

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 #: _____