



NEW CLIENTS: BRING COPY OF
2016 TAV DETLIDNI
W-2 Statements 1099 Interest 1099 Dividends Home Purchase/Sale Documents (Purchase Agreement, Settlement Statement or HUD-1) Home Mortgage Refinance Documents 1099 Social Security Income 1099 Pension/Annuity Disbursement 1099 IRA/Keogh Withdrawal/Rollover All IRA Year-End Statements 1099 Unemployment Income 1099 State Tax Refund Stock Sales - Purchase and Sale Info 1099 Broker Statement 1099 Miscellaneous Commissions 1099 Prizes, Gambling Income 1099 Debt Forgiveness Rents Agricultural Payments K-1's from S-Corps, Partnerships K-1's from Estates, Trusts Alimony Jury Duty
BRING VOIDED CHECK FOR DIRECT DEPOSIT OF REFUND
BRING VOIDED CHECK FOR
BRING VOIDED CHECK FOR DIRECT DEPOSIT OF REFUND
BRING VOIDED CHECK FOR DIRECT DEPOSIT OF REFUND BUSINESS Furnish Income & Expense detail separately or call for a special worksheet if any of the following apply: Business – Self Employed Farm
BRING VOIDED CHECK FOR DIRECT DEPOSIT OF REFUND BUSINESS Furnish Income & Expense detail separately or call for a special worksheet if any of the following apply: Business - Self Employed Farm Rentals
BRING VOIDED CHECK FOR DIRECT DEPOSIT OF REFUND BUSINESS Furnish Income & Expense detail separately or call for a special worksheet if any of the following apply: Business - Self Employed Farm Rentals EDUCATION EXPENSES Tuition Fees \$ Books \$ Living Expenses \$

PERSONAL DATA					
This section for new clients only , or for changes to prior-year information					
Last Name	Phone	Taxpayer	Spouse		
	Home				
	Office				
	Mobile				
Email (taxpayer)		Email (spouse)			
First Name & Initial (taxpayer)		First Name & Initial (spouse)			
Occupation		Occupation			
Social Security No.		Social Security No.			
Birthdate (req'd)		Birthdate (req'd)			
Mailing Address		County	School District		
City		State	ZIP Code		

DEPENDENTS							
Name First, Initial & Last (if different)	Date of Birth (required for Child Tax Credit)	Social Security No.	Relationship	# month s lived in your home	"X" if not living with you		
	/ /						
	/ /						
	/ /						
	/ /						

ESTIMATED TAXES PAID						
Please have cancelled checks available						
	Date Due	Date Paid	Federal	Date Paid	State	
Fourth Quarter Prior Year	Jan. 2017	/ /	\$	/ /	\$	
First Quarter	Apr. 2017	/ /	\$	/ /	\$	
Second Quarter	Jun. 2017	/ /	\$	/ /	\$	
Third Quarter	Sep. 2017	/ /	\$	/ /	\$	
Fourth Quarter	Dec. 2017 Jan. 2018	/ /	\$	/ /	\$	

MEDICAL EXPENSES

Generally must exceed 10% (7.5% if over 65 yrs old) of Income for Federal & Most States



2017 Tax Data Worksheet

Prescription drugs (no "ove	r-the-counter" dru	ıgs)		(attach summary if you need more room)		
Doctors/Dentists/Hospitals	/Glasses					
Hospital & nursing home						
Medical insurance premiun	ns (paid out of po	cket)				
Long Term Health Care insu	rance premiums	i		Contributions by payroll deduction		
Insurance reimbursements	(only for the abo	ve amounts)		* * *		mile
Auto travel (for medical purposes)		miles	Travel for charitable purposes		mile	
1095-A, 1095-B, 1095-C, o	or Proof of Health	Insurance		Value of goods contributed (usually fair marks Name & address of recipient:	t value)	
Other				(include detailed list of donated items when total is \$250 or mo	re)	
	TAXE	S PAID				
Real Estate - Primary resid	ence					
Real Estate - Second home	•					
Real Estate - Other (list)						
Auto License Fee - No truc	ks, boats, or mote	orcycles	1.	MISCELLANEOUS BUSINESS	& INVESTMEN	T EXPENSES
			2.	NOT LISTED I	ELSEWHERE	
			3.		Taxpayer	Spouse
Sales Tax - Vehicle or home	ebuilding materia	als		Dues: union & professional		
HOM	F MORTGAG	SE INTEREST PA	חו	Employment-related education/seminars		
		Г		Tuition/fees		
BRING YOUR 1098 FORM(S	,	Primary Home	Second Home	Books/publications		
☐ Paid to an Institution Institution Name:	Interest Paid			Licenses, fees, credentials, etc.		
	Points Paid			Tools, supplies, equipment		
Paid to an Individual Name: Address:				Insurance – business (E&O, malpractice)		
				Uniforms – purchased		
			Uniforms - cleaned			
Social Security No.	Interest Paid			Business travel (explain)		
				- Meals		
Cl	IILD OR DEF	PENDENT CARE		- Lodging		
Child or dependent care expenses allow you to work or attend school full time. Number of children under age 13:			- Other transportation			
Name of Provider/Address	inder of criticiten	Soc Sec # or EIN	Amount Paid	- Reimbursement		
Traine of Frontaci, Address		Goo Goo ii Gi Eiit	7tillourie Fulu	Job seeking expenses in same field		
				- Employment & resume fees		
				Investment management fees		
				Safe deposit box		
				Tax preparation & consulting fees		
STUDENT LOAN INTEREST - OTHER DEDUCT & CREDITS			T & CREDITS	IRA or Keogh (HR-10) fees paid by you		
			T & ONEDITO	Gambling losses – only to the amt of wins	_	
Bring statement(s) from lending agency – Form 1098-T				Tuition (K-12 only)		
Bring tuition paid statemen	ts from education	nal institution		Text books (K-12 only) Other:		
College Savings Iowa – 529	Dlan Contribution	nne .		otilei.		
Beneficiary Name	rian contribute	<i>n</i> 13				
Social Security No.				Move in/out of state? Date of move:		
Amount paid in:		\$	\$	The above stated information is	correct and cor	mplete.
				Signature	Date	
CH	IARITABLE C	ONTRIBUTIONS				
Contributions by cash/chec	k					