

# BEST RETURN BOOKKEEPING

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**NOTE:** New clients please fill in all boxes in top half of page – returning clients indicate only where there are changes.

<b>TAXPAYER NAME:</b> _____ <b>DATE OF BIRTH:</b> _____ <b>DAYTIME PHONE:</b> _____ <b>SPOUSE NAME:</b> _____ <b>DATE OF BIRTH:</b> _____ <b>DAYTIME PHONE:</b> _____ <b>STREET ADDRESS:</b> _____ <b>HOME PHONE:</b> _____	<b>SOC SEC NUMBER:</b> _____ <b>OCCUPATION:</b> _____ <b>FAX:</b> _____ <b>SOC. SEC. NUMBER:</b> _____ <b>OCCUPATION:</b> _____ <b>FAX:</b> _____ <b>CITY/STATE/ZIP:</b> _____ <b>E-MAIL ADDRESS:</b> _____
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DEPENDENT NAME (First, Middle Initial, Last)	DATE OF BIRTH	DEPENDENT'S SOC. SEC. NUMBER	RELATIONSHIP	MONTHS LIVED IN YOUR HOME

If any dependent child did not live with you, write child's name here: \_\_\_\_\_

If another taxpayer can claim you or your spouse as a dependent, check this box.

## CHECK ALL INCOME SOURCES

### YOU HAD IN 2009 - ENCLOSE DOCUMENTATION

- |  |   |   |
|--|---|---|
| Salary/Wages – W-2 Self-Employed/Business Income | SS/Railroad Retirement Pension / Retirement Income                  | Lottery/Gambling Winnings   |
| Independent Contractor - 1099                    | IRA Distributions   | Interest – 1099-INT   |
| Commissions/Fees                                 | Rental Property Income  | Dividends – 1099-DIV  |
| Cash Payments                                    | Partnership/S-Corp – K-1  | Mutual Fund Distributions 1099                                      |
| Unemployment \$ _____                            | Estate/Trust – K-1  | Municipal Bonds   |
| Tip Income                                       | Military BAS/BAH \$ _____   | Farm Income   |
| Did You Sell Any Stocks/Bonds?                   | Did You Sell a Residence?   | Other Income (Enclose Details)                                      |
| (If yes, enclose 1099-B & cost info.)            | Did You Sell Other Real Estate?<br>(Enclose settlement statements.) | Installment Sale  |
|  |   | Sell Any Business Assets?<br>(Enclose sale and original cost info.) |

IRA Contributions: Taxpayer \$ _____	Spouse \$ _____
Traditional    Roth	Traditional    Roth
SIMPLE/SEP/KEOGH Contributions: Taxpayer \$ _____	Spouse \$ _____
Federal Estimated Tax Payments \$ _____	
State Estimated Tax Payments \$ _____	Job-Related Moving Expenses \$ _____
State Tax Due Paid with 2006 Return \$ _____	Lodging Expenses During Move \$ _____
Miles Traveled to New Home: _____	

Dependent Cared For:  
 Care Provider's Name: \_\_\_\_\_  
 Provider's Address \_\_\_\_\_

Provider's SSN/EIN: \_\_\_\_\_  
 Amt Paid: \$ \_\_\_\_\_

Dependent Cared For:  
 Care Provider's Name: \_\_\_\_\_  
 Provider's Address \_\_\_\_\_

Provider's SSN/EIN: \_\_\_\_\_  
 Amt Paid: \$ \_\_\_\_\_

**CHILD/DEPENDENT CARE EXPENSES (Match each provider to dependent.)**  
**Itemized Deductions** (List amounts and provide receipts, checks or other documentation.)

<b>MEDICAL EXPENSES only if amount exceeds 7.5% of your AGI</b>		<b>INTEREST PAID</b>	
Doctors		<b>Mortgage on Main Home</b>	
Dentists		Paid to Financial Institution (1098)	
Other Medical Professionals		Paid to Individual	
Prescription Drugs		Name:	SSN:
Surgical Procedures		Address:	
Medical Lab Fees		Points Paid on New Mortgage	
Hospitals		(Enclose Settlement Statement)	
Glasses and Contact Lenses		Home Equity Loan/Second Mortgage	
Medical Equipment Rental		<b>Mortgage on Second Home</b>	
Prescribed Physical Aids		Paid to Financial Institution (1098)	
Skilled Nursing Care		Paid to Individual	
Medical Insurance		Name:	SSN:
Dental Insurance		Address:	
Long Term Care Insurance		Investment Interest Paid	
Medicare Part B			
Medical Transportation		<b>CHARITABLE CONTRIBUTIONS*</b>	
Medical Miles Driven in Your Vehicle		*Receipt required for single donations of \$250 or more.	
Other Medical (Describe)		Church/Temple/Mosque	
		United Way	
		Scouts	
		Other (list)	
<b>STATE &amp; LOCAL TAXES</b>			
Home Real Estate Taxes			
Other Real Estate Taxes		Non-Cash Contributions	
Personal Property Tax (autos, boat)		(If \$500 or more, enclose receipt with name/address of organization and describe how fair market value was determined.)	
Other State or Local Tax			
<b>CASUALTY OR THEFT LOSS ONLY FOR LOSSES ATTRIBUTABLE TO A FEDEARL DISASTER</b>			
Type of Property:			

