UNLIMITED TAXES & MORE, INC.®
"THE AFFORDABLE PROFESSIONAL ALTERNATIVE"

# PERSONAL INCOME TAX RETURN DATA

The information required on this form is pertinent to the preparation of your INVOICE TAX RETURN and relates to you and your family personally, and not to your business operations. All records used in the preparation of your Tax Return must be retained for three years. The prompt completion of this form will insure that your return is prepared without delay. If we may be of assistance to you in preparing this form, kindly contact us.

**PLEASE SIGN AND RETURN THIS FORM AS SOON AS POSSIBLE TO GUARANTEE TIMELY FILING.**

| Taxpayer Name: | Social Security Number: | Age on 12/31 | Date of Birth: |
|---|---|---|---|
| Spouse Name: | Social Security Number: | Age on 12/31 | Date of Birth: |
| Taxpayer Occupation: | Spouse Occupation: | | |

**ADDRESS:** List your current mailing address

| Street: | City: | State: | Zip: |
|---|---|---|---|
| County: | Township/School District (if applicable): | Home Phone: | |
| Office Phone: | Cell Phone: | Email Address: | |

| Please answer the following questions. | | Taxpayer Yes | Taxpayer No | | Spouse Yes | Spouse No |
|---|---|---|---|---|---|---|
| Will you be claimed as a dependent on someone else's return? | | | | | | |
| Do you wish to designate $3.00 of your taxes to the Presidential Campaign Fund? (This will not affect the amount of taxes.) | | | | | | |
| Are you legally blind? | | | | | | |
| Were you audited for the past three years? If so, supply information. | | | | | | |

| Dependent(s) Name (first, initial, last name) | Date of Birth | Social Security Number | Relationship | Months in the home (Living with Taxpayer) |
|---|---|---|---|---|
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**ESTIMATED TAX PAYMENTS YOU HAVE MADE** (Important Needed for Verification)

| | April 1st Quarter | | June 2nd Quarter | | September 3rd Quarter | | January 4th Quarter | | |
|---|---|---|---|---|---|---|---|---|---|
| | Date | Amount | Date | Amount | Date | Amount | Date | Amount | TOTAL |
| FEDERAL | | | | | | | | | $ 0.00 |
| STATE | | | | | | | | | $ 0.00 |
| LOCAL | | | | | | | | | $ 0.00 |

**SALARIES:** List all employers and indicate husband or wife Attach your W 2 Form from your employer.

| H/W | Employer's Name | H/W | Employer's Name |
|---|---|---|---|
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**CHECK HERE IF YOU ARE AN ACTIVE PARTICIPANT IN A PROFIT SHARING PLAN** ☐ **TAXPAYER** ☐ **SPOUSE**

| INTEREST EARNED Attach Forms 1099 or year-end broker statement | | | DIVIDENDS EARNED Attach Forms 1099 or year-end broker statement | | | |
|---|---|---|---|---|---|---|
| HWJ | FROM WHOM RECEIVED | AMOUNT | HWJ | FROM WHOM RECEIVED | AMOUNT | # of Shares Held on 12/31 |
| | | $ | | | $ | |
| | | $ | | | $ | |
| Tax Exempt Interest | | $ | | | $ | |
| Interest Income/Seller-Financed Mortgage | | $ | | | $ | |
| List Name of Payer | | | | | $ | |
| Address | | | | | $ | |
| Social Security Number | | | | | $ | |

**ATTACH ADDITIONAL SHEETS IF NECESSARY**

**(If children under 19 (24 if a full-time student) had income for more than $2,100, provide details.)**

| CAPITAL GAINS/LOSSES Sales of Real Estate, Personal Property, Stocks Bonds. etc. | ITEM SOLD | DATE SOLD | DATE ACQ'D | SELLING PRICE | COST | GAIN (LOSS) |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |

| Rental Income | PROPERTY # 1 | PROPERTY # 2 | PROPERTY # 3 |
|---|---|---|---|
| Description and Address of Property | | | |
| Gross Rents | $ | $ | $ |
| **Expenses** | **PROPERTY # 1** | **PROPERTY # 2** | **PROPERTY # 3** |
| Advertising | $ | $ | $ |
| Cleaning & Maintenance | $ | $ | $ |
| Commissions | $ | $ | $ |
| Insurance | $ | $ | $ |
| Mortgage Interest | $ | $ | $ |
| Repairs | $ | $ | $ |
| Supplies | $ | $ | $ |
| Taxes | $ | $ | $ |
| Utilities | $ | $ | $ |
| Other* | $ | $ | $ |
| Improvements | $ | $ | $ |
| What percentage of the property did you occupy during the year? | % | % | % |
| Check here is you actively participated in the operation. | | | |
| If this is a vocation home or condo; how many **days** was the property occupied by you? | | | |

