

Tax Preparation Services
Phone (818)486-9736
Email: Taxpreparationtoday@gmail.com

Intake Date _____

Dear Client, in preparation for your tax appointment, we are asking to **please take time to fill these few pages** out to the best of your ability. This will expedite completion of your return.

TAXPAYER INFORMATION

| | | | |
|--------------------------------|----------------|-------------|--------|
| SOCIAL SECURITY NAME | LAST | FIRST | MIDDLE |
| | | | |
| PROFESSIONAL NAME IF DIFFERENT | | | |
| SOCIAL SECURITY #: | Date of Birth: | | |
| Occupation / Profession: | | | |
| Email: | | | |
| Cell Number: | | Home Phone: | |

| | | | |
|---------------------------------------|----------------|-------|--------|
| SPOUSE SOCIAL SECURITY NAME | LAST | FIRST | MIDDLE |
| | | | |
| SPOUSE PROFESSIONAL NAME IF DIFFERENT | | | |
| SPOUSE SOCIAL SECURITY #: | Date of Birth: | | |
| SPOUSE Occupation / Profession: | | | |
| SPOUSE Email: | | | |
| SPOUSE Cell Number: | | | |

| | |
|---------------------------------|--|
| HOME ADDRESS - STREET | |
| HOME ADDRESS - CITY, STATE, ZIP | |

| | | | |
|-------------------------------|---------|-----------|----------|
| On December 31, 2008 you were | SINGLE | SEPARATED | WIDOW/ED |
| | MARRIED | DIVORCED | RDP |

DEPENDENTS

| | | | | | |
|--|------|-------|--|---------------|----------------|
| SOCIAL SECURITY NAME | LAST | FIRST | MIDDLE | Date of Birth | Months in home |
| | | | | | |
| DEPENDENT SOCIAL SECURITY #: | | | | | |
| OVER 18 AND a student? | YES | NO | Dependent has income to declare on your return? YES NO | | |
| SOCIAL SECURITY NAME | LAST | FIRST | MIDDLE | Date of Birth | Months in home |
| | | | | | |
| DEPENDENT SOCIAL SECURITY #: | | | | | |
| OVER 18 AND a student? | YES | NO | Dependent has income to declare on your return? YES NO | | |
| USE ADDITIONAL SHEET IF NECESSARY TO LIST ADDITIONAL DEPENDENTS | | | | | |

**REFUND
DIRECT DEPOSIT**

| | |
|---------------------|--------------------|
| Bank ROUTING NUMBER | |
| Bank ACCOUNT NUMBER | |
| TYPE: | CHECKING / SAVINGS |

ITEMIZED DEDUCTIONS

| | |
|---|-------------|
| Medical Insurance Premiums | \$ |
| Medical /Dental/Vision Expenses | \$ |
| Miles driven for medical purposes | _____ Miles |
| Real Estate / Property Taxes paid | \$ |
| Personal Property Taxes (DMV registration) | \$ |
| Sales Tax on Major Purchases (car, boat, etc) | \$ |
| Mortgage Interest (Form 1098) | \$ |
| Tax Prep Fees | \$ |
| | \$ |

VEHICLE EXPENSES

The IRS requires VERY detailed record keeping to show cause for taking any mileage (or expenses) related to your vehicle. If you do not have records or if your records are not adequate, you cannot take vehicle expense.

| | | | | | |
|---------------------|--|-----------------------|--|--------|-----------|
| Make & Model | | Purchase Date | | Leased | Yes No |
| Year END Odometer | | TOTAL MILES | | | |
| Year BEGIN Odometer | | Business Miles Driven | | | |
| Make & Model | | Purchase Date | | Leased | Yes No |
| Year END Odometer | | TOTAL MILES | | | |
| Year BEGIN Odometer | | Business Miles Driven | | | |

EDUCATION EXPENSES

| | | | |
|----------|--|--------------------|----|
| Taxpayer | | Tuition and Fees | \$ |
| Spouse | | Books and Supplies | \$ |

MOVING EXPENSES

| | | | |
|------------------------------|----|-------------------------------------|----|
| Lodging | \$ | Moving Truck Expense or Rental | \$ |
| Fuel for Moving Truck | \$ | Storage Costs | \$ |
| Miles Driven to new location | | Miles from old residence to new job | |

CHILDCARE EXPENSES

| | | | |
|----------------------------|--|---------|--|
| Child's Name | | SS# | |
| Paid To: (Address & Phone) | | Tax Id# | |

HOME OFFICE EXPENSES

To qualify, an "office in the home" must be used **exclusively** and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business.

| | | |
|------------------------------------|--|------------|
| Total Square Feet of residence | | |
| Total Square Feet Used for Office | | |
| Total Square Feet Used for Storage | | |
| Rent | | Utilities |
| Insurance | | Condo Dues |
| Repairs | | Other |

SPECIAL INFORMATION

| | | |
|---|------------------------------|---------------------------------|
| Do you have an Employer paid Pension Plan? If so, check box. | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| Did you (or your Spouse) make any contributions to a Traditional, Conventional, or Roth IRA, Keogh plan or a SEP? YES NO | | |
| Plan type: _____ | \$ | \$ |
| Contributions | | |
| Withdrawals (1099-R) | \$ | \$ |
| Rollovers | \$ | \$ |
| Alimony Received | YOU \$ | SPOUSE \$ |
| Alimony PAID | YOU \$ | SPOUSE \$ |
| Tips Received (NOT reported to your Employer) | YOU \$ | SPOUSE \$ |
| Student Loan Interest Paid (Form | YOU \$ | SPOUSE \$ |
| Unemployment Received (1099-G) | YOU | SPOUSE |
| Cash income received NOT reported on a 1099? | YOU \$ | SPOUSE \$ |
| For which Occupation / Profession? | | |
| State Tax Refund received in 2008 | YES | NO |
| Social Security or RR/Pension | YES | NO |
| Adoption Expenses | YES | NO |

