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Individual Income Tax Information Sheet

This form is designed to assist you in compiling the information necessary to accurately prepare your income tax return.

Completing this form and returning it when you drop off your tax information will greatly expedite your filing process.

**PLEASE PROVIDE ALL DOCUMENTS
THAT SAY “IMPORTANT TAX
INFORMATION” ON THE ENVELOPE!**

Taxpayer _____ Social Sec # _____ DOB _____ Occupation _____

Spouse _____ Social Sec # _____ DOB _____ Occupation _____

Mailing Address _____

Home Phone _____
Cell Phone _____
Email Address _____

Filing Status () Single () Married Filing Joint () Head of Household () Widow/Widower
(Check One) () Married Filing Separately* * Spouse Name & SS#: _____

DEPENDENT INFORMATION

First	M.I.	Last	Relation	DOB	SS#

Would you like to have your return EFILED? () Yes () No

Would you like to have your refund direct deposited? () Yes () No

Did you have health insurance coverage this past year? () Yes () No
Was it with Obamacare/Healthcare.gov? () Yes () No

Direct Deposit Info

Bank Name: _____
Routing Number: _____
Account Number: _____
() Checking () Savings

PLEASE PROVIDE ALL DOCUMENTS THAT SAY "IMPORTANT TAX INFORMATION" ON THE ENVELOPE!

<u>1099s</u>	
1099 - B	Stock Sales
1099 - C	Cancellation Of Debt
1099 - Div	Dividends Received From Investments
1099 - G	Unemployment Compensation
1099 - Int	Bank Interest Earned
1099 - Misc	Miscellaneous & Contract Labor Income
1099 - R	Retirement & Pension Distributions
1099 - S	Proceeds From Real Estate Sales

<u>W2s</u>	
W2	Wage Income
W2 - G	Gambling Winnings

<u>Social Security Income</u>	
SSA - 1099	Benefits Statement

<u>1098s</u>	
1098	Mortgage Interest Paid
1098 - E	Student Loan Interest
1098 - T	Tuition Statement

<u>K-1s</u>	
1041	Trust/Estate Income
1065	Partnership Income
1120-S	Shareholder Income

**** By signing this form, I declare that I have provided all information to the best of my knowledge and belief, it is true, correct, and complete****

Taxpayer or Spouse's Signature _____

Date _____

Real Estate Sales/Purchases

Bring Closing Statements from any Purchase or Sale.

Deductible Teacher Expenses

Amount _____ (\$250 Max)

Stock Sales

Name of Stock	# of Shares	Date Bought	Date Sold	Purchase Price	Sale Price

Quarterly Estimated Tax Payments Made

Due	Date Paid	Amt Paid	Check #
Credit applied from last year			
4/15			
6/15			
9/15			
1/15			

IRA Contributions Made

Taxpayer: Traditional _____ Roth IRA _____
 Spouse: Traditional _____ Roth IRA _____

Medical & Dental Expenses (Paid By You)

Insurance Premiums _____
 Total Doctor/Dental/Hospital Visit Charges _____
 Total Medical Supplies(glasses, hear aids, etc) _____
 Total Prescription Drug Charges _____
 Total Medical Miles Driven _____

Taxes Paid

Real Estate Taxes Paid On Your Home _____
 Other Real Estate Taxes (not on rental property) _____
 Sales Tax Paid On Major Purchases (Autos, Boats, Etc)
 Item: _____ Tax Paid: _____
 Item: _____ Tax Paid: _____

Charitable Contributions Made

Cash or Check: _____
 Goodwill/Salvation Army Donations: _____
 Non-Cash Contributions: _____
 (Must bring receipt for non-cash over \$500)

Other Deductions

Tax Preparation Fee Paid _____
 Union or Professional Dues _____
 Investment Expenses _____
 Safety Deposit Box Rental Fee _____

Child Care Credit Information

Child Care Provider's Name	Address	SSN or EIN #	Amount Paid	Child Cared For

SELF-EMPLOYED

Business Name _____

Business Address _____

Type of Business Activity _____

Began or Acquired Business this year? () Yes () No

Accounting Method () Cash () Accrual () Other (specify) _____

Income

Gross Receipts or Sales _____
Returns & Allowances _____

Expenses

Advertising _____
Commissions & Fees _____
Contract Labor _____
Employee Benefit Programs _____
Insurance (other than health) _____
Interest: _____
 Mortgage _____
 Other _____
Legal & Professional Services _____
Office Expenses _____
Pension & Profit Sharing Plans _____
Rent or Lease: _____
 Equipment _____
 Vehicles _____
 Office _____
 Other _____
Repairs & Maintenance _____
Supplies _____
Taxes & Licenses _____
Travel _____
Meals & Entertainment _____
Utilities _____
Wages (reported on W2s) _____
Other Expenses: _____
 Continuing Education _____
 Business Telephone _____
 Business Cell Phone _____
 Bank Fees _____
 Credit Card Fees _____
 Dues & Publications _____
 Public Relations _____
 Tools _____
 Uniforms _____
 Website & Internet _____

Cost of Goods Sold

Beginning Inventory _____
Purchases (For Resale) _____
Contract Labor _____
Materials & Supplies _____
Ending Inventory _____

Business Auto Mileage

Vehicle # 1 _____
Date Put In Service _____
Business Miles _____
Commuting Miles _____
Personal Miles _____
Total Miles Driven _____

Vehicle # 2 _____
Date Put In Service _____
Business Miles _____
Commuting Miles _____
Personal Miles _____
Total Miles Driven _____

Home Office

Date Purchased: _____
Amount Paid: _____
Total Sq. Ft _____
Bus. Use Sq. Ft. _____
Hours used per day for Business _____

Mortgage Interest _____
Real Estate Taxes _____
Home Insurance _____
Repairs _____
Improvements _____

Electricity _____
Gas _____
Garbage _____
Water _____
Total Utilities _____

Major Purchases - Capital Expenses

Item Bought	Date	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

RENTAL INCOME WORKSHEET

Property # 1 Address _____
 Property # 2 Address _____
 Property # 3 Address _____
 Property # 4 Address _____
 Property # 5 Address _____
 Property # 6 Address _____

	#1	#2	#3	#4	#5	#6
TOTAL RENTS RECEIVED						
ROYALTIES						

Advertising						
Cleaning & Maintenance						
Lease fees / Commissions						
Insurance						
Legal and Accounting						
Management/HOA Fees						
Interest - Mortgage Interest						
Other Interest						
Repairs - Misc.						
Supplies						
Taxes						
Utilities						
Other: (List)						
Oil Depletion						
Major Purchase - Capital Expense	Item bought			Date Bought	Cost	
(Appliances, improvements, etc)						

Rental Auto Mileage

Vehicle # 1	_____	Vehicle # 2	_____
Date Put In Service	_____	Date Put In Service	_____
Rental Use Miles	_____	Rental Use Miles	_____
Commuting Miles	_____	Commuting Miles	_____
Personal Miles	_____	Personal Miles	_____
Total Miles Driven	=====	Total Miles Driven	=====