

Email Address: _____

TAXPAYER INFORMATION:

Taxpayer: _____ SSN: _____ Birthdate: _____

Spouse: _____ SSN: _____ Birthdate: _____

Address: _____

County of Residence: _____

OCCUPATION

HOME PHONE

CELL PHONE

Taxpayer: _____

Spouse: _____

FILING STATUS/ STATUS CHANGES THIS YEAR (Ending Dates)

Married _____ Separated _____ Divorced _____ Spouse Deceased _____ Dependent Deceased _____

Moved _____ Sold Home _____ Sold Property _____

Legally Blind? _____ You _____ Spouse _____ 65 or Over? You _____ Spouse _____

DEPENDENTS: list the names of all dependents that received more than half of their support from you. Do not list spouse. Attach a separate sheet if needed. Please note relationship, Son, Daughter, Relative, Other?

<u>FULL NAME</u>	<u>S.S. NUMBER</u>	<u>BIRTHDATE</u>	<u>INCOME</u>	<u>STUDENT Y/N</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Did a dependent child under age 24 have unearned income over \$1,000.00? _____ Over \$2,000? _____

Did you make a Missouri 529 MOST Payment? Yes _____ No _____ If Yes, Amount \$ _____

CHILD AND DEPENDENT CARE

Child Name: _____

Child Care Provider: _____

SSN/EIN: _____

Address: _____

City/ State/ Zip: _____

Amount Paid This Year: _____

Child Name: _____

Child Care Provider: _____

SSN/EIN: _____

Address: _____

City/ State/ Zip: _____

Amount Paid This Year: _____

ATTACH ALL W-2'S, W-2-G'S, AND 1099-R'S AND SOCIAL SECURITY/ RAILROAD RETIREMENT STATEMENTS

Number of W-2's Attached: _____ Number of 1099-R's Attached: _____ Number of S.S./R.R Statements Attached: _____

ATTACH ALL 1099'S AND 1098'S

1099 - INT: Interest _____

1099 - DIV: Dividends _____

1099 - B: Sale of Stock _____

1099 - G: Gov & Payments _____

1098 - E: Student Loans _____

1098 - T: Tuition Payments _____

1099 - Q: Distr. From qualified education plans _____

1099 - SSA: Social Security _____

1099 - C: Cancellation of Debt _____

All other 1099's and 1098's _____

Number of 1099'S Attached: _____ Number of 1098's Attached: _____

ATTACH K-1's FROM TRUSTS, ESTATES, PARTNERSHIPS, AND S-CORPORATIONS

<u>OTHER INCOME</u>	<u>TAXPAYER</u>	<u>SPOUSE</u>	<u>DEDUCTIONS OR ADJUSTMENTS</u>	<u>TAXPAYER</u>	<u>SPOUSE</u>
Alimony Received	_____	_____	Deductible IRA	_____	_____
Unemployment Rec'd	_____	_____	Non-Deductible IRA	_____	_____
Jury Duty	_____	_____	Roth IRA	_____	_____
Gambling Winnings	_____	_____	SEP	_____	_____
Other	_____	_____	Simple	_____	_____
PREPARERS NOTES:			Self-Employment Health Ins.	_____	_____
_____			Alimony Paid	_____	_____
_____			To Whom: _____	SS: _____	
_____			Date Divorce Finalized: _____		

ESTIMATED TAXES PAID

	<u>Date Due</u>	<u>Date Paid</u>	<u>Federal</u>	<u>State</u>
Applied From Prior Years Refund	_____	_____	_____	_____
First Quarter	April 15 th	_____	_____	_____
Second Quarter	June 15 th	_____	_____	_____
Third Quarter	September 15 th	_____	_____	_____
Fourth Quarter	January 15 th (Next Yr.)	_____	_____	_____

SCHEDULE A – ITEMIZED DEDUCTIONS

MEDICAL EXPENSES YOU PAID

	<u>AMOUNT</u>
Health Insurance Premiums	_____
Long Term Care Insurance	_____
Medicine and Drugs	_____
Glasses/ Contacts, Dentures	_____
Hearing Aids	_____
Hospitals	_____
Doctors (All Types)	_____
Ambulance	_____
Travel and Lodging	_____
Mileage	_____
Other (List Separate)	_____
_____	_____
_____	_____

MISCELLANEOUS EXPENSE

	<u>AMOUNT</u>
Gambling Losses	_____
Teacher Supplies	_____
Reservist Expenses	_____

CONTRIBUTIONS (Need receipt if cash) AMOUNT

Charitable Contribution by cash/check	_____
Other than by check	_____
Charitable Mileage	_____

TAXES YOU PAID

	<u>AMOUNT</u>
Real Estate on Main Home	_____
Real Estate on Additional Homes/R.E.	_____
Personal Property	_____
Auto Sales Tax	_____
Other Large Items Sales Tax	_____
Other (Provide Details)	_____
_____	_____

INTEREST YOU PAID

Home Mortgage & Points on Form 1098	_____
Home Equity Interest	_____
Mortgage Insurance Premiums	_____
Mortgage to Individual (Not on 1098)	_____
Name: _____	
Address: _____	
SSN/EIN: _____	
Investment Interest You Paid:	_____

Non-Cash Donation Please Note

If the amount exceeds \$500 TOTAL, the Fair Market value of clothing, furniture, etc. contributed MUST include date acquired, date donated and receipt from Organization donated to, showing name & address.

