

<input checked="" type="checkbox"/>	Click on Check Box for a YES answer
<input type="checkbox"/>	Leave Check Box unchecked for a NO answer

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Are you (and your spouse) and all dependents: US citizens or residents?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Were you (and your spouse) and all dependents: full-year US residents last year or born in the US last year?
Ignore: vacations, business travel, school attendance, death, etc.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Were you (or your spouse) paid as a member of the *active* US Military last year?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Do you (or your spouse) own any foreign accounts or trusts whose value last year, at any time, exceeded \$10,000?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Did you (or your spouse) receive: a Form 1099-A (for Acquisition or Abandonment of Secured Property), or a Form 1099-C (for Cancellation of Debt), or a Form 1099-PATR (for Taxable Distributions Received From Cooperatives)? *It would be unusual if you did.*

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Were you (and your spouse) and all dependents: full-year residents of **Your State** or born in **Your State** last year? *Ignore: vacations, business travel, school attendance, death, etc.*

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Are you (or your spouse) or any dependent: **permanently and totally** disabled?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

If you are a widow(er): did your spouse die after 1996? **Answer NO, if you are not a widow(er).** *If you remarried before 2000 you are not a widow(er) for 1999 tax purposes.*

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Did you (or your spouse) adopt a child last year?

<input checked="" type="checkbox"/>	GoToRefund
<input type="checkbox"/>	Stop

Are you married (or divorced, but divorce was not final last year) and will file a joint return with your spouse?

<input checked="" type="checkbox"/>	GoToRefund
<input type="checkbox"/>	Stop

If married (or divorced, but divorce not final last year), did you live with your spouse at any time during the last six months of last year? **Answer NO if unmarried.**

<input checked="" type="checkbox"/>	GoToRefund
<input type="checkbox"/>	Stop

Do you have: a child that lived with you for more than six months last year or that was born last year and lived with you the rest of the year? *Ignore temporary absences: vacations, business travel, school attendance, etc.*

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Did you may more than half of the costs of maintaining your residence(s) for the entire year? *Rent, Utilities, Repairs, Food prepared and eaten at home, Property taxes, Mortgage Interest, Property Insurance, etc.* **Do not consider the cost for the time you lived with your spouse.**

Refund	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Was a State Income Tax Refund you (or your spouse) received last year: for a year other than 1998?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Were you (or your spouse) legally blind last year?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Did you (or your spouse) have a household employee (paid domestic help) that: you (or your spouse) paid more than \$1,100 last year?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Did you (or your spouse) sell, buy, or refinance a home or take out a *new* home equity loan last year?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stop

Did you (or your spouse) move in order to take a new job last year?

<input checked="" type="checkbox"/>	GoToNextPage
<input type="checkbox"/>	GoToNextPage

In order to get to your (or your spouse's) new job location *from your (or your spouse's) former home*: do you (or your spouse) have to travel *at least 35 miles more* than was traveled to the old job location.

<input checked="" type="checkbox"/>	Click on Check Box for a YES answer
<input type="checkbox"/>	Leave Check Box unchecked for a NO answer

<input checked="" type="checkbox"/>	GoToEducation
<input type="checkbox"/>	

Do you (and your spouse) want to declare that you have no dependents?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Did any dependent have more than \$700 in investment income last year?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Are all dependents your children (child, stepchild, adopted child, grandchild) and single?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Is any dependent: a child for which you (or your spouse, or a dependent) are not the custodial parent?

<input checked="" type="checkbox"/>	Education
<input type="checkbox"/>	

Did you (or your spouse) or any dependent: pay un-reimbursed postsecondary education expenses (including interest on [student] loans) last year? *Postsecondary education generally is education provided by accredited public, nonprofit, or private colleges, universities, or vocational schools.*

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Did you (or your spouse) have Interest from a Seller Financed Mortgage? (If so, you'd have Form 1099-INT SFM.)

