

CLIENT INFORMATION WORKSHEET

PART 1: PERSONAL INFORMATION

CHECK HERE IF THE PART 1 INFORMATION IS THE SAME AS LAST YEAR, THEN SKIP TO PART 2

NAME: _____ SOCIAL SECURITY # _____ DATE OF BIRTH: _____

SPOUSE NAME: _____ SOCIAL SECURITY # _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ UNTIL _____ P.M. WORK PHONE: _____ FAX _____

SINGLE MARRIED HEAD OF HOUSEHOLD MARRIED FILING SEPARATE WIDOWED, DATE: _____

PART 2: DEPENDENT INFORMATION

CHECK HERE IF YOU DO NOT HAVE DEPENDENTS, THEN CONTINUE TO PART 3

CHILD'S FULL NAME	RELATIONSHIP **	LIVE WITH YOU	SOCIAL SECURITY #	BIRTHDATE	CHILD CARE COST	NAME, ADDRESS, I.D. # OF CHILD CARE GIVER
		# of months			\$	
		# of months			\$	
		# of months			\$	
		# of months			\$	

**Dependents: daughter, son, niece, parent, sister, etc..

PART 3: PERSONAL CHECKLIST

- ✓ USE THE CHECK LIST INCLUDED TO MAKE SURE YOU GET CREDIT FOR ALL THE DEDUCTIONS
- ✓ SEND A COPY OF YOUR W-2 FORMS, ALL 1099 FORMS, AND 1098 FORMS
- ✓ SEND A COPY OF YOUR PENSION / RETIREMENT, AND SOCIAL SECURITY (S.S.I.) YOU RECEIVED
- ✓ ALL OTHER INCOME THAT YOU RECEIVED, PLEASE INCLUDE
- ✓ DID YOU COLLECT UNEMPLOYMENT LAST YEAR? YES OR NO IF YES, INCLUDE YOUR STATEMENT
- ✓ DO YOU WISH TO CONTRIBUTE TO THE PRESIDENTIAL CAMPAIGN FUND: YES OR NO
- ✓ ARE YOU DISABLED OR BLIND? YES OR NO IF YES, DATE OF DISABILITY: _____
- ✓ DID YOU CONTRIBUTE TO AN INDIVIDUAL RETIREMENT FUND, KEOGH PLAN, ETC.? YES OR NO IF YES, WHICH ONE? _____. HOW MUCH?
- ✓ DID YOU GET ANY TYPE OF DISTRIBUTION FROM YOUR RETIREMENT, KEOGH, IRA, 401K? YES OR NO IF YES, INCLUDE DISTRIBUTION STATEMENT
- ✓ CAR TAG AD VALOREM TAX YOU PAID (INCLUDE THE TOTAL TAX ON ALL VEHICLES NOT USED IN BUSINESS) \$ _____
- ✓ DID YOU PAY OR RECEIVE ALIMONY? YES OR NO HOW MUCH? \$ _____. WHAT IS THE PERSON'S NAME, ADDRESS, & SOCIAL SECURITY NUMBER?
- ✓ DID YOU HAVE SCHOOL LOANS OR HOPE SCHOLARSHIPS? PLEASE INCLOSE YOUR INFORMATION

Please fill out these worksheets

NOTE: This worksheet does not take the place of advice related to your personal tax situation.

Every tax return is different and requires individual application of tax codes and theories

Your Signature: _____

Date: _____

KEEP A COPY OF WHAT YOU SEND TO US

02 Client Information Wksh

Taxes, Taxes, Taxes ... & Refunds!

