

# CODE- 4 TAX SERVICES

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## GENERAL TAX INFORMATION FOR TAX YEAR: \_\_\_\_\_

This form is designed to be used by all taxpayers. Please complete all information as thoroughly as possible. If mailing supporting documentation, send photocopies only. If faxing/e-mailing, PDF format is preferred. Keep all receipts and documentation used to prepare this form in a safe location for 5-7 years. Please write legibly. Use separate sheet if needed.

Name(s): \_\_\_\_\_ New Client? \_\_\_\_\_ Email: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_ Mark if Address Change \_\_\_\_\_

If you moved to a new state, name of state: \_\_\_\_\_ Date of move: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

New addition to family? Y N If yes, name, DOB, SSN: \_\_\_\_\_

Filing Status: Single Married Filing Jointly Married Filing Separately Head of Household  
Change of Filing Status? Y N If yes, explain: \_\_\_\_\_

**MEDICAL EXPENSES:** May be deductible if the total of all your qualified expenses are more than 7.5% of your adjusted gross income.

Do you have health insurance? Y N

Health & Dental Insurance Premiums: \_\_\_\_\_  
(not paid pre-tax by employer)

Long-term Care Premiums: \_\_\_\_\_  
Your Age: \_\_\_\_\_ Spouse Age: \_\_\_\_\_

Out-of-pocket medical expenses:  
Hospitals, ambulances, ER, Co-pays \_\_\_\_\_  
Prescription medications \_\_\_\_\_  
Dental \_\_\_\_\_  
Eye Doctors, glasses, etc. \_\_\_\_\_  
Other: \_\_\_\_\_

Medical Miles: \_\_\_\_\_

### PERSONAL TAXES:

Real Estate Property Taxes:  
Primary Residence \_\_\_\_\_  
Second Home/Other \_\_\_\_\_

Personal Property:  
Auto Registrations \_\_\_\_\_  
Boat/trailer/motorcycle \_\_\_\_\_

Sales Tax Paid: \_\_\_\_\_  
(big ticket items or you live in a state without sales tax)

### MORTGAGE INFORMATION:

Mortgage interest \_\_\_\_\_  
Other mortgage interest \_\_\_\_\_  
New home purchase? Y N  
If yes, attach copy of closing costs.  
Mortgage refinanced? Y N  
If yes, attach copy of closing costs.  
Short sale/Foreclosure? Y N  
If yes, attach copy of form 1099C or A.

### OTHER EXPENSES:

Gambling Losses: \_\_\_\_\_  
(Verifiable losses can be claimed up to the amount of reportable winnings.)

### CHARITABLE DONATIONS:

Church/House of worship \_\_\_\_\_  
Payroll deductions \_\_\_\_\_  
Work funds \_\_\_\_\_  
Organized charities \_\_\_\_\_  
School Donations \_\_\_\_\_  
Non-cash donations (clothes, etc.) \_\_\_\_\_  
Goodwill/Salvation Army, etc. \_\_\_\_\_  
Other contributions \_\_\_\_\_  
Charitable/volunteer miles \_\_\_\_\_  
Volunteer Expenses \_\_\_\_\_

### CHILD AND DEPENDENT CARE:

Do you have a dependent care account with your employer?  
Y N

Amount paid to childcare provider \_\_\_\_\_  
Name of provider \_\_\_\_\_  
Federal EIN/SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_

Amount paid to childcare provider \_\_\_\_\_  
Name of provider \_\_\_\_\_  
Federal EIN/SSN \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_

If for multiple children, please provide the breakdown of how much was spent for which child with which provider. Use a separate sheet if necessary.

Do you have any bitcoin or cryptocurrency accounts?  
Y N

If yes, provide 1099B information for any sales/transactions.

