

TAKE5 FINANCIAL GROUP
703 S Glendora Avenue, Suite 6, West Covina, CA 91790
Phone: (626) 569-5944 * Fax: (626) 722-5921

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 or a new vehicle
- You paid state and local real estate taxes.
- You have health insurance coverage ___ Medical/Medicaid ___ Employer ___ Marketplace
- 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

INCOME CHECK LIST

- | | |
|--|---|
| <input type="checkbox"/> Wage Statement - W2 | <input type="checkbox"/> Interest Income |
| <input type="checkbox"/> Form 1099 | <input type="checkbox"/> Dividends |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Pension / Retirement Income |
| <input type="checkbox"/> Sell Stocks or Bonds | <input type="checkbox"/> Household Employment Taxes |
| <input type="checkbox"/> SSA-1099 Retirement | <input type="checkbox"/> Own Business / Self Employed |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Tips / Other Income |
| <input type="checkbox"/> Alimony Received | <input type="checkbox"/> Cancellation of Debt |
| <input type="checkbox"/> Buy or Sell Home | <input type="checkbox"/> Lottery or Gambling Winnings |
| <input type="checkbox"/> Rental Property - Owned | <input type="checkbox"/> Farm Income |

CHILDCARE INFORMATION

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

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: ____ - ____ - ____

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EXPENSE CHECKLIST

Education

- Student Loan _____
- Educator Expense _____ (\$250 cap)
- Education Credit (Student) _____
- Work-Related Educational Expenses _____
- Tuition and Fees Deduction _____

Health Care

- Medical and Dental Expenses _____
- Vision and Hearing Expenses _____
- Health Savings Account (HSA) _____
- Medicine Expenses _____
- Premium Tax Credit (Affordable Care Act) _____
- Health Coverage Tax Credit _____

Gifts and Charity

- Charitable Contributions _____
- Non-Cash Contributions _____

Casualty and Loss

- Casualty, Disaster and Theft Loss _____

Employee Business Expense

- Travel Expense (Rental, Lodging, Fare) _____
- Employee Business Expense _____
- Meals and Entertainment _____
- Parking Fees, Tolls _____

Miscellaneous Deductions

- Credit for the Elderly and Disabled _____
- Alimony Paid _____
- Long-Term Premium _____
- Saver's Credit - SEP, Gov 457, 401(k), 403(b) _____
- Adoption Credit _____
- Penalty for Early Withdrawal _____
- Depreciation and Amortization _____
- Bad Debt _____

AUTOMOBILE RECORDS

- Miles to Work (1 Way) _____
Vehicle 1 (Make & Model): _____
- Spouse - Miles to Work (1 Way) _____
Vehicle 2 (Make & Model): _____

Homeowners

- Mortgage Points (i.e. closing points) _____
- Property Tax _____
- DMV Registration _____
- Mortgage Interest _____
- Sales Tax _____
- State Refund or Loss (Itemized) _____
- Residential Energy Credit _____
- Nonbusiness Energy Property Credit _____
- Low-Income Housing Credit _____

Unreimbursed Job Deductions

- Telephone _____
- Tax Preparation Fees _____
- Union and Professional Dues _____
- Gifts and Promotions _____
- Job Related Expenses/Job Search _____
- Safety Deposit Box _____
- Meetings and Conventions _____
- Interest Expense _____
- Insurance _____
- Taxes, License and Permits _____
- Uniforms _____
- Tools and Supplies _____
- Equipment, Software _____
- Professional Subscription _____
- Moving Expenses _____
- Gambling Losses _____
- Impairment Related Work Expense _____

Investments

- Capital Loss _____
- IRA, SEP, myRA _____
- Sale of Home _____

- Total Annual Mileage _____
Mileage as of 01/01 - 12 a.m.
- Total Annual Mileage _____
Mileage as of 01/01 - 12 a.m.

Referred by: _____

Contact Number: _____

<http://www.TAKE5GROUP.com>