TAX INFORMATION WORKSHEET

Part 1 – Identifying Information (Please fill in all applicable data)

Taxpayer:

First Name: ____________________
Middle Initial:___ Suffix:___
Last Name:____________________
Social Security No:_____________
Occupation:___________________
Date of Birth:______(mm/dd/yyyy)

Check if (Taxpayer is)

❒ Legally blind
❒ Permanently or totally disabled
❒ Can be claimed as a dependant on someone else's tax return
❒ Passed away before filing this return

Spouse:

First Name: _____________________
Middle Initial:___ Suffix:___
Last Name:______________________
Social Security No:_______________
Occupation:______________________
Date of Birth:______(mm/dd/yyyy)

Check if (Spouse is)

❒ Legally blind
❒ Permanently or totally disabled
❒ Can be claimed as a dependant on someone else's tax return
❒ Passed away before filing this return

Home Phone:(____)_____-_______
Address:____ Apt No:____
City:_______________________________ State:___________ Zip Code:_______

Were you a full time resident in the state of California last year?
❒ Yes ❒ No

If No, from what state did you move and when? ___________________(mm/dd/yyyy)

Were you or a spouse a member of the U.S. Armed Forces last year?
❒ Yes ❒ No

Part 2 – Filing Information (Check one please)

Check the box for your filing status:
❒ Single
❒ Married filing jointly
❒ Married filing separately
Check this box if you **did not** live with your spouse at anytime during the year… .❒
Check this box if your spouse is itemizing their deductions……………………… ❒
❒ Head of household
If the "qualifying person" is your child but **not** your dependent:
Child's name:______________________________
Child's social security number:________________
Child's date of birth:________________________(mm/dd/yyyy)
❒ Qualifying widow(er)
Enter date spouse died:______________________(mm/dd/yyyy)

Part 3 – Dependent Information (Fill in all data please)

First Name Last Name	M.I. Suffix	SSN (xxx-xx-xxxx) Exact Relationship	Date of Birth (mm/dd/yyyy)	# of months lived in U.S. with taxpayer

Part 4- Information for Earned Income Credit Only (Necessary to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ❒ Yes ❒ No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of the tax year? ❒ Yes ❒ No
Check if taxpayer is filing head of household and lived with nonresident alien spouse during the last six months of the tax year ❒
Check if EIC was disallowed or reduced in a previous year and taxpayer is required to file Form 8862 ❒
Notified by the IRS that EIC cannot be claimed for this tax year ❒

Part 5 – Itemized Deduction Checklist (Enter all amounts that apply)

Medical Expenses ($)
Medical Programs___________
Prescription Drugs___________
Health Insurance Premiums__________
Medicare Insurance Premiums_________
Dental Insurance Premiums___________
MD Visits______________
Dentist Visits___________

Charitable Contributions ($)
By Cash or Check______________
Church_______________________
Payroll Deductions______________
Non-Cash______________________
Organizations__________________

Medical Expenses (continued)
Hospital Expense________
Lodging___________
Glasses____________
Hearing aids/batteries__________
Medical miles driven___________(miles)

Miscellaneous ($)
Union Dues____________
Tax Preparation Fees___________
Job Related Educational Expenses_______
Job Related Attorney's Fees_________
Job Seeking Expenses____________
Investment Expenses_____________
Uniform Cost__________________
Professional License Expenses________
Professional Journals Expenses________
Safety Equipment_____________
Tools/Supplies_______________
Safe Deposit Box_____________
Business Travel Expense_____________
Business Meals Expense ______________
Business Phone Expense ______________
Business Mileage____________(miles)

Taxes ($)
Real Estate_______________
Time Share_______________
Vehicle Tax Fee (car/boat/RV)_______

Interest ($)
Home mortgage Interest (#1)__________
Home mortgage Interest (#2)__________
Other home loan(s)__________
Motorhome/trailer__________

Did you receive any of these tax forms for the current tax year?
(Check all that you received)

❒ Form W-2, Wages and Salaries
❒ Form W-2G, Gambling winnings
❒ Forms 1099 (Income from interest, dividends, stock sales, refunds, retirement, social security, unemployment and more)
❒ Schedule K-1 for Partnerships (Form 1065)
❒ Schedule K-1 for S - Corporations (Form 1120S)
❒ Schedule K-1 for Estates or Trust (Form 1041)
❒ Schedule Q for residual holders of REMIC'S

What type of business are you involved in?
(Check all that apply)

❒ Sole Proprietor - Schedule C
❒ Rental or Royalty property - Schedule E
❒ Farm - Schedule F
❒ Farm Rentals - Form 4835

What other types of income did you receive for the current tax year?
(Check all that apply)

❒ Alimony you received this year
❒ Scholarships and Fellowships
❒ Reimbursements of expenses deducted in an earlier year
❒ Recovery of a bad debt deducted in an earlier year
❒ Jury duty pay
❒ Bartering income
❒ Income from the rental of personal property
❒ Other earned or non earned income

Expenses for the current tax year:
(Check all that apply)

❒ Child or dependant care expenses
❒ Depreciation on investment asset
❒ Attorney fees (if job related)
❒ Casualty losses (fire, flood, theft, etc.)
❒ Moving expenses
❒ Business net operating loss carryover
❒ Adoption expenses

Did you make a contribution to a retirement plan or medical savings plan (MSA) for the current tax year? (Check all that apply)

❒ Traditional IRA'S
❒ Roth IRA
❒ Keogh, Sep and simple contributions
❒ MSA contributions
❒ Educational IRA

Did you have any of these transactions for the current tax year?
(Check all that apply)

❒ Stocks, bonds and investment property sales
❒ Capital loss carryovers from earlier years
❒ Sale of your personal residence
❒ Sale of rental property
❒ Sale of business property
❒ Gains and losses from contracts and straddles
❒ Like-Kind Exchanges and conflict of interest sales
❒ Undistributed gains reported on form 2439
❒ Refinance or purchase of home
❒ Donate a house, car, stocks, etc. to charity

Please complete this worksheet and include it with the following necessary documents:

The following documents are needed to begin the processing of your return:

❒ All W-2 and 1099 forms
❒ All statements reporting interest and dividends earned
❒ All forms reporting pension and social security benefits
❒ 1099's reporting distributions and transfers from retirement funds
❒ 1099's reporting unemployment compensation and state tax refunds
❒ 1099's reporting stock or bonds sale- purchase date and cost
❒ Worksheets summarizing business or rental income and expenses
❒ All mortgage interest statements, including any refinances or paid off loans
❒ Escrow settlement statement for property bought or sold (need final statement)
❒ Name, address and social security or tax I.D. number from child care provider
❒ Last year's tax return (if new client)
❒ Child care provider (name, address, tax I.D. number and fees paid)

Please fax all documents to:

(909) 370-0735

or mail them to our office at:

Gibson Diversified Services
154-A W Foothill Blvd Ste #232
Upland, CA 91786

PLEASE DO NOT MAIL ORIGINAL DOCUMENTS – SEND COPIES ONLY!

Once the information is received and processed, a tax consultant will contact you.

Thank you.

Gibson Diversified Services
(909) 783-2988