ESTIMATED TAXES PAID

| Date Due | Date Paid | Federal | State |
|----------------------------------|-----------|---------|-------|
| Applied From Prior Year's Refund | | \$ | \$ |
| First Quarter APRIL | | \$ | \$ |
| Second Quarter JUNE | | \$ | \$ |
| Third Quarter SEPT | | \$ | \$ |
| Fourth Quarter THIS JAN | | \$ | \$ |

Please prepare a separate sheet for each occupation or profession.
 Each taxpayer and spouse must have their own sheet. Please don't combine occupations.

BUSINESS / OCCUPATION / PROFESSION RELATED EXPENSES

| NOTE: All expenses are subject to qualifications by the tax authorities | | | | | | | | | |
|---|----|--------------|----------|----------|---|----|--------------|----------|----------|
| ADVERTISING AND PUBLICITY | | TOTAL | A | C | OFFICE EXPENSE | | TOTAL | A | C |
| Business cards, Stationery, Postcards, etc | \$ | | | | Batteries | \$ | | | |
| Business Gifts | \$ | | | | Copy Service | \$ | | | |
| Demo (tape, CD, DVD, audio, video) | \$ | | | | Fax Service | \$ | | | |
| Photo Shoot, Reproduction, Lithos, etc. | \$ | | | | Office Supplies | \$ | | | |
| Resume Service and reproduction | \$ | | | | Postage, Freight, Courier | \$ | | | |
| Web Site, Domain Web Hosting, etc. | \$ | | | | Printer Supplies (ink, paper, toner, etc) | \$ | | | |
| Misc/other | \$ | | | | Misc/other | \$ | | | |
| COMMISSIONS & FEES | | TOTAL | A | C | CONTRACT LABOR | | TOTAL | A | C |
| Agent | \$ | | | | Accompanist | \$ | | | |
| Manager | \$ | | | | Dresser | \$ | | | |
| Other | \$ | | | | Misc/other | \$ | | | |
| SUPPLIES | | TOTAL | A | C | REPAIRS/MAINTENANCE | | TOTAL | A | C |
| Books, scripts, music | \$ | | | | Costume repair/cleaning/maintenance | \$ | | | |
| Props | \$ | | | | Equipment | \$ | | | |
| Software | \$ | | | | Instrument tuning (i.e. piano) | \$ | | | |
| Uniforms – Professional Costumes | \$ | | | | Professional tools | \$ | | | |
| Misc/other | \$ | | | | Misc/other | \$ | | | |
| EQUIPMENT PURCHASE | | TOTAL | A | C | LICENSES | | TOTAL | A | C |
| Type: _____ Date Purchased: _____ | \$ | | | | Licenses (i.e. city business license, professional) | \$ | | | |
| Type: _____ Date Purchased: _____ | \$ | | | | Misc/other | \$ | | | |
| UTILITIES | | TOTAL | A | C | RENT/LEASE | | TOTAL | A | C |
| Cable/Satellite % _____ | \$ | | | | Equipment | \$ | | | |
| Communications % _____ | \$ | | | | PO Box/ Safe Deposit | \$ | | | |
| telephone, cell phone, fax line, voicemail | \$ | | | | Storage for business | \$ | | | |
| phone card, pay phone, etc | \$ | | | | Theatre space/rehearsal hall | \$ | | | |
| Internet Service % _____ | \$ | | | | Misc/other | \$ | | | |
| BUSINESS FINANCE | | TOTAL | A | C | BUSINESS MEALS/ENTERTAINMENT | | TOTAL | A | C |
| Business bank fees paid | \$ | | | | In town business meals | \$ | | | |
| Business interest paid | \$ | | | | In town entertainment | \$ | | | |
| Misc/other | \$ | | | | Out of town business meals | \$ | | | |
| PROFESSIONAL FEES | | TOTAL | A | C | OUT OF TOWN TRAVEL | | TOTAL | A | C |
| Attorney, Legal Fees | \$ | | | | Fare | \$ | | | |
| Bookkeeper/Accountant | \$ | | | | Lodging | \$ | | | |
| Professional registries (casting) | \$ | | | | Car rental, taxi, subway, bus, parking & tolls | \$ | | | |
| Royalties paid | \$ | | | | Where: _____ # of days: _____ | | | | |
| Sides | \$ | | | | Where: _____ # of days: _____ | | | | |
| Misc/other | \$ | | | | Where: _____ # of days: _____ | | | | |
| OTHER | | TOTAL | A | C | OTHER | | TOTAL | A | C |
| Dues – professional societies | \$ | | | | Research – tickets, movies, etc. | \$ | | | |
| Dues – Union | \$ | | | | Trade publications/subscriptions/periodicals | \$ | | | |
| Passport | \$ | | | | Parking & Tolls | \$ | | | |
| Professional Development – coaching, lessons, workshops, seminars | \$ | | | | Misc/other | \$ | | | |
| | \$ | | | | | \$ | | | |
| CHARITY | | TOTAL | A | C | OTHER | | TOTAL | A | C |
| Cash Donations (Receipts Needed) | \$ | | | | | \$ | | | |
| Non-Cash Donations (Receipts Needed) | \$ | | | | | \$ | | | |
| | \$ | | | | | \$ | | | |