CHECKLIST OF AUTO BUSINESS EXPENSES

Auto Expenses	<u>Auto #1</u>	<u>Auto #2</u>	<u>Auto #3</u>	<u>Auto #4</u>
Beginning Odometer Reading	_____	_____	_____	_____
Ending Odometer Reading	_____	_____	_____	_____
Total Mileage	_____	_____	_____	_____
Business Mileage (Home to office not usually allowable)	_____	_____	_____	_____
Year & Make of Auto	_____	_____	_____	_____
Date Purchase	_____	_____	_____	_____
Cost of Auto (Including Sales Tax)	_____	_____	_____	_____
Gas, Oil, Lubrication	_____	_____	_____	_____
Repairs	_____	_____	_____	_____
Tires	_____	_____	_____	_____
Washes & Supplies for Auto	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
License & Inspections	_____	_____	_____	_____
Interest	_____	_____	_____	_____
Personal Property Tax	_____	_____	_____	_____
Parking Fees & Tolls	_____	_____	_____	_____
Short Term Rentals	_____	_____	_____	_____
Lease Payments	_____	_____	_____	_____
Avg. Daily Roundtrip Commuting Distance	_____	_____	_____	_____
If you sold the vehicle in current year, Date Sold?	_____	_____	_____	_____
Selling Price?	_____	_____	_____	_____
Do you (or your spouse) have another vehicle available for personal purposes? Yes _____ No _____				
If your employer provided you with a vehicle, is personal use during of duty hours permitted? Yes _____ No _____				
Do you have evidence to support your deduction? Yes _____ No _____				
If yes, is the evidence written? Yes _____ No _____				
Does your employer reimburse you? Yes _____ No _____				
If yes, how much was your reimbursement? _____				
Was your reimbursement included on your W-2? Yes _____ No _____				

“OFFICE IN HOME” EXPENSES

Total Square Feet of: Home _____ Office _____ Storage _____
Expenses: Rent _____ Utilities _____ Insurance _____ Taxes _____ Interest _____
Condo/Mgmt. Fees _____ Other _____ Maintenance & Repairs: Office _____ Other _____
Purchase Price _____ Date of Purchase _____

NEED TO BE DISCUSSED WITH TAX PRACTITIONER (Please check all that apply)

- Did you go without health insurance for three or more months this tax year?
- Did you receive the first-time buyer credit in 2008?
- Did you sell a home or convert it to a non-primary residence that you received first-time homebuyer credit for?
- Adoption expenses
- Bankruptcy or Foreclosure
- Education expenses & Interest (Submit Forms)
- Losses from damaged or stolen property
- Moving expenses that are job related
- IRA Distribution before age 59 ½; Reason for distribution _____
- Purchased, sold or refinanced home (submit HUD-1 form from closing)
- Gifts over \$15,000 received or given
- (Incentive) Stock Options Exercised
- Conversion of IRA or 401K
- Are you currently involved in an installment sale (owner financing another individual)?
- Energy saving remodeling done to residence
- Have any of your stocks been redeemed worthless?
- Converted a vacation or rental home to a principal residence?
- Other: _____

RENTAL INCOME AND EXPENSES

	<u>Description and Location (Attach Separate Sheet if needed)</u>	<u>Residential or Commercial?</u>	<u>Date Acquired</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

Was property(s) used for personal purposes more than 14 days or 10% of total days and rented to others? Yes ___ No ___
 Did you dispose of property during the tax year? Yes _____ No _____

Income:	A	B	C
Rents Received	_____	_____	_____
Expenses:			
Advertising	_____	_____	_____
Auto Ex. _____ Miles	_____	_____	_____
Cleaning and Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal & Professional Fees	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Utilities	_____	_____	_____
Other _____	_____	_____	_____

CAPITAL IMPROVEMENTS (Purchased in current year only, attach sheet if needed):

<u>Date purchased</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

SELF-EMPLOYED BUSINESS INCOME AND EXPENSES (If new client, please attach business card)

Business Owner _____
Business Name _____
Business Address _____
Federal ID Number _____ Date in Business (if not full year) _____
Description of Business Type _____

	<u>Amount</u>
Gross Sales or Receipts	_____
Sales Returns & Allowances	_____
Interest Income	_____
Other Income	_____
Beginning Inventory at Cost:	_____
Purchases	_____
Personal Use of Inventory	_____
Ending Inventory at Cost:	_____
Advertising & Promotion:	_____
Auto Expense _____ Business Miles (See schedule) Total Miles	_____
Bad Debt Expense:	_____
Bank Charges	_____
Commissions	_____
Contract Labor (any one person over \$600? If yes, you must issue 1099's) Yes ___ No ___	_____
Credit Card Fees	_____
Dues & Publications	_____
Education & Seminars	_____
Freight	_____
Gifts to Clients (\$25 maximum each gift/ each person)	_____
Insurance – Health	_____
Insurance – Other (Liability, Work Comp, Etc. – Excludes life insurance)	_____
Interest paid to banks	_____
Interest to others	_____
Legal & Professional Fees	_____
Meal Expense (for business purposes only)	_____
Office Expense	_____
Rent or Lease – Machinery & Equipment	_____
Rent – Other	_____
Repairs & Maintenance	_____
Small Tools & Equipment (Under \$500 each)	_____
Supplies	_____
Taxes, Licenses & Permits	_____
Telephone – Separate Line	_____
Telephone – Cellular (personal usage? _____) (Personal Usage %? _____)	_____
Travel & Lodging	_____
Uniforms	_____
Utilities	_____
Wages to Employees	_____
Other _____	_____

EQUIPMENT, FURNITURE, FIXTURES, COMPUTERS & OTHER FIXED ASSETS (current year only)

<u>Date Purchased</u>	<u>Item</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____