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Did you (or your spouse) have Capital gains (or losses) last year?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Did you (or your spouse) receive: a Form 1099-B (for Proceeds From Broker and Barter Exchange Transactions) or Form 1099-S (for Proceeds From Real Estate Transactions)?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Did you (or your spouse) have income (or losses) from: farms, fishing, rental real estate, royalties, partnerships, S corporations, trusts, etc. or K-1s last year?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Last year: did you (or your spouse) receive social security benefits for more than one year?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Do you (or your spouse) have a home Mortgage Interest Credit certificate? *You would know if you did.*

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Did/Will you (or your spouse) contribute to a Medical Savings Account (MSA) for last year?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Will/Did you (or your spouse) contribute to an Education IRA or a Roth IRA for last year on or before April 15 of this year?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

If Individual Retirement Account (IRA) contributions made or planned exceed the amount we determine is allowable/deductible, will you (and your spouse) withdraw (or not contribute) the excess on or before April 15 of this year? **Answer YES, if no IRA contributions have been made or planned.**

Note: this question applies to traditional IRAs, Roth IRAs, and Education IRAs.

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Did you (or your spouse) have penalties for early withdrawal of savings: not reported on Form 1099-INT or 1099-OID? **Do not count: withdrawals from a pension, annuity, retirement plan, profit sharing plan, or IRA.**

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Was the total value of all gifts (donations) to charity by *other than cash or check* more than \$500? **Do not include credit card charges.**

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Did you (or your spouse) have casualty or theft losses over \$5,000 that were not paid by someone else or insurance?

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Did you (or your spouse) have job related entertainment or overnight-travel expenses: not paid for by an employer? *If you (or your spouse) do not wish to deduct these expenses, answer NO.* **Do not count: expenses for self employment.**

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Do you (or you spouse) have **expenses** over \$500 that were paid to produce or collect taxable income: that is **not** included on W-2s? *For example: rent of a safety deposit box to store stock certificates or bonds.* **Do not count: expenses for self employment.**

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

Do you (or your spouse) have property: subject to *personal property taxes* other than State vehicle registration fees? **Do not count: real estate taxes.**

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	

If you (or your spouse) own (or are purchasing) your home, is there more than 1 home?

<input checked="" type="checkbox"/>	GoToNextPage
<input type="checkbox"/>	SkipNextPage

Did you (or your spouse): offer *services* for hire or offer to sell a *product or service* last year? **Do not count: employment for which you got a W-2.**

If married filing joint (MFJ), provide answers first for yourself, and then for your spouse.

Taxpayer

Spouse

<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Done	Did you: make your <i>services</i> available for hire or offer to sell a <i>product or service</i> last year? Do not count: employment for which you got a W-2.	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> GoToNextPage
<input type="checkbox"/> <input checked="" type="checkbox"/> Stop	Do you operate as a Corporation or Partnership?	<input type="checkbox"/> <input checked="" type="checkbox"/> Stop
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you have more than one business last year?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you <i>sell or purchase</i> a business last year?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you receive: for the same time period, both a Form 1099-MISC and a W-2 from the same employer?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Is all investment at risk? <i>Are you (or your spouse) personally responsible for all investment in the business?</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you participate in this business for more than 100 hours last year?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you make contributions to a Keogh or SEP Plan last year? <i>Or Will you make contributions to a Keogh Plan on or before April 15?</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you pay for <u>health</u> insurance and for some months of last year were not covered by an employer's (yours or your spouse) health plan?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Stop	Does your business use the period January 1 through December 31 for reporting income and expenses?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Stop
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Does your business have employees (issue W-2s)?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Does your business maintain an <i>inventory</i> of merchandise to sell? <i>Exclude: sample and demo items kept on hand (even if sold); small quantities kept for quick delivery.</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did your business have: <i>bad debts</i> from sales or services last year? <i>Bad debts are: amounts you have included in your income and that you cannot collect.</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you rent or lease: for a term of 30 consecutive days or more, any vehicles used for your business?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Do you have <i>depletion</i> expenses for this business? <i>If you do not know what depletion is, you do not have this expense!</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Do you have property that you use in your business: for which you have been claiming depreciation? <i>Examples are: buildings you own, computers, desks, calculators, vehicles, bookshelves, tools, etc. Depreciation is: the portion of the cost of a property (when less than the total cost) deducted each year.</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you sell business use property (other than an auto or truck) last year?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Do you have business use property (other than an auto or truck) that: was not used 100% for your business?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Did you purchase: more than \$18,500 worth of business use property (excluding vehicles) last year?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Is your business required to send to the City, County, or State: Sales Tax that is collected by your business?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Do you want to take a deduction for: Business Use of Your Home? <i>Do you use a part of your home regularly and only as: the principal place of operation of your business? Do others use that area only for activities for your business? You must be able to answer 'yes' to both of these questions to qualify to take a deduction for Business Use of Your Home..</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Done	Do you own: one or more vehicles that you use in your business?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> GoToNextPage
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Stop	Did you use: more than one vehicle <i>at the same time</i> in your business (as in fleet operations)? <i>Ignore: vehicles you rent or lease; and alternating use of more than one vehicle.</i>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Stop
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Done	Did you use more than one vehicle that you owned: in the operation of your business last year?	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> GoToNextPage

