit for Massachus	etts
Alimony - Paid or received - Need a copy additional deductions not listed)	
of decree, recipients' name and SS# 1. Medical Expenses	
□ Capital Gains – Need 1099 and Original Cost Data □ Capital Gains – Need 1099 and Original nurses, dental care, insurance premiums, transportation, etc. Total Amount \$	∍ns)
□ Pensions – Need 1099-R statements	
□ Rent – Income and expenses □ Transportation: Total number of miles □ Transportation	
□ Unemployment – Need 1099's 2. Taxes	
☐ Prior year's State Refund (1099G) ☐ Social Security Info. – Need 1099-SSA ☐ Real Estate Taxes	

□ Excise Tax