Instructions. As appropriate for each question, mark the Yes or No check box. Note that some questions indicate an action for you to take, based on your answer. For example, "*If Yes, GoTo* **14**" means "if you marked the Yes check box, skip to question 14, otherwise continue with the next question." "**Stop**" means your return is beyond our normal scope, contact us for pricing .

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Q#	Yes	No	
01	☐	☐	Are you (and your spouse) and all dependents:US citizens or residents?
		If No, **Stop**	
02	☐	☐	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.*
		If No, **Stop**	
03	☐	☐	Were you (or your spouse) paid as a member of the *active* US Military last year?
		If Yes, **Stop**	
04	☐	☐	Do you (or your spouse) own any foreign accounts or trusts whose value last year, at any time, exceeded $10,000?
		If Yes, **Stop**	
05	☐	☐	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.*
		If Yes, **Stop**	
06	☐	☐	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.*
07	☐	☐	Are you (or your spouse) or any dependent: ***permanently and totally*** disabled?
08	☐	☐	If you are a widow(er): did your spouse die after 2016 ***Answer NO, if you are not a widow(er).*** *If you remarried **before** 2020 you are not a widow(er) for 2019 tax purposes.*
09	☐	☐	Did you (or your spouse) adopt a child last year?
10	☐	☐	Are you married (or divorced, but divorce was not final last year) and will file a joint return with your spouse?
		If Yes, GoTo **14**	
11	☐	☐	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.***
		If Yes, GoTo **14**	
12	☐	☐	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.*
		If No, GoTo **14**	
13	☐	☐	Did you pay 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.***
14	☐	☐	Was a State Income Tax Refund you (or your spouse) received last year for a year other than 2018?
15	☐	☐	Were you (or your spouse) legally blind last year?
16	☐	☐	Did you (or your spouse) have a household employee (paid domestic help) that you (or your spouse) paid more than $2,000 last year?
17	☐	☐	Did you (or your spouse) sell, buy, or refinance a home or take out a *new* home equity loan last year?
18	☐	☐	If you (or your spouse) own (or are purchasing) your home, is there more than 1 home?
19	☐	☐	Did you (or your spouse) move in order to take a new job last year?
20	☐	☐	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.
		GoToNextPage	

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Q#	Yes	No	
21	☐	☐	Do you (and your spouse) want to declare that you have no dependents?
If Yes, *GoTo* 25			
22	☐	☐	Did any dependent have more than $1050 in income last year?
23	☐	☐	Are all dependents your children (child, stepchild, adopted child, grandchild) and single?
24	☐	☐	Is any dependent: a child for which you (or your spouse, or a dependent) are not the custodial parent?
25	☐	☐	Did you (or your spouse) or any dependent: pay unreimbursed 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.*
26	☐	☐	Did you (or your spouse) have Interest from a Seller Financed Mortgage? (If so, you'd have Form 1099-INT SFM.)
27	☐	☐	Did you (or your spouse) have Capital gains (or losses) last year? If you (or your spouse) exercised any **STOCK OPTIONS** (ISO, NQSO, etc) last year check here ☐
28	☐	☐	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)?
29	☐	☐	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?
30	☐	☐	Last year: did you (or your spouse) receive social security benefits for more than one year?
31	☐	☐	Do you (or your spouse) have a home Mortgage Interest Credit certificate? *You would know if you did.*
32	☐	☐	Did/Will you (or your spouse) contribute to a Health/Medical Savings Account (HSA/MSA) for last year?
33	☐	☐	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?
34	☐	☐	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.*
35	☐	☐	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.***
36	☐	☐	Did you (or your spouse or any dependent) own US Savings Bonds at any time last year?
37	☐	☐	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.***
38	☐	☐	Did you (or your spouse) have casualty or theft losses over $100 that were not paid by someone else or insurance?
39	☐	☐	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.***
40	☐	☐	Do you (or you spouse) have ***expenses*** 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.***
41	☐	☐	Do you (or your spouse) have property: subject to *personal property taxes* other than State vehicle registration fees? ***Do not count: real estate taxes.***
42	☐	☐	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 Yes, GoTo Page 3			
If No, GoTo Page 4			

