

Income Tax Information Worksheet

Welcome to

Breslin Tax Prep

Please complete this form as thoroughly as possible.

It will assist us in providing you the *excellent* service you deserve!

Tax Filing Year:

Are you a New Client? Yes _____ No _____

Did someone refer you? If so, please give their name and email address if available.

Tell us about YOU

First Name:

Last Name:

Social Security Number:

Date of Birth:

Occupation:

Phone Number:

Email Address:

Tell us about your SPOUSE

Spouse First Name:

Spouse Last Name:

Spouse Social Security Number:

Spouse Date of Birth:

Spouse Occupation:

Tell us where you LIVE

Street Address:

City:

State:

Zip Code:

DID YOU MOVE LAST YEAR?

Did you move during the tax filing year? Yes _____ No _____

If yes, provide additional information:

Was the move in relation to a change in employment? Yes _____ No _____

Moving Expenses List Dollar amount. (Please make sure you have receipts as backup)

Moved From:

Moved to:

Direct Deposit

If you would like to receive your refund through Direct Deposit Please provide the necessary information:

Bank Name:

Routing Number:

Account Number:

Type of Account: Checking _____ Savings _____

Dependents

Note: Your spouse is **NOT** your dependent. Please enter all applicable information in the Spouse section ONLY.

First and Last Name:

Birth Date:

Social Security Number:

| |
|---|
| Relationship: |
| How many months did they live with you during the filing year? |
| Did you provide MORE than 50% of their Total living expense? |

| |
|---|
| First and Last Name: |
| Birth Date: |
| Social Security Number: |
| Relationship: |
| How many months did they live with you during the filing year? |
| Did you provide MORE than 50% of their Total living expense? |

| |
|---|
| First and Last Name: |
| Birth Date: |
| Social Security Number: |
| Relationship: |
| How many months did they live with you during the filing year? |
| Did you provide MORE than 50% of their Total living expense? |

Dependent Child Care Expenses

| |
|-----------------------------------|
| Name of Care Giver: |
| Address: |
| Tax ID number: |
| Amount Paid to Care Giver: |
| Who was the care for? |

ITIN (Individual Tax ID Number)

Do you need an ITIN (Individual Tax Identification Number) for any of your dependents?

If so, please provide us with notarized copies of the passport for processing.

Educational and Professional Training Expenses

Did you have any educational training? Yes _____ No _____

NOTE: IN order to claim this area we will need to see proof of registration. Please provide a copy of the 1098-T or send copies of bank statements, credit card statements, or receipts that show and support the claim for educational and/or professional training and development.

Investments, Stock Trade Transactions

Please provide us with BOTH stock brokerage statements 1099 B and your excel spreadsheet showing us all your buys and sells for the entire year.

Unemployment Benefits

Did you receive any unemployment benefits during the year? Yes _____ No _____

Please scan and send us the **1099 form** issued by the EDD Office.

Medical and Dental Expenses

Medical Insurance Costs Paid with after tax dollars:

Medical and Dental Expenses:

Total annual Mileage to and from medical facilities:

Taxes Paid

Did you buy a new car during this filing year? Yes _____ No _____

What was the sales tax?

Annual DMV – Auto registration Cost for all registered vehicles?

Real Estate Property Taxes Paid:

Interest You Paid

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| Amount of Home Mortgage Interest Paid: |
| Is this a foreign property? |
| Points, if paid: |

Gifts to Charity

Cash Donations Contributions (Itemize by Charity):

| Charitable Organization | Amount Donated | Do You Have Written Proof? |
|-------------------------|----------------|----------------------------|
| | | |
| | | |
| | | |
| | | |

Non-Cash Contributions (Clothes, Furniture, Computers, etc.):

| Charitable Organization | Items Donated | Value | Written Proof? |
|-------------------------|---------------|-------|----------------|
| | | | |
| | | | |
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Loss

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|--|
| List any losses incurred during the filing year including type and dollar amount: |
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Business/Work-Related Expenses

List the amounts for any business related expenses.

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| Rent: |
| Professional Dues & Subscriptions: |
| Job Search Expenses: |
| Computer Hardware Expense: |

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|---|
| Computer Software Expense: |
| Business Related Meals: |
| Business Related Lodging: |
| Business Related Travel: |
| Cell Phone: |
| Annual Vehicle Mileage: |
| Annual vehicle Insurance Cost: |
| Additional Education Expense: |
| Equipment (Office Machines, Instruments, etc): |

Additional Information

| |
|--|
| How many W-2's are you submitting? |
| How many 1099's are you submitting? |
| How many 1098's are you submitting? |

Information may be submitted electronically by scanning all appropriate documents and emailing them to

breslintaxprep@gmail.com.

They may also be mailed to:

Brian F Breslin

25852 McBean Parkway #808

Valencia, CA 91355.

THANK YOU FOR YOUR INFORMATION.

You will be notified when your file has been prepared.

All fees are set by file preparer at the time of the preparation according to the individual needs of your return.

We appreciate you and your referrals!

Breslin Tax Prep reserves the right to refuse service at any time.

Have a nice day☺

Additional Notes, Comments or Questions: