

BEST RETURN BOOKKEEPING

4600 SOUTH TRACY BLVD. STE. 104, TRACY, CA 95377

TEL: (209)832-0211 FAX : (209)832-5627

WEBSITE : www.bestreturnbookkeeping.com

NOTE: (All clients please fill in all boxes and please indicate where there are changes.)

Taxpayer Name:		Social Security Number:	
Date of Birth:		Occupation:	
Daytime Phone:		Email:	
Spouse Name:		Social Security Number:	
Date of Birth:		Occupation:	
Daytime Phone:		Email:	
Street Address:	Apt#:		
City / State / Zip:			
(Please Circle One) Filing Status:			
Single Married Filing Joint Married Filing Separate Head of Household Widow(er) Dependent of Another			

DEPENDENT NAME (First, Middle Initial, Last)	DATE OF BIRTH	DEPENDENT'S SOC. SEC. NUMBER	RELATIONSHIP	MONTHS LIVED IN YOUR HOME

CHECKLIST OF ALL DOCUMENTS SUBMITTED - ENCLOSE DOCUMENTATION

- | | |
|------------------------------------|--|
| Wages – W-2 _____ | Self-Employed – Income/Exp’s _____ |
| Gambling Income - W-2G _____ | Railroad Retirement – RRB – 1099 - R _____ |
| Retirement - 1099 – R _____ | Social Security – 1099 - SSA _____ |
| Dividend Income - 1099 – DIV _____ | Partnership / S – Corp – K-1 _____ |
| Interest Income – 1099 – INT _____ | Closing Cost Statement _____ |
| Govt. Payments – 1099 – G _____ | New Vehicle Purchase Contract _____ |

CHILD / DEPENDENT CARE EXPENSES

Dependent Cared For: _____	Provider SSN/EIN: _____
Care Provider Name: _____	Phone Number: _____
Provider’s Address: _____	Amt Paid: \$ _____
Dependent Cared For: _____	Provider SSN/EIN: _____
Care Provider Name: _____	Phone Number: _____
Provider’s Address: _____	Amt Paid: \$ _____

HEALTHCARE COMPLIANCE: ALL YEAR _____ PART YEAR _____ NONE _____
Part Year Month(s) Covered: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec
Medical Premiums:
Out of Pocket Expenses:
Medical Mileage:

COLLEGE INFORMATION: 1098-T (CURRENT YR): (Y)___(N)___ (LAST YR): (Y)___(N)___

Student Name:	Year(s) Claiming: _____	Amt Paid:\$
Institution Name:	Tax ID#:	
Address:		
Student Name:	Year(s) Claiming: _____	Amt Paid:\$
Institution Name:	Tax ID#:	
Address:		

ITEMIZED DEDUCTIONS (EXACT AMOUNTS PLEASE DO NOT ROUND OFF)

*Beginning in Tax Year 2018, Unreimbursed Job Expenses are no Longer Allowed Except for Certain Armed Forces Personnel, Fee Based Govt. Officials, and Performers in the Entertainment Industry.

DMV (Vehicle, Boat):	Tax Preparation Fees:
Work Shoes Uniforms:	Other Expenses(Specify):
Tools/Supp/Safety Gear:	
Union Dues:	Business Mileage 1st Year: Yes ___ No ___
Cont. Education/License Fees:	Make: _____ Model: _____
Donations(Cash):	Date Placed in Service:
Donations(Non-Cash):	Work Miles: _____ Other(Total): _____
*Non-Cash Receipt Required for Single Donations of \$250.00 or More. (Fill Below)	*Log Required for Standard Mileage Rate Deduction(Written/Computer Generated Report)

NONCASH CHARITABLE CONTRIBUTIONS – (VEHICLE) ENCLOSE CERTIFICATE

Name or Organization:	Tax ID Number:
Street Address:	
City/State/Zip:	

CASUALTY OR THEFT LOSS (Federally Declared Disaster Only)

FEMA Account Number:	
Type of Property:	Location of Property(Address):
Date Acquired:	Cost or Other Adjusted Basis:
Date of Incident:	Fair Market Value Before Incident:
Insurance/Other Reimbursement:	Fair Market Value After Incident:

ALIMONY PAID TO (Divorces Finalized After December 31, 2018 cannot be deducted)

Name:	Name:
SSN:	SSN:
Amount Paid:\$	Amount Received:\$

PLEASE ANSWER ALL QUESTIONS (Use notes section below for questions or to include additional information)

1.	Did you pay student loan during the tax year? (Please provide form 1098-E or amount of student loan interest accrued)	Yes	No
2.	Did you purchase a vehicle during the tax year? (If yes please provide purchase contract)	Yes	No
3.	Did you purchase/sell a home during the tax year? (Rental/Primary) (If yes please provide final closing cost statement)	Yes	No
4.	Did you have rental property(ies) during the tax year? (If yes add'l hand out will be provided to submit income/expenses)	Yes	No
5.	Did you receive retirement income during the year? (If yes please provide 1099-R)	Yes	No
6.	Did you receive Social Security Payments during the tax year? (If yes please provide 1099-SSA)	Yes	No
7.	Did you have investment income (stock sales) during the tax year? (If yes please provide 1099-B)	Yes	No
8.	Did you receive interest income during the tax year? (If yes please provide 1099-INT)	Yes	No
9.	Did receive Government payments during the tax year? (If yes please provide 1099-G) (Unemployment compensation/State Refund)	Yes	No

Notes:

DIRECT DEPOSIT:	CHECKING _____	SAVINGS _____
Bank:	RTNG:	ACC#:
PRIVACY POLICY: ALL PERSONAL & BANK INFORMATION OBTAINED WILL BE USED SOLELY FOR THE PURPOSE OF COMPLETING YOUR TAX RETURN. WE WILL NOT DISCLOSE ANY INFORMATION PROVIDED 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.		

DRIVER'S LICENSE OR STATE ISSUED IDENTIFICATION CARD:

TP(DL):	State: _____	Issue Date:	Exp:	None: <input type="checkbox"/>	Refuse: <input type="checkbox"/>
SP(DL):	State: _____	Issue Date:	Exp:	None: <input type="checkbox"/>	Refuse: <input type="checkbox"/>

DIRECT DEBIT FROM TAX REFUND ADDITIONAL CHARGES APPLY:					Yes _____	No _____
Method of Payment:	Cash	Credit	Debit	Check	Amount Paid: \$	_____
Card Number:	_____		Exp:	Cvc:	Billing Zip:	_____

I(we) have reviewed the information in this questionnaire (including the business and rental data sheets, if applicable) and to the best of my (our) knowledge it is accurate, correct and complete.

(Taxpayer)

(Spouse)