**Office Address:** 38668 Hwy 228, Sweet Home OR 97386 **/ Mailing Address:** PO Box 209 Crawfordsville OR 97336

**(541)367-2877**

Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_

Spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME:**

1. Total Wages (Bring all W2’s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Pension & Annuity Income……….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Unemployment…………….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Reimbursement from Employer…\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Commissions & Fees………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Rent & Royalty Income…………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Tips & Gratuities…………..\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Social Security (Taxpayer)……..\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Alimony Received…………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Spouse)……….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Bonuses, Prizes, Lottery, Etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11. Any Other Income(Explain)……\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIVIDENT AND INTEREST INCOME**

**RECEIVED FROM**: **TOTAL AMOUNT** **DIVIDEND INTEREST**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF MORE ROOM IS NEEDED PLEASE USE BACK OF SHEET

**CHILDREN**: NAME AGE SOCIAL SECURITY# RELATIONSHIP DAY #OF MONTHS INCOME? CARE? IN HOME HOW MUCH?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

IF MORE ROOM IS NEEDED PLEASE ATTACH AN ADDITIONAL SHEET

**ITEMIZED DEDUCTIONS**

**MEDICAL**

1. Prescriptions & Medicine…\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Medical Insurance Premiums ..\_\_\_\_\_\_\_\_**Pre Taxed? Y N**

2. Glasses & Hearing Aids……\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Long Term Care Ins Premiums…..\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Hearing Aid Batteries………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Any Medical Reimbursement………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Lab Fees & X-Rays…………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Lodging for Medical Care...........\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Hospitals……………………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11. Doctor Bills...\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Medical Travel (Miles)…….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12. Dental Bills...\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF MORE ROOM IS NEEDED PLEASE ATTACH AN ADDITIONAL SHEET

**CONTRIBUTIONS:**

1. Church…………………………….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Non-Cash Donations List Organizations & Amounts:

2. Other Cash Donations List:  **(YOU MUST HAVE DOCUMENTED PROOF)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_...\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_...\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_...\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_......\_\_\_\_\_\_\_\_\_\_\_\_

IF MORE SPACE NEEDED PLEASE USE BACK OF SHEET

**TAXES:**

1. Real Estate Taxes…………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 . Estimated Fed Tax Payments …4/15\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Personal Property Taxes….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6/15\_\_\_\_\_\_\_\_ 9/15\_\_\_\_\_\_\_\_\_\_1/15\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Estimated State Tax Pmts.....4/15\_\_\_\_\_\_\_ 6/15\_\_\_\_\_\_\_\_ 9/15\_\_\_\_\_\_\_\_1/15\_\_\_\_\_\_\_\_\_\_

5. State Balances Due/ if Paid…………….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTEREST:**

1. Home Mortgage………….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. RV Interest………..…………………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. 2nd Home Mortgage………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MISCELLANEOUS DEDUCTIONS: SUBJECT TO 2% LIMITATION OF ADJUSTED GROSS INCOME**

1. Professional Dues……\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Education Expenses…..............Tuition.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Tools & Job Supplies..\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Books & Supplies……………………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Employment Fees……\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9 . Uniforms………………………………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Safe Deposit Box……\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Job Related Away From Home Expenses:

5. Tax Preparation Fees..\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a. Meals \_\_\_\_\_\_\_\_\_\_\_ c. Travel Expense.\_\_\_\_\_\_\_\_\_\_\_\_

6. Union Dues………….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b. Lodging\_\_\_\_\_\_\_\_\_\_ d. Utilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Job Search Expenses..\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e. Mileage for work \_\_\_\_\_\_\_\_\_\_\_ Yr/Make \_\_\_\_\_\_\_\_\_\_\_

**Do you own your own business?** Yes No **If so business income and expenses: Attach an additional sheet with info.**

**Also provide mileage log if claiming mileage on vehicle for business use.**

**Business use of the Home?** Yes No If yes we will need the following information:

a. Square footage used exclusively and regularly for business ­­\_\_\_\_\_\_\_\_\_\_

b. Total square footage of home \_\_\_\_\_\_\_\_\_\_\_\_

c. Home Owners Insurance or Renter's Insurance \_\_\_\_\_\_\_\_\_

d. Rent Paid for the year(if you don't own your home)\_\_\_\_\_\_\_\_\_\_\_

e. Repairs and Maintenance : Only to area used for business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whole house\_\_\_\_\_\_\_\_\_\_\_\_

f. Utilities (power, water, gas etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If this is your first year claiming Business use of your home and you own, I will need to know when you purchased your home and what you paid for your home or its Fair Market Value when you started using it for business.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you Move? Yes No How Far? \_\_\_\_\_\_\_\_\_\_\_\_\_ Bring Costs of Move.

Any Casualty Losses? Yes No How Much? \_\_\_\_\_\_\_\_\_\_\_ Bring figures

Get Married? Yes No Get Divorced? Yes No

Any New children? Yes No Children’s Names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_\_\_\_

Any IRA Contributions? Yes No How Much?\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Alimony Paid? Yes No How Much? \_\_\_\_\_\_\_\_\_\_ To Whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you sale your home? Yes No

**First Time Home Buyer Repayment?** Yes or No **(if you purchased your home in 2008 answer is yes)**

**Do you have insurance coverage? Y or N Did you buy it from the exchange? Y or N Does your employer provide? Y or N**

**If you receive Form 1095-A Health Insurance Market Place Statement we MUST have that in order to prepare your return.**

**Please bring with you to your appointment:**

**1. Please bring photo ID for Adults listed on return.**

**2. Copies of all Social Security Cards for everyone who will be listed on the return.**

**3. Original Copies of W-2's, 1099's and 1098's.**

**4 A voided blank check for deposits of refunds to bank account.**

I, the undersigned, can provide records of all items listed above. All figures submitted to be used for the preparation of my tax return

are true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date