

Client Tax Planner (CTP)

Present to Tax Preparer:

Tax Preparer Name: _____

W-2's, 1099's, etc

Last year tax return (new clients only)

Valid Drivers License/Passport & Social Security Card

1. Personal Information

Name		SSN	DOB	Occupation	Home Phone
Taxpayer					
Spouse					
Address:		Apt#	City	State	Zip
Email Address:					

	Taxpayer		Spouse	
	Yes	No	Yes	No
Blind				
Disabled				
Pres.Campaign				
Dependent of Another				
Full-time Student				

Check One	Martial Status
<input type="checkbox"/>	Single
<input type="checkbox"/>	Married
<input type="checkbox"/>	Married Filing Separately (need spouse SSN & DOB)
<input type="checkbox"/>	Head of Household
<input type="checkbox"/>	Qualifying Widow(er) w/Child

2. Dependents (Children & Others)

Name (First, Last)	DOB	SSN	Months lived with you	Disabled Yes or No	Child Care Paid \$

Please answer questions below to determine maximum deductions.	Yes	No	Amount
1. Did you receive any correspondence from the IRS or State Department of Taxation?			
2. Did you give a gift of more than \$14,000 to one or more people?			
3. Did you have any debts cancelled, forgiven, or refinanced? (99C)			
4. Did you go through bankruptcy proceedings?			
5. Did you purchase a home (Bring Closing Costs Statement)?			
6. Did you pay expenses for yourself, spouse, or dependent to attend classes beyond high school? (8863)			
7. Did you pay interest on a student loan for yourself, spouse, or your dependent?			
8. Do you provide a home or help support anyone not listed in Section 2 above?			

No changes above from previous year other than noted Need to file an extension (EXT)

3. OTHER INCOME

Income	Amount
Other Income (not on w-2,etc)	
State Tax Refund	
Alimony Received (need name/SS)	
Jury Duty	
Gambling, Lottery	
Unreported Tips	
Prizes, Bonuses, Rewards	

4. ADJUSTMENTS

Adjustments	Amount
Educator Expenses up to \$250	
Student Loan Interest	

5. ESTIMATED TAXES (ES)

Due Date	Date Paid	Federal	State

CHILD & DEPENDENT CARE (2441)

Name of Care Provider	Address	Phone No.	SSN / EIN	Amount

JOB RELATED MOVING EXPENSES (3903)

Miles from OLD residence to NEW workplace	
Miles from OLD residence to OLD workplace	
Transportation & Storage of Personal Goods Costs	\$
Costs Reimbursed by Employer	\$
Is this a Military Move?	

OFFICE IN HOME (8829)

Sq Ft of home used exclusively for business	
Total sq ft of home	
Homeowners Insurance	\$
Rent, if not own	\$
Repairs, Maintenance	\$
Utilities	\$

SCHEDULE A – ITEMIZED DEDUCTIONS

Medical

Deductions	Amount
Medical Insurance Premiums (made by you) Bring Form 1095-A	
Prescription Drugs	
Insulin	
Glasses, Contacts	
Hearing Aids, Batteries	
Nursing Care	

Interest Expense

Deductions	Amount
Investment Interest	
Interest paid to individual (for home) Bring Form 1098	
Qualified Mortgage Insurance	

Casualty/Theft Loss (4684)

Property damaged by storm, water, fire, accident, or stolen.	Amount
Location of Property	
Description of Property	
Amount of Damage	\$
Insurance Reimbursement	\$
Repair Costs	\$

Employment Related Expenses, Not Self-Employed (2106, 4a)

Dues- Union, Professional	
Books, Subscriptions, Supplies	\$
Licenses	\$
Tool, Equipment, Safety Equipment	\$
Uniform (include cleaning)	\$
Sales Expense, Gifts	\$
Tuition, Books (work related)	\$

Other Miscellaneous Deductions

Gambling Losses, etc	\$
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Medical, cont.

Deductions	Amount
Medical Equipment, Supplies	
Medical Therapy	
Hospital	
Doctor, Dental, Orthodontist	
Medical Mileage (no. of miles)	

Taxes Paid

Deductions	Amount
Personal Property Taxes (ie.auto reg.)	
Real Estate Taxes (on Form 1098) if not compounded	

Charitable Contributions

Deductions (Bring Receipts)	Amount
Church Receipts	
United Way	
Scouts	
Telethons	
University, TV, Public Radio	
Heart, Lung, Cancer	
Wildlife Fund	
Salvation Army	
Goodwill	
Non- Cash	
Volunteer (no. of miles)	
Other _____	

Other Expenses

Last Year's Tax Prep Fee	\$
Safe Deposit Box	\$
Mutual Fund Fee	\$
Investment Counselor	\$

Schedule C- 1099 MISC SELF-EMPLOYED

What type of business do you operate? _____

Do you have exclusive bank statements for this business? Yes or No

Do you have invoices/receipts? Yes or No

Income

Income	Amount
Merchant card and third party payments (Form 1099K)	
Gross Receipts or sales not above	
Other Income	

Expenses

Expenses	Amount	Expenses	Amount
Advertising		Office Supplies	
Commissions and Fees		Pension and Profit-Sharing Plans	
Contract Labor		Rent/Lease Equipment, Machinery, Vehicles	
Depletion		Rent/Lease, Other business Property	
Employee Benefit Programs		Repairs & Maintenance	
Contract Labor		Supplies	
Insurance, not health		Taxes & Licenses	
Mortgage Interest		Meals, Entertainment	
Other Interest		Travel	
Legal and Professional Services		Utilities	
Wages		Telephone	
Health Insurance Premiums (established in business name)			

Auto Expense

Written evidence? Yes or No

	Mileage		Expenses	Amount	Expenses	Amount
Before 7-01-10		vs.	Fuel		Repairs, Tires	
After 6-30-10			Insurance, License		Parking, Tolls	
Commuting			Oil			
Other			Property Tax			