

Accounting Manager Pro
a WRP Tax Financial company
Phone: (626) 991-8296

Taxpayer Name: _____ Spouse Name: _____
 Occupation: _____ Occupation: _____
 SSN: ____ - ____ - ____ DOB: _____ SSN: ____ - ____ - ____ DOB: _____
 Address: _____ Apt No: _____
 City: _____ State: _____ Zip Code: _____
 Phone (DAY): _____ Phone (EVENING): _____ E-mail: _____

DEPENDENTS:	BIRTHDATE	SOCIAL SECURITY	RELATIONSHIP	MONTHS

CHECK ALL THAT APPLIES

- Can someone else claim you as a dependent.
- You and your spouse lived apart during the year. If yes, number of months _____
- You paid estimated Federal or State taxes last year. Federal \$ _____ State of: _____ State \$ _____
- You itemized last year. If yes, amount of Refund from / Balance Due to State \$ _____
- You and your spouse lived on another State or earned income from another State last year.
- You used your personal vehicle for work and did not get reimbursement (not including commute)
- You purchased a home in 2008 and received the up to \$7,500 First-time Home Buyers credit.
- You paid state and local real estate taxes.
- You converted a qualified retirement plan to a Roth in 2010.
- You were a student, had education expenses, or made student loan payments.

Would you like your refund deposited into your bank account? Yes No
 Checking Savings Routing Number: _____ Account Number: _____
 Bank Product: Check Debit Card

Are you self employed? Yes No If yes, please fill-out the Self Employment Data Sheet

CHECK LIST

- | | | |
|--|---|--|
| <input type="checkbox"/> Wage Statement - W2 | <input type="checkbox"/> Interest Income | <input type="checkbox"/> Charitable Contributions |
| <input type="checkbox"/> Form 1099 | <input type="checkbox"/> Dividends | <input type="checkbox"/> Property Tax |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Pension / Retirement Income | <input type="checkbox"/> Mortgage Interest |
| <input type="checkbox"/> Sell Stocks or Bonds | <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Mortgage Points (i.e. closing points) |
| <input type="checkbox"/> Moving Expenses | <input type="checkbox"/> Own Business / Self Employed | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Tips / Other Income | <input type="checkbox"/> Tax Preparation Fees |
| <input type="checkbox"/> Alimony (Paid / Received) | <input type="checkbox"/> Cancellation of Debt | <input type="checkbox"/> Union Dues |
| <input type="checkbox"/> Buy or Sell Home | <input type="checkbox"/> Lottery or Gambling Winnings | <input type="checkbox"/> DMV Registration |
| <input type="checkbox"/> Rental Property - Owned | <input type="checkbox"/> Farm Income | <input type="checkbox"/> Job Related Expenses/Job Search |

CHILDCARE INFORMATION

Note: Information is required for each provider. Use back of this page, if needed.

Provider's Name: _____ Provider's SSN/EIN Number: _____
 Provider's Address: _____ Amount Paid: \$ _____

I CERTIFY THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION GIVEN ABOVE

Taxpayer's Signature: _____ Date: ____ - ____ - ____
 Spouse's Signature: _____ Date: ____ - ____ - ____