Rita "Kitty" Kobert 540-368-9576

41 Hunton Drive, Fredericksburg, VA 22405

taxesandrefunds@writeme.com

CLIENT NAME _____

SOCIAL SECURITY # _____

SCHEDULE A: ITEMIZED DEDUCTIONS

MEDICAL EXPENSES YOU PAID	cost
AD VALOREM TAX ON YOUR 100% PERSONAL USE VEHICLES ONLY	
HOME HEALTH CARE, NURSE, OTHER CAREGIVERS	
OUT OF TOWN TRAVEL (I.E. MAYO CLINIC)	
SPECIAL SCHOOLS (I.E. ATLANTA SCHOOL FOR THE BLIND)	
ACUPUNCTURE, CHIROPRACTORS, CHRISTIAN SCIENCE PRACTITIONERS	
PSYCHIATRIST, STOP SMOKING PROGRAM, SUBSTANCE ABUSE CLINIC, 12-STEP MEETINGS	
WEIGHT LOSS PROGRAM & SPECIAL FOODS, SOME HEALTH CLUB DUES	
EYES: EXAM, CONTACT LENS, GLASSES; BRAILLE BOOKS & MAGAZINES	
CAR / VAN HANDICAPPED EQUIPPED, WHEELCHAIR ACCESS TO YOUR HOME	
EARS: EXAM, HEARING AID, TELEPHONE / TV SPECIALLY EQUIPPED FOR THE DEAF	
COSMETIC SURGERY TO PROMOTE PROPER BODY FUNCTION	
ARTIFICIAL LIMBS, CRUTCHES & OTHER MEDICAL EQUIPMENT	
TEETH: DENTAL / DENTURES / BRACES	
SWIMMING POOLS & OTHER MEDICALLY NEEDED HOME IMPROVEMENTS	
TOTAL MEDICAL MILEAGE DRIVEN FOR ALL OF THE ABOVE	miles
Taxes You Paid	
DID YOU HAVE A STATE REFUND LAST YEAR? HOW MUCH?	y/n
REAL ESTATE TAX PAID ON YOUR HOME	
PROPERTY TAX PAID ON NEW CAR (PERSONAL NOT BUSINESS AUTO)	
GIFTS TO CHARITY	Cost
CHECK AND CASH CONTRIBUTIONS	
NONCASH CONTRIBUTIONS (CLOTHING, FURNITURE, MAKE-UP, FLOWERS) IF OVER \$500 I.R.S. REQUIRES ITEMIZATION OF POSSESSION (DATE OF PURCHASE & COST ,CONDITION, THRIFT STORE VALUE	
Misc. & UN-REIMBURSED EMPLOYEE EXPENSES	
AUTOMOBILE EXPENSES* SEE AUTO WORKSHEET	
OFFICE IN THE HOME (ONLY IF ONE IS NOT FURNISHED AT A BUSINESS LOCATION)*	
TRAVEL, TIPS, PHONE CALLS, DRY CLEANING, & BUSINESS GIFTS	
CAR /VAN HANDICAPPED EQUIPPED, WHEELCHAIR ACCESS TO YOUR HOME	
COST & CLEANING OF SPECIAL WORK CLOTHES & HAND TOOLS	
SMALL HAND TOOLS USED IN YOUR WORK	
PHYSICAL EXAM REQUIRED BY YOUR EMPLOYER	

UNION DUES & DUES TO PROFESSIONAL SOCIETIES	
SUBSCRIPTIONS TO PROFESSIONAL & TRADE JOURNALS	
JOB SECURITY INSURANCE	
HOBBY EXPENSES TO THE EXTENT OF YOUR HOBBY INCOME	
SAFE-DEPOSIT-BOX RENTAL	
FINANCIAL ADVISOR OR MANAGEMENT FEES	
SUBSCRIPTIONS TO INVESTMENT ADVISORY NEWSLETTERS	
COST OF COMPUTER SOFTWARE OR ON-LINE SERVICES TO TRACK YOUR INVESTMENTS	
COST OF TAX PREPARATION AND ADVICE, TAX SEMINAR, SOFTWARE, BOOKS	
WORK RELATED MEDICAL EXPENSE* DOCTOR'S PRESCRIPTION WITH DIAGNOSIS	
SPECIAL SHOES, JOBST SUPPORT HOSE, WRIST BRACE, LUMBAR BACK SUPPORT, EXCESS A/C AT YOUR OFFICE FOR ASTHMA SUFFERER, SPECIAL KEYBOARDS, CHAIRS & MONITORS	
Interest You Paid	
MORTGAGE INTEREST PAID ON YOUR PRIMARY HOME (ON FORM 1098)	
POINTS PAID AT CLOSING	
DID YOU SELL OR PURCHASE A HOME LAST YEAR? INCLUDE A COPY OF CLOSING PAPERS	y/n
DID YOU USE ANY PART OF YOUR HOME AS AN OFFICE? IF SO FILL OUT OTHER FORM	y/n

