

# BEST RETURN BOOKKEEPING

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**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:                             |                   |                         |                         |
| <b>(Please Circle One) Filing Status:</b> |                   |                         |                         |
|   | Single            | Married Filing Joint    | Married Filing Separate |
|   | Head of Household | Widow(er)               | Dependent of Another    |

| DEPENDENT NAME<br>(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: \$ _____      |
|                            |                         |

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

**Notes:**

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|   |                       |                      |
|---|-----------------------|----------------------|
| <b>DIRECT DEPOSIT:</b>  | <b>CHECKING</b> _____ | <b>SAVINGS</b> _____ |
| Bank:   | RTNG:                 | ACC#:                |
| <b>PRIVACY POLICY: ALL PERSONAL &amp; 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.</b> |                       |                      |

|  |        |             |      |
|--|--------|-------------|------|
| <b>DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION CARD:</b> |        |             |      |
| TP(DL):  | State: | Issue Date: |      |
| Exp:   |        |             |      |
| SP(DL):  | State: | Issue Date: | Exp: |

**\*NOTICE: A 50% DEPOSIT IS DUE UPFRONT FOR TAX PREPARATION SERVICES, REMAINING BALANCE WILL BE DUE AFTER COMPLETION, REVIEW, AND CLIENT AUTHORIZATION.**

|   |  |                       |
|---|--|-----------------------|
| <b>DIRECT DEBIT FROM TAX REFUND ADDITIONAL CHARGES APPLY:</b> |  | Yes _____ No _____    |
| <b>ELECTRONIC PAYMENT SYSTEM (EPS)</b>                        |  |                       |
| 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)