A blank amount field will be treated as a zero entry. You can use the Tab key to move between fields.

*If you are a **new** client, please provide a copy of last year's returns, if available.*

*If you (or your spouse) did **not** file a tax return last year, check here*

PRIOR YEAR CLIENTS: *If no changes, just enter taxpayer social security number then [go to Filing Status](#).*

Legend: *SSN=Social Security Number; DoB=Date of Birth*

GENERAL INFORMATION		1999 Resident State(s) _____
Taxpayer's Name:	Spouse's Name:	
<i>First, MI</i> _____	<i>First, MI</i> _____	
<i>Last</i> _____	<i>Last</i> _____	
SSN _____ DoB ____/____/____	SSN _____ DoB ____/____/____	
Job Title _____	Job Title _____	
Telephone (Work) _____	Telephone (Work) _____	
E-Mail _____	E-Mail _____	

Address to use on Tax Return
 Number and street or P. O. Box, Apt No. _____ City, town or post office, County, State _____ Zipcode _____

Telephone (Home) _____

*If you are a **new** client and you are **not** sending us a copy of last year's returns, answer these questions.*

Did you use the Standard Deduction for Federal Taxes last year? Yes No Don't know

Total Tax on last year's Federal Return. _____ If you do not know, *check here*

Total Tax on last year's State Return. _____ If you do not know, *check here*

Balance Due on last year's State Return: that you actually paid last year. _____

Filing Status: Married Filing Joint (MFJ) Single Head of Household Other

If you can be claimed as a dependent on someone else's return, check here

Presidential Election Campaign Fund

Do you want \$3 to go to the Fund? Yes No *If MFJ, does your spouse?* Yes No

Alimony Received *(Do not include child support payments.)* _____

Alimony Paid _____ *Recipient's SSN/ITIN* _____

IRA Contributions

Traditional: *For You* _____ *For Your Spouse* _____

Roth: *For You* _____ *For Your Spouse* _____

Post-Secondary Education Expenses

For You _____ Hope Lifetime Learning

For Your Spouse _____ Hope Lifetime Learning

Student Loan Interest _____

Medical Saving Account (MSA) Contribution _____

Did you (or your spouse) make Estimated Tax payments? If No, check here <input type="checkbox"/>, then GoToNextPage.				
Estimated Income Tax Payments	Federal Dates	Amount	State Dates	Amount
<i>From 1998 Refund</i>		_____		_____
<i>Payment 1:</i>	____/____/____	_____	____/____/____	_____
<i>Payment 2:</i>	____/____/____	_____	____/____/____	_____
<i>Payment 3:</i>	____/____/____	_____	____/____/____	_____
<i>Payment 4:</i>	____/____/____	_____	____/____/____	_____

Check here , then [GoToNextPage](#).