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### JOB EXPENSES:

Out of pocket, unreimbursed work expenses that are **ordinary** and **necessary** to perform your job. *Note: Law Enforcement/Public Safety, Nurses & Medical Professionals, and Teachers – please use the specific form created for your profession.*

Home Office: Please use the Home Office Worksheet

Work-related supplies \_\_\_\_\_  
Uniforms \_\_\_\_\_  
(cannot be suits or professional clothing unless logo'd)  
Uniform maintenance \_\_\_\_\_  
Cell phone service per month \_\_\_\_\_  
    Business use % \_\_\_\_\_  
Cell phone purchase cost \_\_\_\_\_  
Computer/laptop/tablet purchase \_\_\_\_\_  
    Business use % \_\_\_\_\_  
Internet service per month \_\_\_\_\_  
    Business use % \_\_\_\_\_  
Travel Expenses  
    Hotel \_\_\_\_\_  
    Airfare/transport \_\_\_\_\_  
    Rental cars \_\_\_\_\_  
    Misc. (Bag fees, tips, parking, etc.) \_\_\_\_\_  
Business Meals \_\_\_\_\_  
(Be sure your records indicate with whom you met and the nature of the meeting.)  
Conferences/trainings/workshops \_\_\_\_\_  
Professional organizations/subscriptions \_\_\_\_\_

Business Mileage: (Must be necessary for employer. Does NOT include your commute to and from your primary place of work. You should have a record/calendar/journal.)

Unreimbursed business miles \_\_\_\_\_  
Commuting miles \_\_\_\_\_  
Non-business miles \_\_\_\_\_  
Total Miles driven for the year \_\_\_\_\_

If you are reimbursed for mileage, what is the reimbursement rate you received? \_\_\_\_\_ Per Mile  
Total reimbursement received \_\_\_\_\_

If you believe calculating the percentage of your actual expenses (including vehicle depreciation) would be more beneficial for you tax-wise, please include all expense information related to the vehicle (taxes, registration, insurance, maintenance, fuel, etc.)

### MOVING EXPENSES:

If you moved your residence for your employment, you may be able to adjust your income with the moving expenses.

Are you a member of the Armed Forces? Y N  
Did you move because of work? Y N  
Number of miles from OLD residence to NEW workplace \_\_\_\_\_

Number of miles from OLD resident to OLD workplace \_\_\_\_\_

Moving expenses paid \_\_\_\_\_  
(Transportation, storage, supplies)  
Travel & lodging expenses \_\_\_\_\_  
Amount reimbursed by employer \_\_\_\_\_

### OTHER INFORMATION:

Please include any other pertinent information you think might be relevant to the proper completion of your tax returns.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION EXPENSES:

Complete this section for yourself or any dependent who is enrolled in a qualified college or university.

Was the education work-related? Y N

Amount spent on tuition, fees, and books \_\_\_\_\_  
Amount of Scholarships/Grants: \_\_\_\_\_

Name of school: \_\_\_\_\_  
Federal ID Number: \_\_\_\_\_  
Address: \_\_\_\_\_

, **Attach any 1098T forms from educational institutions.**

### BANKING/ FINANCIAL INFORMATION/ OTHER INCOME:

Include any tax documents sent to you by banking or financial institutions, including:

1099 INT - interest earned - will be issued if over \$10  
1099 DIV - dividends received  
1099 B - reports of any stock transactions  
1099 G - state/local refunds

Do you have foreign bank/stock accounts? Y N  
If yes, amounts in excess of \$10,000 are required to be reported but are not taxable and subject to fines if you do not report.

Do you Pay \_\_\_\_\_ or \_\_\_\_\_ Receive Alimony? Y N  
If yes, what was the amount? \_\_\_\_\_  
(Alimony must be court ordered to be deductible to the payor. Alimony received must be reported as income. Child Support is not deductible.)

Date of alimony order: \_\_\_\_\_  
(Alimony is deductible if ordered before 12/31/2018)

Do you receive Social Security? Y N  
If yes, include 1099-SSA form(s).

Did you Contribute to \_\_\_\_\_ or Withdrawal from \_\_\_\_\_ an IRA? Y N

If yes, include 1099-R forms.  
What was the amount? \_\_\_\_\_

Was this a rollover? Y N

Do you have a Health Savings Account (HSA) with your employer? Y N

If yes include applicable statements.  
Amount contributed \_\_\_\_\_  
Amount used for qualified medical expenses \_\_\_\_\_

### OTHER INFORMATION:

Please include any other pertinent information you think might be relevant to the proper completion of your tax returns.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want your refund direct deposited to your bank account? Y N

Bank Name: \_\_\_\_\_  
Routing #: \_\_\_\_\_  
Account #: \_\_\_\_\_