

Possible Legal Deductions For Tax Return _____ **20** _____

Medical & Dental Expenses "YOU PAID":

- Doctors..... \$ _____
 - Denist..... \$ _____
 - Operations..... \$ _____
 - Prescription Drugs..... \$ _____
 - Medical Insurance..... \$ _____
 - Dental Insurance..... \$ _____
 - Long Term Care Insuran..... \$ _____
 - Hospital/Emergency..... \$ _____
 - Lab & X-Ray..... \$ _____
 - Dentures & Braces..... \$ _____
 - Glasses & Contacts..... \$ _____
 - Supplies for Glasses/Conta..... \$ _____
 - Hearing Aids & Batteries..... \$ _____
 - Orthopedic Shoes..... \$ _____
 - Canes/Crutches/Braces..... \$ _____
 - Wheelchairs..... \$ _____
 - Miles Driven for Medical..... \$ _____
 - Other Medical Transportation Cost..... \$ _____
- Because Doctor Advised You to get the following:*
- Air Conditioning..... \$ _____
 - Vaporizers..... \$ _____
 - Other..... \$ _____

Casualty Losses - Accident, Fire, Theft, Natural Disaster:

Date: _____ Amount of LOSS \$ _____

What Happened & Where: _____

Miscellaneous:

- Miles Driven from 1st to 2nd Job..... \$ _____
- Tax Return Prep Fee..... \$ _____
- Safe Deposit Box..... \$ _____
- Investment Expenses..... \$ _____
- Employment/Job Seeking Fees..... \$ _____
- \$ _____
- \$ _____

Education Loan Expenses "YOU PAID"

- Student Loan Interest..... \$ _____
- Titution You Paid..... \$ _____

Contributions that you can Prove:

- Church..... \$ _____
- United Negro College Fund..... \$ _____
- United Way..... \$ _____
- \$ _____
- \$ _____
- \$ _____

Volunteer Work Expenses:

- Church, Scouts, School, Etc..... \$ _____
- Auto Miles Driven for Charities..... \$ _____

Value of Furniture/Clothing Given to the following:

- \$ _____
- \$ _____

Auto's:

You can only be deducted after the Charity "SALES" the Auto.

- \$ _____

Taxes:

- Real Estate Tax on Property..... \$ _____
- State & Local Taxes Paid..... \$ _____
- Sales Taxes**..... \$ _____
- License Plate Cost..... \$ _____
- \$ _____

Interest Paid:

- Home Mortgage Interest..... \$ _____
- Mortgage Paid to Individual:..... \$ _____
- Name: _____
- Address: _____
- City: _____ State: _____ Zip: _____
- Investment Interest Paid..... \$ _____

Expenses Your Employer DID NOT PAY:

- Uniforms..... \$ _____
- Uniform Cleaning..... \$ _____
- Union Dues..... \$ _____
- Safety Shoes & Gloves..... \$ _____
- School Supplies (Teachers Only)..... \$ _____
- \$ _____

Education Expenses (to MAINTAIN PRESENT Position):

- Tuition & Fees..... \$ _____
- Books..... \$ _____
- Parking..... \$ _____

By Signing, I attest that the above information that was given to the Tax Preparer as being truthful to the best of my knowledge and records.

X _____
Taxpayer

X _____
Spouse

X _____
Date

Accountants & Associates, LLC

Customer Data Sheet

Revised 4/2015

Tax Year

Please Print YOUR INFORMATION

Today's Date

First Name _____ Last _____

Address _____ Apt.# _____ City, Zip _____

Phone (Day)-() _____ Cell () _____ Cell Phone Provider _____

Social Security # _____ Driver's License # _____ Exp. Date ____ / ____ / ____

Date of Birth (DOB) ____ / ____ / ____ Occupation _____

E-Mail Address _____ @ _____

SPOUSE'S INFORMATION - ? Check this box if Filing Together

First Name _____ Last _____

Address _____ City, State, Zip _____

Phone (Day)-() _____ Cell () _____ Cell Phone Provider _____

Social Security # _____ Driver's License # _____ Exp. Date ____ / ____ / ____

Date of Birth (DOB) ____ / ____ / ____ Occupation _____

DEPENDENT'S INFORMATION

Dependent's First & Last Name	Social Security Number	Date of Birth	Relationship	Number of Months in Your Home Last Year

How did you here about us or who referred you?

"CHECK" INCOME ITEMS WHICH PERTAIN TO YOU

- | | | |
|---|---|---|
| <input type="checkbox"/> DHS Income
<input type="checkbox"/> Adoption
<input type="checkbox"/> Alimony Received
<input type="checkbox"/> Commissions
<input type="checkbox"/> Dividends
<input type="checkbox"/> _____ | <input type="checkbox"/> Income from rentals
<input type="checkbox"/> Interest(1099-Int)
<input type="checkbox"/> Lottery/Gambling Winnings
<input type="checkbox"/> Unemployment
<input type="checkbox"/> Pension, Retirement
<input type="checkbox"/> Workman's Comp | <input type="checkbox"/> Self-Employed Income/1099MISC (see additional sheet)
<input type="checkbox"/> Social Security Benefits
<input type="checkbox"/> Tip Income
<input type="checkbox"/> Wage Statement (W2'S)
<input type="checkbox"/> _____ |
|---|---|---|

Please complete and sign the other side!

"CIRCLE" ANSWER THAT PERTAINS TO YOU...

Do you have Health Insurance? YES...NO If Yes With Who _____

Did you have educational Expenses? YES.....NO Amount \$ _____

Did you pay alimony?... YES NO If YES, recipient's SS# _____ And Amount \$ _____

CHILD CARE INFORMATION

Provider's Name _____ Provider's SSN/EIN # _____

Provider's Address _____ Apt.# _____ City, Zip _____

Amount paid to provider \$ _____

RENTER'S INFORMATION ONLY

ADDRESS WHERE RENT PAID

of months paid rent last year _____ Amount of rent paid monthly \$ _____

Landlord's Name _____

Landlord's Address _____ City _____, ZIP _____

Was your heat included in your rent? YES NO (Circle One)

Amount paid for heat the last 12 months from Nov. thru Oct.? \$ _____
(This is from November 1st of year before last thru October 31st of last year)

TEXT MESSAGES: We have your permission to Text your Cell Phone concerning tax matters and promotions. Certain fees may apply.

I (we) attest that all the information provided; to the best of my knowledge, are both accurate and true.

:X _____
Taxpayer Date

X _____
Spouse Date

Notes:

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