

Client Tax Information Sheet

Eva Smith & Associates, EA
1290 B Street – Suite 114
Hayward, CA 94541

PH510-889-8885
FX 510-889-8765
taxes@estaxservices.com

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

TAXPAYER NAME: _____ DATE OF BIRTH: _____ DAYTIME PHONE: _____ SPOUSE NAME: _____ DATE OF BIRTH: _____ DAYTIME PHONE: _____ STREET ADDRESS: _____ HOME PHONE: _____	SOC SEC NUMBER: _____ OCCUPATION: _____ FAX: _____ SOC. SEC. NUMBER: _____ OCCUPATION: _____ FAX: _____ CITY/STATE/ZIP: _____ E-MAIL ADDRESS: _____
--	--

DEPENDENT NAME <small>(First, Middle Initial, Last)</small>	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

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

IRA Contributions:	Taxpayer \$ _____	Spouse \$ _____
	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth
SIMPLE/SEP/KEOGH Contributions:	Taxpayer \$ _____	Spouse \$ _____
Alimony Paid \$ _____	Recipient: _____	SSN: _____
Federal Estimated Tax Payments \$ _____	Job-Related Moving Expenses \$ _____	
State Estimated Tax Payments \$ _____	Lodging Expenses During Move \$ _____	
State Tax Due Paid with 2006 Return \$ _____	Miles Traveled to New Home: _____	

CHILD/DEPENDENT CARE EXPENSES (Match each provider to dependent.)

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

Itemized Deductions (List amounts and provide receipts, checks or other documentation.)

MEDICAL EXPENSES		INTEREST PAID	
Doctors		Mortgage on Main Home	
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		Mortgage on Second Home	
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		CHARITABLE CONTRIBUTIONS*	
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)	
STATE & LOCAL TAXES			
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			
CASUALTY OR THEFT LOSS		MISCELLANEOUS DEDUCTIONS	
Type of Property:		Tax Return Preparation Fee (2006)	
Describe Loss:		Safe Deposit Box (store investments)	
Cost or Basis of Property		Investment Expenses (enclose list)	
Insurance Reimbursement		Job Hunting Expenses (enclose list)	
Fair Market Value Before Loss		Gambling Losses	
Fair Market Value After Loss		Second Job Mileage	

Employee Business Expenses and Miscellaneous Deductions

Prof. Association or Union Dues	\$ _____	Total Mileage on Vehicle in 2009	_____
Uniforms (not street clothes)	\$ _____	Out of Town Transportation	\$ _____
Uniform Cleaning	\$ _____	Out of Town Lodging	\$ _____
Safety Equipment	\$ _____	Office in Home Expense	Ask for form
Tools & Other Work Equipment	\$ _____	Job Hunting Expenses	\$ _____
Advertising & Marketing	\$ _____	Safe Deposit Box Rent	\$ _____
Business Meals & Entertainment	\$ _____	Tax Return Preparation	\$ _____
Business Vehicle Mileage 2009	_____	Investment Advice/Management Fee	\$ _____
		Other _____	\$ _____

EDUCATOR AND EDUCATION EXPENSES		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 <input type="checkbox"/>	No <input type="checkbox"/>
2.	Are any dependents claimed by you not citizens or residents of the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
5.	Did you or your spouse barter goods or services with others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Did you or your spouse receive any distributions from an IRA, pension or profit-sharing plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Do you have any children age 14 or under who have investment income?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Did you move during the past year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
10.	Do you expect any significant changes in income, tax withholding or tax liability in the next year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Did you or your spouse make gifts to any individual of more than \$11,000?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Did you or your spouse pay premiums or receive benefits from long term care insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Did you or your spouse receive educational benefit payments from your employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Did you, your spouse or a dependent attend post-secondary school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Are you or your spouse paying off a student loan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
17.	Did you or your spouse become disabled during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18.	Are you or your spouse handicapped employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19.	Do you or your spouse have a foreign bank or investment account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20.	Did you or your spouse have earned income and living expenses while working outside of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21.	Did you or your spouse open a health savings account (HAS) during the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22.	Did you have a casualty loss due to conditions in a Presidentially-declared disaster area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23.	Did you receive reimbursement from insurance or another source for prior year casualty losses or medical deductions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24.	If you or your spouse have reached age 70 and a half, have you begun your mandatory withdrawals from retirement savings accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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)