

Name: _____ Date of Birth: _____ Occupation: _____
 Spouse: _____ SS# _____
 Address: _____ Phone# (Wk) _____ (Hm) _____
 City, State: _____ E-Mail Address _____

List Dependents: Name and SS# must appear as they do on SS card. May need copy of SS card. Mark if full-time student or disabled.

NAME:(1st & last name as on SS card)	Date of Birth:	SOCIAL SECURITY#:	Relationship:	Student/Disabled(x)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did you receive, sell, exchange or dispose of any virtual currency? Yes or No If Yes – We must have a brokerage stmt.

Unemployment Comp: _____
 Social Security Rec'd: _____
CANCELLATION OF DEBT: give reason
 Include 1099: _____
 Other Income (Alimony/prizes/etc) _____
 Gambling winnings – Need 1099G _____

CHILD CARE - Amount(s) Paid: \$ _____
 for which child _____
 Paid To: _____
 Address: _____
 SS# or ID#: _____

****** (Business / Rental / Farm / Capital Gains - List on separate sheet)**

ITEMIZED DEDUCTIONS

Medical Expenses:

Doctors/Dentist/Hospital: _____
 Glasses/Hearing aids/other _____
 Health/Dental/Vision Insurance: _____
 Long-Term Care Ins. (him): _____ (her) _____
 Prescription Drugs: _____
 Nursing or LongTerm Care Facility: _____
 Miles driven for medical: _____

Contributions:

Cash Or Check: _____
 (For all contributions you must have a receipt)
 Charitable miles: _____
 * Non-cash contributions: _____
 *(If over \$500-must have itemized-dates-fair cont. value)
 ****Auto Business Ex: (If self-employed enter on back)**
 Vehicle Description: _____

Taxes:

Real Estate/Property Taxes: _____
Taxes on car Tags _____
 Sales Tax on Motor Vehicles _____
Online purchases that you did not pay Ala Sales tax on-
Total of Online Purchases: _____

Total Miles driven: _____
 Commuting Miles : _____
 Business Miles: _____

****Business Travel Expenses: (If self-emp enter on back)**

of nights away from home: _____
 (This is used to figure the meal allowance amount)
 Lodging: _____
 Plane,train,taxi,tips: _____
 Cleaning & Laundry: _____
 Other: _____

Interest Paid:

Home Mortgage Interest-(need 1098):
 1st Mortgage _____
 2nd Mortgage _____
 Mortgage Interest paid to an Individual _____
 Name: _____

Less - Employer Reimb. of travel Exp:(_____)

****Miscellaneous: (If self-employed enter on back)**

Union Dues: _____
 Tax Preparation fees: _____
 Uniforms: _____
 Job Seeking Expenses: _____
 Tools/Safety Equip: _____
 Safe Deposit Box: _____
 Bus.Related Education Exp: _____
 Investment Fees: _____
 Gambling losses: _____

Home Equity Interest _____ **
 ***(We need to know amount borrowed & use of monies)*

****Miscellaneous Itemized deductions are not deductible on your Federal tax return but are on State tax return.**

***Other Deductions:** *These items may or may not be deductible!

IRA Cont.-(Taxpr) _____ (Spouse) _____
Roth Cont.-(Taxpr) _____ (Spouse) _____

Did you make Estimated Tax Payments for 2023?

Date made	Federal	State
1 st Qtr. _____	_____	_____
2 nd Qtr. _____	_____	_____
3 rd Qtr: _____	_____	_____
4 th Qtr. _____	_____	_____
Totals: _____	_____	_____

Education Expenses: (need 1098-T from school)

Student: _____
Freshman, Sophomore, Junior, Senior – **CIRCLE ONE**

Name of University: _____
Amt. of Tuition Pd (From 1098) _____
Amt. of Scholarships (From 1098) _____
Books & Supplies:(Need receipts) _____

Energy Credits: Please provide us with a copy of the invoice for anything you bought for your home for energy.

New Electric/Hybrid Car Credit: Please provide us with a copy of the invoice.

Self-Employed Income: (If new LLC- we need paperwork)

Bus. Activity/Product: _____
Fed ID #: _____

Total Income: _____

Inv. (Beg. Of Year) _____

Purchases: _____

Contract Labor: _____

Materials: _____

Inv. (End of Year): _____

Expenses:

Auto mileage: Total _____

Commuting: _____ Business: _____

Advertising: _____

Commissions/Fees: _____

Ins.(other than health): _____

Ins.(Health for Self Employed) _____

Interest: Mortgage _____ Other: _____

Legal/Prof. fees: _____

Office Exp: _____

Rent on Veh./Machinery/Equip.: _____

Rent on other Bus. Property: _____

Repairs/Maintenance: _____

Supplies: _____

Taxes & Licenses:(Lic)= _____ (P/R tax) _____

(sales tax)= _____ (Property tax)= _____

Travel(Motel,Airplane) _____

Deductible Meals: _____

Utilities: _____

Wages: _____

Other: Bank Charges: _____ Dues: _____

Other:(list) _____

Assets Bought or Sold:

Description: _____

Date: _____

Purchase price:\$ _____

Rental Income:

Property Desc: _____

Address: _____

Total Rent Rec'd:\$ _____

Expenses:

Auto/Travel(Mileage) _____

Advertising: _____

Cleaning/Maintenance: _____

Commissions: _____

Insurance: _____

Legal/Prof. fees: _____

Management fees: _____

Mortgage Interest: _____ Other Int: _____

Repairs: _____

Supplies: _____

Taxes: _____

Utilities: _____

Other.: _____

Assets Bought or Sold:

Description: _____

Date placed in service: _____

Purchase price: \$ _____

Sold for: \$ _____

If New Rental Property - Date bought & basis:

Date Bought: _____

Total Cost: _____

Less Land Value:(_____) = _____

Farm Income & Expenses list on separate sheet.

Other Questions:

Sold for: \$ _____