SCHEDULE B: OTHER INCOME

PERSONAL INTEREST EARNED	1099-INT	AMOUNT EARNED
NAME OF BANK	ACCOUNT #	\$
		\$
		\$
Name of Dividend income	account #	amount earned

INCOME FROM STOCK SALE MUST INCLUDE:

name of stock	# of shares	date purch	cost	date sold	price	commissions

02 Medical & Itemized Deductions

SELF EMPLOYED & Mary Kay

INCOME & EXPENSE SUMMARY

Year Ending December 31st, 200__

DESCRIPTION	TOTAL	DESCRIPTION	TOTAL
INCOME		TRAVEL, AIRFARE, PARKING	
COMMISSION NOT REPORTED ON A 1099-MISC	\$	SEMINARS, LECTURES, COMPUTER CLASSES,	
1099 Misc.	Include	FOOD & ENTERTAINMENT YOU PROVIDED FOR CLIENT PARTIES	
GROSS RECEIPTS OF RETAIL SALES		TIPS, VALET, CONCIERGE SERVICES	
SALES RETURNS		MEALS & ENTERTAINMENT DURING TRAVEL	
PRIZES, AWARDS, BONUSES		Did you pay your children to work for you?	Y / N
BUSINESS EXPENSES		DRY CLEANING OF ALL CLOTHING FROM TRAVEL	
ADVERTISING, DIRECT SUPPORT, YELLOW PAGES		CLEANING OF UNIFORMS & WORK CLOTHING	
LEGAL / ACCOUNTING TAX PREP FEES		REQUIRED UNIFORMS W LOGO & COMPANY NAME	
COMMISSIONS YOU PAID TO SOMEONE ELSE		REPAIRS ie (on your computer, office sofa or rug)	
BUSINESS & CLIENT GIFTS		PRODUCT &/OR LIABILITY INSURANCE	
DONATIONS MADE IN BUSINESS NAME		TELEPHONE SERVICES ABOVE BASE RATE	
INTEREST YOUR PAID (not auto or home)		CELLULAR PHONE SERVICES & CALLS	
OFFICE EXPENSE		AUTO EXPENSES	Y / N
RENT ON MACHINERY & EQUIPMENT		SEE BUSINESS MILEAGE #20 IN CLIENT TAX ORGANIZER	
RENT ON OTHER BUSINESS PROPERTY I.E. SEMINAR, WEEKLY CONSULTANT MEETINGS, STORAGE RENTAL,		HOME OFFICE EXPENSE See Home Office Worksheet	
SUPPLIES (OFFICE, PAPER, COPYING)		YEAR END INVENTORY	
NON-OFFICE SUPPLIES IE (TOWELS, TOOLS)		SECTION 1 INVENTORY PURCHASED	
SAMPLES & DEMOS		PERSONAL USE ITEMS: YOUR COST	
NON RECOVERED SALES TAXES		HOW MUCH DID YOU PAY ON 1099-ES TAXES?	
CLOTHING W/BUSINESS LOGO OR NAME		GIFTS TO STAFF OR CONSULTANTS	
ITEM PURCHASED	DATE	COST	ITEM PURCHASED
			DATE
			COST
OFFICE FURNITURE			
COMPUTER			
ESTIMATED TAXES PAID 1ST QUARTER DATE:	\$	ESTIMATED TAXES PAID 3RD QUARTER DATE:	\$
ESTIMATED TAXES PAID 2ND QUARTER DATE:	\$	ESTIMATED TAXES PAID 4TH QUARTER DATE:	\$

NOTE: This worksheet does not take the place of advice related to your personal tax situation. Every tax return is different & requires individual application of tax codes & theories.

