

DELANEY'S TAX & ACCOUNTING SERVICE
1157-B STATE ROUTE 131
MILFORD, OHIO 45150
TELEPHONE (513) 248-2829
FAX LINE (513) 248-4747

CLIENT INFORMATION FORM

DEAR _____ :

YOUR APPOINTMENT IS SCHEDULED FOR:

DAY: _____ **DATE:** _____ **TIME:** _____

At my office. Please mark this date on your calendar **NOW**.

By completing this form you will expedite the completion of your tax return, help avoid missing important deductions and help keep tax preparation fees down.

Please answer the following questions by circling yes or no. If you circle no to any questions, please enter the revised information as applicable in the space provided.

- Is your address the same as entered on last year's return? Yes No

 NEW STREET NEW CITY NEW STATE NEW ZIP
- Do you have the same dependents as listed on last year's tax return? Yes No
 Add New Ones _____ Please Delete _____
- Did you have a change in marital status as compared to last year? Yes No
- Do you have the same occupation as entered on last year's return? Yes No Spouse Yes No
 Your New Occupation _____ Spouse's New Occupation _____
- Was either you or spouse 65 or older on December 31 of the year just ended? Yes No
- Did you pay any estimated tax payments? Yes No (If yes have the information at hand.)
- Were you claimed as a dependent on another taxpayer's return? Yes No

PLEASE CIRCLE YES IF YOU OR YOUR SPOUSE RECEIVED ANY INCOME FROM THE FOLLOWING SOURCES:

Wages or Salary	Yes	Pension Income	Yes
Interest Received	Yes	Pension Rollover	Yes
Tax-exempt Income	Yes	Partnership or Royalty Income	Yes
Dividend Income	Yes	Income from Rental Income	Yes
State or Local Tax Refund	Yes	Estate or Trust Income	Yes
Did You Itemized Your Deductions on Last Year's		Farm Income	Yes
Tax Return	Yes	Unemployment Income	Yes
Alimony Received	Yes	Social Security Benefits	Yes
Business Income & Deductions	Yes	Gambling Winnings	Yes
Sale of Stock, Bonds, or Other Assets	Yes	Gifts, Prizes, Awards or Bonuses	Yes
Sale of Real estate	Yes	Independent Contractor 1099 Income	Yes
Sale of Principal Residence	Yes	Income from any other source	Yes

If you circled **YES** to any of the above income items, please bring W-2(s), bank statement or other available records that indicated amounts received.

PLEASE COMPLETE THE BACK OF THIS PAGE SO WE CAN DETERMINE IF YOU QUALIFY TO ITEMIZE YOUR DEDUCTIONS.

ITEMIZED DEDUCTIONS

MEDICAL EXPENSES (MUST EXCEED 7.5%)

Medical/dental insurance premiums _____
Medical insurance premiums (w/held from SS) _____
Prescription drugs (no over the counter drugs) _____
Doctor/dentists _____
Hospitals/nursing home/nursing care _____
Psychotherapy, psychology counseling _____
Glasses, hearing aids, batteries _____
Auto travel & parking (medical purposes) _____
Insurance reimbursement (only for amounts listed above) _____

TAXES PAID

Real estate – home & other property _____
State income tax paid _____
 Balance due on last year's return _____
 Prior year's 4th qtr. Est. paid in Jan. this year _____

HOME MORTGAGE INTEREST PAID TO A FINANCIAL INSTITUTION:

Primary residence – 1st mortgage _____
Primary residence – 2nd mortgage _____
Second home – 1st mortgage _____
Second home – 2nd mortgage _____

TO AN INDIVIDUAL:

Name: _____
Address: _____
Amount: _____

CHILD CARE EXPENSES

Name _____ SS# _____
Address _____ Amount _____
Name _____ SS# _____
Address _____ Amount _____
Name _____ SS# _____
Address _____ Amount _____

Any questions you may have:

CHARITABLE CONTRIBUTIONS

Church _____
Payroll deduction _____
Cancer _____
Scouts _____
Others _____
Others _____
Others _____
Travel for charitable purposes _____

MISCELLANEOUS DEDUCTIONS

Attorney fees (to protect taxable income) _____
Business gifts _____
Dues: unions and professional _____
Employment related education _____
Business insurance _____
Investment expenses _____
Job seeking expenses _____
Licenses, fees, etc. _____
Safe deposit box _____
Tax prep fees _____

Uniforms _____
Professional books _____
Other _____
Other _____
Other _____

OFFICE-IN-HOME

Square footage of Home _____
Total square footage of home _____
Utilities _____
Repairs _____
Insurance _____
Other _____

THE INFORMATION ON THIS TWO PAGE QUESTIONNAIRE IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT, AND COMPLETE.

YOUR SIGNATURE: _____ **SPOUSE:** _____