**Attach closing statements for properties purchased, sold or refinanced during the current tax year.**

| OTHER | | | |
|---|---|---|---|
| Pensions (Attach W-2P or 1099R) | $ | Alimony Received | $ |
| IRA Distributions (Attach 1099R) | $ | Social Security (Attach SSA 1099) | $ |
| Partnerships (Attach K-1) | $ | State Income Tax Refund | $ |
| Do you actively participate in this activity? | ☐ Yes ☐ No | Tips (not included on W-2) | $ |
| S. Corp (Attach K-1) | $ | Lottery or Other Winnings (Attach W-2G) | $ |
| Do you actively participate in this activity? | ☐ Yes ☐ No | Unemployment Compensation | $ |
| Estates or Trusts (Attach K-1) | $ | Farm Income (Attach Detail) | $ |
| Proceeds of Installment Sales | $ | Other | $ |

**If self-employed attach schedule of income and expenses**

| | Taxpayer | Spouse |
|---|---|---|
| IRA Contributions | $ | $ |
| Roth IRA Contributions | $ | $ |
| **NOTE: If your company has a pension plan your IRA contribution may be limited. This also applies to your spouse.** | | |
| Contributions to a Keogh (H.R. 10) Retirement Plan | $ | $ |
| Penalty for Early Withdrawl of Savings | $ | $ |
| Alimony – Paid to: | Social Security #: | $ | $ |

**Job Related Educational Expenses:**

| | | | | | | |
|---|---|---|---|---|---|---|
| **Taxpayer** | Books: | $ | Tuition: | $ | Miles Driven (from work to school): | |
| **Spouse** | Books: | $ | Tuition: | $ | Miles Driven (from work to school): | |

**Business Use of Personal Auto:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Taxpayer** | Date Purchased: | | Total Miles: | | Business Miles: | | Commuting Miles: | |
| **Spouse** | Date Purchased: | | Total Miles: | | Business Miles: | | Commuting Miles: | |

**Expenses Paid Personally:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Taxpayer** | Gas: | $ | Repairs: | $ | Insurance: | $ | Other: | |
| **Spouse** | Gas: | $ | Repairs: | $ | Insurance: | $ | Other: | |

| | | |
|---|---|---|
| Do you have another vehicle available for personal use? | ☐ Yes | ☐ No |
| If your employer provided you with a vehicle, is personal use during off-duty hours permitted? | ☐ Yes | ☐ No |
| Do you have evidence to support your deduction? | ☐ Yes | ☐ No |
| If yes, is evidence written? | ☐ Yes | ☐ No |
| Reimbursement Received | $ | $ |
| Other Non-reimbursed Business Expenses: Travel Expenses (Not including meals & entertainment) | $ | $ |
| Meals and Entertainment | $ | $ |
| Other | $ | $ |
| Student Loan (Attach Form 1098-E) | $ | $ |
| Did you move more than 50 miles? If so, furnish details of expenses. | ☐ Yes | ☐ No |

**(proper substantiation is necessary for all of the deductions listed above)**

## ITEMIZED DEDUCTIONS

| | | | |
|---|---|---|---|
| Medical Insurance Premiums | $ | Hearing Aids | $ |
| Long-term Care Premiums | $ | Eye Glasses | $ |
| Prescription Medicine & Drugs & Insulin | $ | Lab Fees | $ |
| Miles Driven for Medical Care | $ | Ambulance | $ |
| Other Medical Transportation & Lodging | $ | Hospitals (List) | $ |
| Doctors | $ | Hospitals (List) | $ |
| Dentist | $ | Insurance Reimbursement on above exp. | $ |
| Specialist | $ | Long Term Care Reimbursement (Attach 1099-LTC) | $ |
| Chiropractor | $ | Other (List other medical expense below – specify) | $ |
| Radiology | $ | | $ |

