

**CLIENT CHECK-IN SHEET FOR
TAX APPOINTMENT**

PERSONAL DATA:

Telephone # _____

Name _____ SS# _____

Address _____ DOB _____

Filing Status _____

Spouse's Name _____ SS# _____ DOB _____

Dependant Information

Name _____ SS# _____ DOB _____

Name _____ SS# _____ DOB _____

Name _____ SS# _____ DOB _____

INCOME:

W-2

1099 (C MISC., INT., R., G-, DIV., C)

K-1 income

State Refund from Last Year

Dividend Income

Selling of Stocks, Bonds or Property

Alimony Received _____ -

Alimony Paid _____ (need full name & SS #)

Pensions & Annuities

Income from Rental Property

Gambling

SS Benefits

EXPENSES:

Educators

Student Loans

Tuition Expense

Vehicle Taxes

Real Estate Taxes

Other Taxes

Medical Expenses and Miles

Safe Deposit Box

Investment Fees

Tax Preparation Fee

ETC.

Gambling Losses

Expenses not reimbursed by employer

Moving expenses (more than 50 miles) job related

SEP. &/OR IRA

Contributions:

Church and non-cash

Non-Profit Organizations

Goodwill, Salvation Army, Kidney Foundation

Interest Expense

Home Mortgage

Second Mortgage

Investment Interest

Equity Credit Line

S CORP NEEDS K-1.....

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