Dependents: If you have **no dependents**, check here , then [GoToNextPage](#).
PRIOR YEAR CLIENTS: If there are no changes from last year, check here , then [GoToChildCare](#).
Legend: SSN=Social Security Number; EIN=Employer Identification Number; DoB=Date of Birth

Dependent Name <i>(Last Name only if different)</i> First, MI _____ Last _____ SSN ____ - ____ - ____ DoB ____ / ____ / ____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____
Dependent Name <i>(Last Name only if different)</i> First, MI _____ Last _____ SSN ____ - ____ - ____ DoB ____ / ____ / ____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____
Dependent Name <i>(Last Name only if different)</i> First, MI _____ Last _____ SSN ____ - ____ - ____ DoB ____ / ____ / ____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____
Dependent Name <i>(Last Name only if different)</i> First, MI _____ Last _____ SSN ____ - ____ - ____ DoB ____ / ____ / ____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____
Dependent Name <i>(Last Name only if different)</i> First, MI _____ Last _____ SSN ____ - ____ - ____ DoB ____ / ____ / ____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____
Dependent Name <i>(Last Name only if different)</i> First, MI _____ Last _____ SSN ____ - ____ - ____ DoB ____ / ____ / ____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____

Child Care

Paid so that you (& your spouse) could work, look for work, or attend school full time.

If **None**, check here , then [GoToNextPage](#).

Child Care Providers: Number of dependents for which expenses paid? 1 2 or more

Name, Provider 1: All information required.

_____ Amount Paid _____

SSN ____ - ____ - ____ or EIN ____ - ____

Address (Number and street or P. O. Box), Apt No., City, town or post office, State, and Zipcode

Name, Provider 2: All information required.

_____ Amount Paid _____

SSN ____ - ____ - ____ or EIN ____ - ____

Address (Number and street or P. O. Box), Apt No., City, town or post office, State, and Zipcode

Check here , then [GoToNextPage](#).

Income and Deductions

Number of Forms Enclosed	Income/Form	Additional Amounts
_____	Wages and Salaries: W-2 Do not count: extra copies of the same W-2. Enclose all W-2s.	_____
_____	Interest Income: Form 1099-INT and Form 1099-OID How much of the "additional amounts" of interest received is Federal tax-exempt? How much of the "additional amounts" of interest received is State tax-exempt?	_____ _____
_____	Dividend Income: from Form 1099-DIV	_____
_____	State Income Tax Refund: Form 1099-G	_____
_____	Unemployment Income: Form 1099-G	_____
_____	Distributions from Pensions, Annuities, Retirement or Profit Sharing Plans, IRAs, etc.: Form 1099-R or Form RRB 1099-R	_____
_____	Social Security: Form SSA 1099	_____
_____	Proceeds from Broker and Barter Exchange Transactions: Form 1099-B Enclose appropriate documentation: (1) description of property; (2) date of purchase; (3) date of sale; (4) purchase price; (5) selling price; (6) selling expenses.	_____
_____	Rental Income: Form 1099-MISC (Enclose statement of expenses)	_____
_____	Form 1099 not listed above and not from Self-Employment	_____
_____	Income from Partnership, S-Corporation, or Trust: Schedule K-1	_____
_____	Other Income not reported on a 1099 or K-1 and not from Self-Employment. For example, Jury Duty, Prizes, etc.	_____

Rent: If you paid rent for your principal residence(s) last year, check here **Months rented?** _____
Standard Deduction: If you want to use the Standard Deduction, check here , then **GoToNextPage**. We recommend you continue on this page.

_____	Medical and Dental Expenses for your family that: were not paid by someone else or insurance Prescription drugs, medicines, pills or insulin Hospitals or medical services provided by medical professionals; Medical insurance premiums Special items: eyeglasses, false teeth, contact lenses, hearing aids, crutches, wheelchairs, etc. Other	_____
_____	Real Estate Taxes: Real Estate Tax Bills or Annual Real Estate Tax & Mortgage Interest 1098 Statement	_____
_____	Home mortgage interest & points: Form 1098 or Annual Real Estate Tax and Mortgage Interest 1098 Statement Only enter an amount if 1098s not enclosed. How many (substitute) Form 1098s are enclosed? _____	_____
_____	Personal Property Taxes: State vehicle registration fees. Other: _____	_____
_____	Gifts by cash or checks (include gifts charged to your credit cards)	_____
_____	Gifts by other than cash or checks	_____
_____	Casualty and Theft Losses that: were not paid by someone else or insurance	_____
_____	Job Expenses not paid for by an employer or someone else Union dues, Tool used on the job Education that: maintains or improves present job skills or is needed to maintain present salary or position Includes: tuition, books, fees, equipment, other course-required materials, and travel. Other job expenses that were not paid for by an employer. Examples are: subscriptions, dues for professional organizations, safety equipment & protective clothing	_____ _____ _____
_____	Tax Preparation Fees Paid Last Year	_____
_____	Investment Interest Interest on indebtedness incurred to hold investment property.	_____
_____	Other expenses paid to produce or collect taxable income that is: not included on W-2s. Do not count: expenses for a business you (or your spouse) operate or Investment Interest.	_____

Check here , then **GoToNextPage**.