Describe Loss:	
Cost or Basis of Property	
Insurance Reimbursement	
Fair Market Value Before Loss	
Fair Market Value After Loss	

<b>EDUCATOR AND EDUCATION EXPENSES</b>		Educator Expense	
Student Name		Student Name	
Type Expense		Type Expense	
Amount	\$	Amount	\$

**PLEASE ANSWER ALL QUESTIONS – For Yes answers, provide details on the lines below.**

1.	Has the IRS or any state or local taxing agency notified you of any change to a prior year tax return?	Yes	No
2.	Are any dependents claimed by you not citizens or residents of the U.S.?	Yes	No
3.	Do you (or your spouse) wish to designate \$3.00 of your taxes to the Presidential Campaign Fund?		
4.	Did you or your spouse receive income from any source not listed elsewhere in this questionnaire?	Yes	No
5.	Did you or your spouse barter goods or services with others?	Yes	No
6.	Did you or your spouse receive any distributions from an IRA, pension or profitsharing plan?	Yes	No
7.	Do you have any children age 14 or under who have investment income?	Yes	No
8.	Did you move during the past year?	Yes	No
9.	Did you or your spouse start a new business in the past year or do you anticipate starting one in the current or next year?	Yes	No
10.	Do you expect any significant changes in income, tax withholding or tax liability in the next year?	Yes	No
11.	Did you or your spouse make gifts to any individual of more than \$11,000?	Yes	No
12.	Did you or your spouse pay premiums or receive benefits from long term care insurance?	Yes	No
13.	Did you or your spouse receive educational benefit payments from your employer?	Yes	No
14.	Did you, your spouse or a dependent attend post-secondary school?	Yes	No
15.	Are you or your spouse paying off a student loan?	Yes	No
16.	Did you pay anyone who is over age 18 \$1,400 or more to work at your home during the year doing housework, yard work or other domestic help? If so, provide details and amounts.	Yes	No
17.	Did you or your spouse become disabled during the year?	Yes	No
18.	Are you or your spouse handicapped employees?	Yes	No
19.	Do you or your spouse have a foreign bank or investment account?	Yes	No
20.	Did you or your spouse have earned income and living expenses while working outside of the United States?	Yes	No
21.	Did you or your spouse open a health savings account (HAS) during the year?	Yes	No
22.	Did you have a casualty loss due to conditions in a Presidentially-declared disaster area?	Yes	No
23.	Did you receive reimbursement from insurance or another source for prior year casualty losses or medical deductions?	Yes	No
24.	If you or your spouse have reached age 70 and a half, have you begun your mandatory withdrawals from retirement savings accounts?	Yes	No

	NOTES:		

DIRECT DEPOSIT: \_\_\_\_\_ CHECKING: \_\_\_\_\_ SAVINGS: \_\_\_\_\_

<b>BANK:</b>	<b>RTNG:</b>	<b>ACC#:</b>

PRIVACY POLICY: ALL PERSONAL AND BANK INFORMATION OBTAINED WILL BE USED SOLELY FOR THE PURPOSE OF COMPLETING YOUR TAX RETURN. WE WILL NOT DISCLOSE ANY INFORMATION PROVIDED BY THE TAXPAYER TO ANY THIRD PARTY EXCEPT WHERE REQUIRED BY LAW. ALL RECORDS ARE KEPT IN COMPLIANCE WITH FEDERAL REGULATIONS TO PROTECT YOUR PERSONAL INFORMATION FROM UNAUTHORIZED USE.

I/WE CERTIFY THAT ALL INFORMATION PROVIDED FOR THE PREPARATION OF THE TAX RETURN IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS FORM, I/WE AUTHORIZE BEST RETURN BOOKKEEPING TO PERFORM TAX PREPARATION SERVICES FOR THE UNDERSIGNED TAXPAYER(S):

\_\_\_\_\_  
(Taxpayer)

\_\_\_\_\_  
(Spouse)

**DRIVERS LIC / STATE ISSUED ID #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
**NONE:** \_\_\_\_\_ **REFUSE:** \_\_\_\_\_

**DRIVERS LIC / STATE ISSUED ID #:** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
**NONE:** \_\_\_\_\_ **REFUSE:** \_\_\_\_\_

<b>TAX PREP COMPLETED BY:</b>	<b>INVOICE AMNT:</b> _____
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<b>METHOD OF PAYMENT:</b>	<b>CASH</b>	<b>CREDIT</b>	<b>DEBIT</b>	<b>CHECK</b>
<b>AMOUNT PAID:</b> _____				
<b>CARD #:</b> _____			<b>EXP:</b> _____	
<b>CVC:</b> _____	<b>ZIP:</b> _____			
<b>VERIFICATION COMPLETED BY:</b>			<b>DATE:</b> _____	
<b>DATA ENTRY COMPLETED BY:</b>			<b>DATE:</b> _____	