Your Signature: _____ Social Security # _____ Date: _____

Rev. 1-02 Self Employment Worksheet

TAXES, TAXES, TAXES, ... & REFUNDS!
41 HUNTON DRIVE, FREDERICKSBURG, VA 22405

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Business Mileage WORKSHEET

(every business owner must fill out this form) **one worksheet per auto**
 Tax Year Ending December 31st, 20__

BUSINESS PERCENTAGE OF AUTO USE

A. Number of months the auto was held for business use during 20__	
B. Total mileage driven for the months indicated in "A"	
C. Business miles indicated in "B," ** Do not include commute miles	
D. Own your Auto ___ Lease your Auto ,	month/day/year
E. First date you used this auto in business.	

Make _____ Model _____ Year _____ Date of Purchase _____

ACTUAL EXPENSE METHOD (include expenses only for the months shown in "A")

1. Gasoline, oil, lubrication, etc.	\$
2. Repairs	
3. Tires, supplies, etc.	
4. Auto Insurance (include insurance deductible in case of accident)	
5. Taxes on Car used in business	
6. Tags and license	
7. Interest paid on auto loan	
8. Miscellaneous (car phone, mats, car washes, rental car, CD player)	
9. Parking fees and tolls related to business	
10. Lease payments	
a. Lease co payment you paid , if any	a. _____
b. Total lease payments for the year	b. _____
c. Lease payments paid by another company	c. _____

STANDARD MILEAGE RATE METHOD:

Do you have documentation of the business use of your auto? „ yes or „ no
 Is this documentation in writing? „ yes or „ no

NOTE: Under penalty of perjury, I agree that the automobile information given here is accurate and complete to the best of my knowledge. Congress has enacted a special automobile expense rule. This rule gives IRS the power to prosecute a tax payer who give false documentation as committing fraud.

Send all mail to the following address

Taxes, Taxes, Taxes
 ... & Refunds!

Rita "Kitty" Kobert 41 Hunton Dr.
 540-368-9576 Fredericksburg, VA 22405

taxesandrefunds@writeme.com

This worksheet does not take the place of advice related to your personal tax situation. Every tax return is different & requires individual application of tax codes & theories.

Your Signature: _____

Date: _____

Use of Real Estate in Business

Worksheet

One Property Per Worksheet

Your Name and Social Security #: _____
 Address of Property: _____

Rental? or Home Office?
 Circle one of the above

<u>OFFICE-IN-THE-HOME</u> OR <u>RENTAL PROPERTY</u>	TOTAL	<u>RENTAL PROPERTY</u>
EXPENSES		INCOME
MORTGAGE INTEREST		Rent Income paid to you by a tenant
REAL ESTATE TAX		RENTAL PROPERTY AUTO & TRAVEL
YARD CARE, HOUSEKEEPING,		AUTO MILES RELATED TO RENTAL
IMPROVEMENT LOAN OR CARD %		TOTAL MILES DRIVEN
RENTAL EQUIPMENT OR FURNITURE		MEALS, ENTERTAINMENT
HOMEOWNER'S OR RENTER'S INSURANCE		OVERNIGHT TRAVEL, HOTEL, ETC.
MAINTENANCE & REPAIRS OF YOUR RESIDENCE		RENTAL EXPENSES
CLEANING		INVESTMENT SEMINARS, BOOKS & MAGAZINES
PEST CONTROL & POLICY		PHONE EXPENSES & LONG DISTANCE CALLS
Total Square Feet _____ / Business Use Square Feet _____		TAX PREPARATION, ACCOUNTING AND LEGAL FEES
UTILITIES		IMPORTANT DATES
WATER & GARBAGE		DATE PROPERTY STARTED BUSINESS OR RENTAL USE
ELECTRIC & GAS OR OTHER HEATING		PURCHASE PRICE OF HOME
SECURITY OR CERTIFIED GUARD DOG (include certification)		DATE YOU ACQUIRED PROPERTY
SAFETY DEPOSIT BOX OR SAFE		IMPORTANT
LARGE PURCHASES		Did you or your family live in or use this rental property for more than 14 days during this year?
APPLIANCES, NEW ROOF, MAJOR RENOVATIONS (LIST ALL ON A SEPARATE PAGE INCLUDING DATE PURCHASED, DESCRIPTION, COST)		I have disclosed all pertinent information needed to process this information for tax filing purposes (please initial here)

TAXES, TAXES, TAXES . . . & REFUNDS!

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