Taxpayer: Self-Employment Did you: offer *services* for hire or offer to sell a *product or service* last year? If not: **SkipThisPage.**

Product or Service _____ If you started or acquired this business last year, check here

Business Name (If different than yours) _____

Business Address to use on Tax Return (Number and street or P. O. Box) Apt, Suite or Room No., City, town or post office, State, Zipcode _____

Amounts

Income

Reported on Form 1099-MISC How many 1099-MISCs are enclosed? _____
Income not on a Form 1099-MISC _____

Expenses

Returns and Allowances Amounts that you included in income: that were given back to (or credited to) customers. _____

Advertising Cost of things that promote your business: business cards, newspaper ads, flyers, sign painting, etc. _____

Commissions and Fees Amounts that you paid to others for services that they performed for your business. _____

Office Expense Items that can be 'used up': pads, pens, pencils, forms, postage (USPS, UPS, FedEx), paper, etc. _____

Supplies Items 'used up' in 1 year or less: books, professional instruments, equipment, etc. _____

Insurance: Other than health Premiums paid to protect your business from losses (fire, theft, bonding, etc.) _____

Health Insurance _____

Interest: Mortgage (reported on Form 1098) **Other:** _____

Legal and Professional Services Include: Attorney and Accounting fees. _____

Rent or Lease: Vehicles, machinery, and equipment **Other business property:** _____

Repairs and Maintenance of business property Cost of service contracts, etc. you paid to keep property in a usable condition. _____

Taxes and Licenses Include: Sales tax included in the gross income of your business, license fees, & other state and local fees. _____

Travel Cost of round trip overnight travel from: the city where you operate your business. Include cost for: Airline, train, auto, taxi, baggage charges, lodging, etc. _____

Meals and Entertainment Costs of meals and entertainment that have a clear business purpose. _____

Utilities including Telephone _____

Car or Truck that you owned and used in your business last year: Date first used this vehicle for your business ____ / ____ / ____

Mileage: Business _____ Commuting _____ Other _____ Check here If vehicle was available for use during off-duty hours.

Check here If you have another vehicle available for personal use. Check here If you have written evidence to support the business mileage claimed.

Depreciable Property Physical items expected to last more than 1 year purchased last year for use in your business. Include cost for: equipment, office furniture, etc.

If any purchases, enclose list showing: item description, date purchased, and cost; also, Check here

Did you claimed depreciation on last year's tax return? Yes No Don't Know

Other Expenses: (list and enter total amount)

Amount: _____

Now, check here , then **GoToNextPage.**

Spouse: Self-Employment Did you: offer services for hire or offer to sell a product or service last year? If not: **Skip This Page.**

Product or Service _____ If you started or acquired this business last year, check here

Business Name (If different than yours) _____

Business Address to use on Tax Return (Number and street or P. O. Box) Apt, Suite or Room No., City, town or post office, State, Zipcode _____

Amounts

Income

Reported on Form 1099-MISC How many 1099-MISCs are enclosed? _____

Income not on a Form 1099-MISC _____

Expenses

Returns and Allowances Amounts that you included in income: that were given back to (or credited to) customers. _____

Advertising Cost of things that promote your business: business cards, newspaper ads, flyers, sign painting, etc. _____

Commissions and Fees Amounts that you paid to others for services that they performed for your business. _____

Office Expense Items that can be 'used up': pads, pens, pencils, forms, postage (USPS, UPS, FedEx), paper, etc. _____

Supplies Items 'used up' in 1 year or less: books, professional instruments, equipment, etc. _____