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

Q#	Taxpayer Yes	Taxpayer No	Question	Spouse Yes	Spouse No
C01	☐	☐ *If No*, Done	Did you: make your *services* available for hire or offer to sell a *product or service* last year? ***Do not count: employment for which you got a W-2***.	☐	☐ *If No*, GoTo Page 4
C02	☐ *If Yes*, Stop	☐	Do you operate as a Corporation or Partnership?	☐ *If Yes*, Stop	☐
C03	☐	☐	Did you have more than one business last year?	☐	☐
C04	☐	☐	Did you *sell* or *purchase* a business last year?	☐	☐
C05	☐	☐	Did you receive: for the same time period, both a Form 1099-MISC and a W-2 from the same employer?	☐	☐
C06	☐	☐	Is all investment at risk? *Are you (or your spouse) personally responsible for all investment in the business?*	☐	☐
C07	☐	☐	Did you participate in this business for more than 100 hours last year?	☐	☐
C08	☐	☐	Did you make contributions to a Keogh or SEP Plan last year? *Or* Will you make contributions to a Keogh Plan on or before April 15?	☐	☐
C09	☐	☐	Did you pay for health insurance ***and*** for some months of last year were not covered by an employer's (yours or your spouse) health plan?	☐	☐
C10	☐	☐ *If No*, Stop	Does your business use the period January 1 through December 31 for reporting income and expenses?	☐	☐ *If No*, Stop
C11	☐	☐	Does your business have employees (issue W-2s)?	☐	☐
C12	☐	☐	Does your business maintain an *inventory* of merchandise to sell? *Exclude: sample and demo items kept on hand (even if sold); small quantities kept for quick delivery.*	☐	☐
C13	☐	☐	Did your business have: *bad debts* from sales or services last year? *Bad debts are: amounts you have* ***included in your income*** *and that you cannot collect.*	☐	☐
C14	☐	☐	Did you rent or lease: for a term of 30 consecutive days or more, any vehicles used for your business?	☐	☐
C15	☐	☐	Do you have *depletion* expenses for this business? *If you do not know what depletion is, you do not have this expense!*	☐	☐
C16	☐	☐	Do you have property that you use in your business: for which you have been claiming depreciation? *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.*	☐	☐
C17	☐	☐	Did you sell business use property (other than an auto or truck) last year?	☐	☐
C18	☐	☐	Do you have business use property (other than an auto or truck) that was **not** used **100%** for your business?	☐	☐
C19	☐	☐	Did you purchase: more than $500,000 worth of business use property (excluding vehicles) last year?	☐	☐
C20	☐	☐	Is your business required to send to the City, County, or State: Sales Tax that is collected by your business?	☐	☐
C21	☐	☐	Do you want to take a deduction for: Business Use of Your Home? *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..*	☐	☐
C22	☐	☐ *If No*, Done	Do you own: one or more vehicles that you use in your business?	☐	☐ *If No*, GoTo Page 4
C23	☐ *If Yes*, Stop	☐	Did you use: more than one vehicle *at the same time* in your business (as in fleet operations)? *Ignore: vehicles you rent or lease; and alternating use of more than one vehicle.*	☐ *If Yes*, Stop	☐
C24	☐ Done	☐	Did you use more than one vehicle that you owned: in the operation of your business last year?	☐ GoTo Page 4	☐

Tax Data
Private & Confidential

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A blank amount field will be treated as a zero entry.

*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* ***GoToFilingStatus****.*

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

GENERAL INFORMATION

Tax Year Resident State(s) ______

Taxpayer's Name:		**Spouse's Name:**	
First, MI		*First, MI*	
Last		*Last*	
SSN	**DoB**	**SSN**	**DoB**
Job Title		**Job Title**	
Telephone (Work)	*Area Code* —	**Telephone(Work)**	*Area Code* —
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) *Area Code* –

*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 ______

Health/Medical: HSA/MSA Contributions ______

Did you (or your spouse) make Estimated Tax payments? *If **No**, check here* ☐, *then* GoToNextPage

Estimated Income Tax Payments	Federal Dates	Amount	State Dates	Amount
From Prior Tax-Year Refund				
Payment 1:				
Payment 2:				
Payment 3:				
Payment 4:				

Check here ☐, *then* GoToNextPage

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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 *(Last Name only if different)*
First,MI ____
Last ____
SSN ____ **DoB** ____
Relationship ____ Months in your home ____

Education Expenses
Post-Secondary
☐ Hope ☐ Lifetime Learning ____
Education IRA: ____

Dependent Name *(Last Name only if different)*
First,MI ____
Last ____
SSN ____ **DoB** ____
Relationship ____ Months in your home ____

Education Expenses
Post-Secondary
☐ Hope ☐ Lifetime Learning ____
Education IRA: ____

Dependent Name *(Last Name only if different)*
First,MI ____
Last ____
SSN ____ **DoB** ____
Relationship ____ Months in your home ____

Education Expenses
Post-Secondary
☐ Hope ☐ Lifetime Learning ____
Education IRA: ____

Dependent Name *(Last Name only if different)*
First,MI ____
Last ____
SSN ____ **DoB** ____
Relationship ____ Months in your home ____

Education Expenses
Post-Secondary
☐ Hope ☐ Lifetime Learning ____
Education IRA: ____

