

BEST RETURN BOOKKEEPING

4600 SOUTH TRACY BLVD. STE. 104, TRACY, CA 95377

TEL: (209)832-0211 FAX : (209)832-5627

WEBSITE : www.bestreturnbookkeeping.com

NOTE: (All clients please fill in all boxes and please indicate where there are changes.)

Taxpayer Name:		Social Security Number:	
Date of Birth:		Occupation:	
Daytime Phone:		Email:	
Spouse Name:		Social Security Number:	
Date of Birth:		Occupation:	
Daytime Phone:		Email:	
Street Address:			Apt#:
City / State:			Zip:
(Please Circle One) Filing Status:			
Single Married Filing Joint Married Filing Separate Head of Household Widow(er) Dependent of Another			

DEPENDENT NAME (First, Middle Initial, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP

CHECKLIST OF ALL DOCUMENTS SUBMITTED - ENCLOSE DOCUMENTATION

Wages – W-2	_____	IRS Letter 6419 (ACTC Payments)	_____
Gambling Income - W-2G	_____	Self-Employment – 1099 – NEC	_____
Mortgage Interest – 1098	_____	Retirement – 1099 – SSA - 1099 - R	_____
Dividend Income - 1099 – DIV	_____	Investment Income – Stocks - 1099 - B	_____
Interest Income – 1099 – INT	_____	Closing Cost Statement (Refi/Sale/Purch)	_____
Govt. Payments – 1099 – G	_____	Purch/Donation of Motor Vehicle	_____

CHILD / DEPENDENT CARE EXPENSES

Dependent Cared For: _____	Provider SSN/EIN: _____
Care Provider Name: _____	Phone Number: _____
Provider's Address: _____	Amt Paid: \$ _____
Dependent Cared For: _____	Provider SSN/EIN: _____
Care Provider Name: _____	Phone Number: _____
Provider's Address: _____	Amt Paid: \$ _____

HEALTHCARE COMPLIANCE: ALL YEAR _____ PART YEAR _____ NONE _____		
Medical Premiums:	Out of Pocket Expenses:	Medical Mileage:
Healthcare Marketplace Statement: (1095-A): _____ (CA - FORM - FTB - 3895): _____		

COLLEGE INFORMATION: 1098-T (CURRENT YR): (Y)___(N)___ (LAST YR): (Y)___(N)___

Student Name:	Year(s) Claiming: _____	Amt Paid:\$ _____
Institution Name:	Tax ID#:	
Address:		
Student Name:	Year(s) Claiming: _____	Amt Paid:\$ _____
Institution Name:	Tax ID#:	
Address:		

ITEMIZED DEDUCTIONS (EXACT AMOUNTS PLEASE DO NOT ROUND OFF)

*Beginning in Tax Year 2018, Unreimbursed Job Expenses are no Longer Allowed Except for Certain Armed Forces Personnel, Fee Based Govt. Officials, and Performers in the Entertainment Industry.

DMV (Vehicle, Boat):	Tax Preparation Fees:
Work Shoes Uniforms:	Other Expenses(Specify):
Tools/Supp/Safety Gear:	
Union Dues:	Business Mileage 1st Year: Yes ___ No ___
Cont. Education/License Fees:	Make: _____ Model: _____
Donations(Cash):	Date Placed in Service:
Donations(Non-Cash):	Work Miles: _____ Other(Total): _____
*Non-Cash Receipt Required for Single Donations of \$250.00 or More.	*Log Required for Standard Mileage Rate Deduction(Written/Computer Generated Report)

ALIMONY PAID TO (Divorces Finalized After December 31, 2018 cannot be deducted)

Name:	Name:
SSN:	SSN:
Amount Paid:\$ _____	Amount Received:\$ _____

1.	Did you pay student loan during the tax year? (Please provide form 1098-E or amount of student loan interest accrued)	Yes	No
2.	Did you purchase an electric vehicle during the tax year? (If yes please provide purchase contract)	Yes	No
3.	Did you purchase a vehicle during the tax year? (Long form only) (If yes please provide purchase contract) (N/A for short form filers)	Yes	No
4.	Did you purchase/sell/refinance a home during the tax year? (Rental/Primary) (If yes please provide final closing cost statement)	Yes	No
5.	Did you have rental property(ies) during the tax year? (If yes add'l document will be required to show income/expenses)	Yes	No

Notes:

DIRECT DEPOSIT:	CHECKING _____	SAVINGS _____
Bank:	RTNG:	ACC#:
PRIVACY POLICY: ALL PERSONAL & BANK INFORMATION OBTAINED WILL BE USED SOLELY FOR THE PURPOSE OF COMPLETING YOUR TAX RETURN. WE WILL NOT DISCLOSE ANY INFORMATION PROVIDED TO ANY THIRD PARTY EXCEPT WHERE REQUIRED BY LAW. ALL RECORDS ARE KEPT IN COMPLIANCE WITH FEDERAL REGULATIONS TO PROTECT YOUR PERSONAL INFORMATION FROM UNAUTHORIZED USE.		

DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION CARD:			
TP(DL):	State:	Issue Date:	Exp:
SP(DL):	State:	Issue Date:	Exp:

IRS ISSUED ID PROTECTION PIN:			
IDENTITY PROTECTION PIN (TP):	Y _____ N _____	IF (YES):	_____
IDENTITY PROTECTION PIN (SP):	Y _____ N _____	IF (YES):	_____

DIRECT DEBIT FROM TAX REFUND ADDITIONAL CHARGES APPLY:		Yes _____	No _____			
ELECTRONIC PAYMENT SYSTEM (EPS)						
Method of Payment:	Cash	Credit	Debit	Check	Amount Paid:\$ _____	
Card Number:	_____		Exp:	_____	Cvc: _____	Zip: _____

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. Tax returns will not be processed without client authorization signature(s).

(Taxpayer)

(Spouse)