Insurance: Other than health Premiums paid to protect your business from losses (fire, theft, bonding, etc.) _____

Health Insurance _____

Interest: Mortgage (reported on Form 1098) **Other:** _____

Legal and Professional Services Include: Attorney and Accounting fees. _____

Rent or Lease: Vehicles, machinery, and equipment **Other business property:** _____

Repairs and Maintenance of business property Cost of service contracts, etc. you paid to keep property in a usable condition. _____

Taxes and Licenses Include: Sales tax included in the gross income of your business, license fees, & other state and local fees. _____

Travel Cost of round trip overnight travel from: the city where you operate your business. Include cost for: Airline, train, auto, taxi, baggage charges, lodging, etc. _____

Meals and Entertainment Costs of meals and entertainment that have a clear business purpose. _____

Utilities including Telephone _____

Car or Truck that you owned and used in your business last year: Date first used this vehicle for your business ____/____/____

Mileage: Business _____ Commuting _____ Other _____ Check here If vehicle was available for use during off-duty hours.

Check here If you have another vehicle available for personal use. Check here If you have written evidence to support the business mileage claimed.

Depreciable Property Physical items expected to last more than 1 year purchased last year for use in your business. Include cost for: equipment, office furniture, etc.

If any purchases, enclose list showing: item description, date purchased, and cost; also, Check here

Did you claimed depreciation on last year's tax return? Yes No Don't Know

Other Expenses: (list and enter total amount)

Amount:

Now, check here , then **GoToNextPage.**

Please complete, print, and then sign and date this Order Form.

I/we have enclosed the Tax Interview and our tax data.

A down-payment of \$31 is enclosed. *We will charge your credit card, if indicated below, plus any additional amount due for your tax return.*

This down-payment will reduce the final amount due.

I/we do not want electronic filing (there is a surcharge for paper returns).

Check here if Federal Only Return

Pre-payment is required.

Payment Method (Do not send cash)

Check Money Order Visa MasterCard Novus/Discover American Express

Credit Card Account Number _____

Name on Credit Card

First, MI _____

Last _____

Expiration Date ____ / ____

Billing Address for Credit Card

Number and street or P. O. Box, Apt No.

City, town or post office, County, State

Zipcode

My/our refund(s) should be:

- Check: mailed to the address on the Tax Return.
- Direct Deposit: use the account number on the check used for payment.
- Direct Deposit: use the account number on the enclosed VOIDED check.

Mail/Fax all documents to: TFI, P O Box 5597, San Jose, CA 95150

FAX/Voice: 408-997-3339

Surety Bond #98452189

Referrals are appreciated

Taxpayer/Spouse Signature _____ Date: ____ / ____ / ____

We will mail you a review copy of your return shortly after we receive your tax data and payment.

Tax Services Agreement

The purpose of this agreement is: to confirm and specify the terms of our service and to clarify the nature and extent of those services. By signing this order form you confirm: your (and your spouse's) acceptance of this agreement.

We will prepare your Federal and State income tax returns from the information you send to us. We are not auditors for the IRS; we will not audit or verify the data you submit to us. We may need to ask you for clarification of some of the data. Before your return is filed, we will provide you a copy of your return for your review.

You are responsible for: providing to us all of the data required for us to prepare complete and accurate tax returns for you. You represent that the data you supply to us are accurate and complete to the best of your knowledge. You should keep all the documents, canceled checks, and other data that form the basis of your tax return. You are responsible for your income tax returns; you should carefully review them before they are filed.

We will use our judgment to resolve: (1) questions where the tax law is unclear, or (2) questions where there may be conflicts between the taxing authorities interpretation of the law and other supportable positions. We plan to do reasonable research to support the positions we take in your income tax returns. Unless you instruct us to do otherwise: whenever possible, we will resolve such tax questions in your favor.

Tax authorities may pick your tax return for review. If penalties, interest, or additional taxes are assessed: you agree you are responsible for their payment and will not look to us for reimbursement. If you receive a letter from a tax authority regarding a return we prepared for you: we can help you prepare a response. However, we cannot represent you in: (1) an audit of your return or (2) a formal appeal of the tax authorities proposed adjustments to your return.