Dependent Name *(Last Name only if different)*
First,MI ____
Last ____
SSN ____ **DoB** ____
Relationship ____ Months in your home ____

Education Expenses
Post-Secondary
☐ Hope ☐ Lifetime Learning ____
Education IRA: ____

Dependent Name *(Last Name only if different)*
First,MI ____
Last ____
SSN ____ **DoB** ____
Relationship ____ Months in your home ____

Education Expenses
Post-Secondary
☐ Hope ☐ Lifetime Learning ____
Education IRA: ____

CHILD CARE

Paid so that you (& your spouse) could work, look for work, or attendschool full time.
If ***None****, check here* ☐, *then* GoToNextPage

Child Care Providers: *Number of dependents for which expenses paid?* ☐ 1 ☐ 2 or more **(show amount per dependent)**

Name, SSN/EIN, amount paid, and address for all providers.

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

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Income and Deductions

Number of Forms Enclosed	Income/Form CAUTION: Only use the *Additional Amounts* column for amounts not included on appropriate forms.	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.***

Amounts	
	Medical and Dental Expenses for your family that: were not paid by someone else or insurance or a business
________	*Prescription drugs, medicines, pills or insulin*
________	*Hospitals or medical services provided by medical professionals; Medical insurance premiums* ☐ ACA Form 1095 enclosed
________	*Special items: eyeglasses, false teeth, contact lenses, hearing aids, crutches, wheelchairs, etc.*
________	*Other (e. g., long-term-care insurance premiums) SPECIFY: expense type(s) and amount(s).*
________	**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:* GoToNextPage

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 *(exclude contributions of capital)*

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.*

Bad Debts from sales or services *Amounts you have **included in your income** and that you cannot collect*

Car & Truck Expenses *Actual car and truck expenses (gas, oil, maintenance, registration, insurance, licenses, etc.)*

Commissions and Fees *Amounts that you paid to others (non-employees) for services that they performed for your business*

Employee Benefit programs *Amounts paid for employee fringe benefit programs, excluding pension & profit sharing plans*

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.*

Pension & Profit-sharing Plans *Amounts contributed by you for employees, exclude contributions for yourself*

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. 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

Wages *(less employment credits)*

Cost of Goods Sold ***(USE THIS SECTION ONLY IF YOU HAVE INVENTORY)***

Method(s) used to value closing inventory ☐ Cost ☐ Lower of cost or market ☐ Other ☐ Don't know

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No ☐ Don't know

Inventory at beginning of year *If different from last year's closing inventory check here* ☐

Purchases *Exclude cost of items used for personal use*

Cost of Labor *Exclude amounts included in **Wages** or **Commissions and Fees** above*

Materials & Supplies *Exclude amounts included in **Office Expense** or **Supplies** above*

Other Costs *Exclude any costs included elsewhere*

Inventory at end of year

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:

Check here ☐, *then* GoToNextPage

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

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** *(exclude contributions of capital)*
	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.*
________	**Bad Debts from sales or services** *Amounts you have* ***included in your income*** *and that you cannot collect*
________	**Car & Truck Expenses** *Actual car and truck expenses (gas, oil, maintenance, registration, insurance, licenses, etc.)*
________	**Commissions and Fees** *Amounts that you paid to others (non-employees) for services that they performed for your business*
________	**Employee Benefit programs** *Amounts paid for employee fringe benefit programs, excluding pension & profit sharing plans*
________	**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.*
________	**Pension & Profit-sharing Plans** *Amounts contributed by you for employees, exclude contributions for yourself*
________	**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. 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
________	**Wages** *(less employment credits)*

Cost of Goods Sold ***(USE THIS SECTION ONLY IF YOU HAVE INVENTORY)***

Method(s) used to value closing inventory ☐ Cost ☐ Lower of cost or market ☐ Other ☐ Don't know

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No ☐ Don't know

________	**Inventory at beginning of year** *If different from last year's closing inventory check here* ☐
________	**Purchases** *Exclude cost of items used for personal use*
________	**Cost of Labor** *Exclude amounts included in* ***Wages*** *or* ***Commissions and Fees*** *above*
________	**Materials & Supplies** *Exclude amounts included in* ***Office Expense*** *or* ***Supplies*** *above*
________	**Other Costs** *Exclude any costs included elsewhere*
________	**Inventory at end of year**

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:

Check here ☐, *then* GoToNextPage

Reset Page

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

Credit Card Account Number ______________________________ CVV/CVC

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), if any, 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.

My/our BALANCE(s) DUE, if any, should be Direct Debit on Date: ____/____/________

☐ Direct Debit: use the account number on the check used for payment.
☐ Direct Debit: use the account number onthe enclosed VOIDED check.

Mail all documents to: TFI, P O Box 6682, Albany, CA 94706
Voice/Fax: 408-625-7648
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 authority's 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.