**NOTE: Medical Expenses are deductible to the extent they exceed 10% (7.5% age 65 or older) of your adjusted gross income.**

## HEALTH INSURANCE QUESTIONS

| **Definition of a household member – All individuals listed on your Tax Return.** | **Yes** | **No** |
|---|---|---|
| 1. Were you and your household members covered by Health insurance for the entire year in 2015? | | |
| 2. If no to question 1, were you covered during any month(s) of tax year 2015? (If yes, consult with your Tax Preparer Affiliate.) | | |
| 3. If no to question 1, were all members of your household covered by Health insurance? (If no, consult with your Tax Preparer Affiliate.) | | |
| 4. If yes to question 1, was your insurance provided by an employer? | | |
| 5. If no to question 3, did you purchase insurance through the Healthcare Marketplace/Exchange? (If yes, please attach Form 1095-A) | | |
| 6. Please provide details of income earned by all household members. | | |

| INTEREST PAID | | CONTRIBUTIONS | |
|---|---|---|---|
| Home mortgage interest (Form 1098) | $ | Church/Temple | $ |
| Home mortgage interest paid to individuals (Attach name, address & social security number of mortgage holder) | $ | Other (please list below) | $ |
| Closing points on new home | $ | | $ |
| Closing points on refinancing | $ | | $ |
| **INVESTMENT INTEREST** | | | $ |
| Interest paid on investment property | $ | Miles Driven for charitable purposes | |
| Margin Interest | $ | **NON CASH CONTRIBUTIONS (LIST BELOW)** | |
| **TAXES** | | | $ |
| State and Local taxes | $ | | $ |
| Real estate taxes | $ | | $ |
| Personal property taxes | $ | | $ |

**MISC: (Paid personally) NOTE: These expenses are deductible only to the extent they exceed 2% of adjusted gross income.**

| | | | |
|---|---|---|---|
| Tax preparation | $ | Safety Deposit Box | $ |
| Uniforms | $ | Union and Professional Dues | $ |
| Tools | $ | Telephone used for business | $ |
| Interest Expenses | $ | Professional books and magazines | $ |

**CASUALTY LOSSES (Fire, Storm, Theft or Casualty not reimbursed) – attach sheet with detailed explanation for each separate loss.**

| DESCRIPTION OF PROPERTY | DATE PURCHASED | COST | FAIR MARKET VALUE BEFORE LOSS | DATE OF LOSS | FAIR MARKET VALUE AFTER LOSS |
|---|---|---|---|---|---|
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**AMERICAN OPPORTUNITY CREDIT AND LIFETIME LEARING CREDIT:**

| Student(s) Name | Tuition & fees paid (do not include books, room board and other expenses) | Were payments for the first 4 years of post secondary education? |
|---|---|---|
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**CHILD AND DEPENDENT CARE EXPENSES (Children must be under 13 years old)**

| Provider's Name | Provider's Address | Provider's Social Security or EIN # | Amount Paid |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**INFORMATION ABOUT THE CHILD FOR WHOM THE CARE WAS PROVIDED**

| Child's Name | Amount Paid | Child's Name | Amount Paid |
|---|---|---|---|
| | | | |
| | | | |

**NOTE:** If you paid cash wages of $1,900.00 or more in the year, or $1,000.00 or more in any calendar quarter, to an individual for services performed in your home, you may be required to file an employer Tax Return. Ask your accountant for information.
New Jersey, Massachusetts and California residents: Supply necessary information for renter's credit.

Did you give or receive gifts in excess of $14,000.00 from any one individual? If so, please provide name, address and social security number of recipient.

**NOTES:** _____

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**DECLARATION: I HAVE REVIEWED THE INFORMATION GIVEN TO YOU ON THIS FORM AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, COMPLETE AND READY FOR YOUR PREPARATION OF MY INCOME TAX RETURN. I ACKNOWLEDGE THAT I HAVE MAINTAINED ADEQUATE DOCUMENTATION TO SUBSTANTIATE ALL DEDUCTIONS THAT I HAVE CLAIMED.**

**Signature:** _____ **Date:** _____

(Must be Signed)