

PRELIMINARY INFORMATION WORKSHEET
FOR NEW CLIENTS

Date _____

TAXPAYER'S INFORMATION

Last Name _____
First Name _____
Middle Initial _____
Social Security No. _____
Occupation _____
Date of Birth _____
E-mail Address _____
Work Phone _____
Cell Phone _____
Home Phone _____
Fax Number _____

SPOUSE'S INFORMATION

Last Name _____
First Name _____
Middle Initial _____
Social Security No. _____
Occupation _____
Date of Birth _____
E-mail Address _____
Work Phone _____
Cell Phone _____
Home Phone _____
Fax Number _____

CURRENT RESIDENCE

Address _____	Apt No. _____
City _____ State _____ Zip Code _____	

DEPENDENT INFORMATION

1. _____	Relationship _____	B' day _____	SS# _____
2. _____	Relationship _____	B' day _____	SS #. _____
3. _____	Relationship _____	B' day _____	SS #. _____
4. _____	Relationship _____	B' day _____	SS #. _____
5. _____	Relationship _____	B' day _____	SS #. _____
6. _____	Relationship _____	B' day _____	SS #. _____

PRELIMINARY INFORMATION WORKSHEET
FOR NEW CLIENTS
(continued)

Please check any of the following items which may apply to you.

Item	✓	Item	✓
<u>INCOME:</u>		<u>ADJUSTMENTS and CREDITS:</u>	
1. Wages		1. Educator Expenses	
2. Interest Income		2. Performing Artists Expenses	
3. Dividend Income		3. Un-reimbursed Moving Expenses <i>(Military Only)</i>	
4. Alimony <i>(Paid or Received)</i>		4. Health Savings Account Contribution/ Distribution	
5. Self-Employed		5. Student Loan Interest	
6. Stocks, Mutual Funds		6. Tuition Payments	
7. IRA Distributions		7. SEP, SIMPLE (and other qualified self-employed retirement plans)	
8. Pension/Annuity		8. Self-Employed Health Insurance	
9. Rental Income		<u>ITEMIZED DEDUCTIONS:</u>	
10. Royalty Income		1. Mortgage Interest	
11. Partnership Income		2. Real Estate Taxes	
12. S-Corporation Income		3. Cash Donations	
13. Unemployment Compensation		4. Non-Cash Donations	
14. Social Security Income		5. Medical Expenses <i>(Out of Pocket)</i>	
15. Gambling Income		6. Casualty Losses <i>(Federally Declared Disaster Areas Only)</i>	
16. Jury Duty Pay			
17. Other Income <i>(Please list)</i> a. _____ b. _____			