

## CLIENT INFORMATION SHEET

<b>TAXPAYER NAME (FIRST, MIDDLE, LAST):</b>		<b>SSN # / ITIN #:</b>	
<b>DATE OF BIRTH:</b>		<b>OCCUPATION:</b>	
<b>CELL NUMBER:</b>		<b>HOME NO.:</b>	
<b>SPOUSE NAME (FIRST, MIDDLE, LAST):</b>		<b>SSN # / ITIN #:</b>	
<b>DATE OF BIRTH:</b>		<b>OCCUPATION:</b>	
<b>CELL NUMBER:</b>		<b>HOME NO.:</b>	
<b>HOME ADDRESS:</b>		<b>CITY/STATE/ ZIP</b>	
<b>APT #:</b>		<b>E-MAIL ADDRESS</b>	

<b>DEPENDENT NAME (FIRST, MIDDLE, LAST):</b>	<b>DEPENDENT SSN / ITIN #:</b>	<b>DATE OF BIRTH:</b>	<b>RELATIONS HIP:</b>	<b>MONTHS LIVED IN YOUR HOME:</b>

<b>INCOMES:</b>			
<b>SALARY/WAGES - W-2</b>		<b>1099-R (RETIREMENT INCOME</b>	
<b>1099-INT (INTEREST INCOME)</b>		<b>1099-G (STATE REFUND)</b>	
<b>1099-DIV (DIVIDENT INCOME)</b>		<b>UNEMPLOYMENT INCOME</b>	

1099-MISC (BUSINESS INCOME)		SELF EMPLOYED INCOME	
1099-B (STOCKS GAIN/LOSS)		FOREIGN BANK INTEREST	
1099-SA (HSA DISTRIBUTION)		SOCIAL SECURITY BENEFITS	

❖ DO YOU HAVE FOREIGN ACCOUNTS - YES OR NO =
○ IF YES, DOES YOUR FOREIGN BANK ACCOUNTS EXCEED \$ 10,000 USD - YES OR NO =
❖ IF YOU HAVE A FINCEN FORM 114 FILING REQUIREMENT

CHID/DEPENDENT CARE EXPENSES		
DEPENDENT CARED FOR:		PROVIDER'S SSN/EIN:
CARE PROVIDER'S NAME:		AMOUNT PAID:
PROVIDER'S ADDRESS:		PHONE NUMBER:
DEPENDENT CARED FOR:		PROVIDER'S SSN/EIN:
CARE PROVIDER'S NAME:		AMOUNT PAID:
PROVIDER'S ADDRESS:		PHONE NUMBER:

ITEMIZATIONS DEDUCTIONS			
MEDICAL EXPENSES			
HOSPITALS		MEDICAL LAB FEES	
DOCTORS		SURGICAL PROCEDURES	
DENTISTS		MEDICAL TRANSPORTATION	
PRESCRIPTION DRUGS		MEDICAL MILES DRIVEN	
GLASSES AND CONTACT LENSES		OTHER MEDICAL PROFESSIONAL	
MEDICAL/DENTAL INSURANCE		PRESCRIBED PHYSICAL AIDS	

MORTGAGE ON HOME SECONDARY HOME		PRIMARY HOME	
HOME MORTGAGE INTEREST (1098)			
POINTS PAID ON NEW MORTGAGE			
MORTGAGE INSURANCE PREMIUMS (PMI)			
INTEREST PAID TO FOREIGN BANK			
NAME OF THE BANK			
ADDRESS OF THE BANK			
AMOUNT INTEREST PAID ON THE LOAN			

STATE AND LOCAL TAXES			
REAL ESTATE TAXES		DMV LICENSE FEE	
OTHER STATE AND LOCAL TAXES		2015 STATE TAX PAYMENT	

CHARITABLE CONTRIBUTION (CASH AND CHECK DONATIONS)	
NAME OF CHARITY & DATE OF DONATION	
CASH/CHECK AMOUNT	
NON-CASH DONATIONS	
NAME & ADDRESS OF CHARITY	
DATE OF DONATION	
WHAT WAS DONATED	
FAIR MARKET VALUE OF ITEMS	

WORK RELATED EXPENSES:			
UNION DUES		DRY CLEANING/LAUNDRY	
UNIFORMS		BUSINESS MILEAGE	

BOOKS & STATIONARY		PROFESSIONAL MEMBERSHIPS	
CONTINUING EDUCATION		TRAVEL FOR EDU/TRAINING	
SOFTWARE/HARDWARE		HOME OFFICE	
MISC EXPENSE:			
SAFE DEPOSIT BOX		INVESTMENT EXPENSE	
GAMBLING LOSS		CASUALTY & THEFT LOSS	
CELL PHONE & INTERNET		LEGAL FEES/WORK VISA	
TAX PREPARATION FEES PAID IN 2016		WORK PUBLICATIONS/ SUBSCRIPTIONS	

BANK INFORMATION				
ROUTING NUMBER	ACCOUNT NUMBER		SAVINGS	CHECKING

We have reviewed the information in this sheet and to the best of our knowledge it is true and correct.

TAXPAYER SIGN HERE: \_\_\_\_\_

SPOUSE SIGN HERE: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_