



Name \_\_\_\_\_

**PERSONAL INCOME TAX DATA FOR YEAR \_\_\_\_\_**

The information requested on this form is for the preparation of your personal income tax return and relates to you and your family personally, not to your business operations. **Please complete and return this form to us at one of the offices as soon as possible.**

**MECHANICSBURG | LANCASTER | MYERSTOWN | HARRISBURG**

Please see our website [www.GiftCPAs.com](http://www.GiftCPAs.com) for your nearest office location.

**WE MUST HAVE THIS SIGNED DATA SHEET TO PREPARE YOUR INCOME TAX RETURN.**

You must keep paid bills and cancelled checks supporting the deductions you claim on this form for a period of at least three years to comply with federal and state tax regulations and audit procedures. Do not claim as deductions any bills that have not been paid during the year unless they were charged to your credit card before year-end.

Please see important information on the last page about the direct deposit of tax refunds.

**Declaration:** I have reviewed the information given to you on this form and to the best of my knowledge it is true, correct, and complete. I have maintained the underlying records required by law to support this information. I authorize Gift CPAs to prepare my personal income tax return based on this information and to retain copies of appropriate documents.

**PLEASE SIGN AND DATE**



Signature \_\_\_\_\_



Date \_\_\_\_\_

## GENERAL INFORMATION

### PERSONAL INFORMATION

	Full Name	Social Security Number	Date of Birth	Occupation	Legally Blind <input checked="" type="checkbox"/>	Campaign Fund <input checked="" type="checkbox"/>
Taxpayer (T)						
Spouse (S)						

Your marital status as of the end of the year:    Single     Married     Married, but I wish to file separately

Mailing Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Township \_\_\_\_\_ School District \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (T) \_\_\_\_\_ E-Mail Address (T) \_\_\_\_\_ Cell Phone (S) \_\_\_\_\_ E-Mail Address (S) \_\_\_\_\_

### DEPENDENTS (Please list if there are changes from last year's return.)

Full Name	Date of Birth	Social Security Number (required)	Relationship	Months Lived with You	Months as Full-Time Student	Percent Support by You	Percent Support by Others

## TAX FORM CHECKLIST

Please attach the following items:

- W - 2 .....(Wage and Tax Statements)
- W - 2G .....(Gambling Winnings)
- .....(Gambling Loss Detail – Breakdown by Taxpayer and Spouse)
- 1099 – B, DA .....(Brokerage Statements, Digital Asset Transactions)
- 1099 - INT .....(Interest Statements)
- 1099 - DIV .....(Dividend Statements)
- 1099 - K .....(Payment Card and Third Party Network Transactions)
- 1099 - R .....(Distributions from Pensions, Annuities, Retirement)
- SSA - 1099.....(Social Security)
- 1099 - G .....(Unemployment Compensation, State or Local Income Tax Refunds, etc.)
- 1099 - MISC .....(Miscellaneous or Rental Income)
- 1099 - NEC .....(Non-Employee Compensation)
- 1099/5498 - SA .....(HSA or MSA Distributions/Contributions)
- 1099 - LTC .....(Long-Term Care and Accelerated Death Benefits)
- 1099 - Q .....(Educational Program Payments)
- 1099/5498 - QA .....(Distributions from/Contributions to ABLE accounts)
- 5498 .....(IRA Contributions)
- 1098 .....(Mortgage Interest)
- 1098 - T .....(Tuition Statement) (Accountant must have form on hand to claim credit.)
- 1098 - E .....(Student Loan Interest)
- 1095 - A .....(Insurance Purchased Through Exchange)
- 1095 - B .....(Insurance Purchased Through Other Insurers)
- 1095 - C .....(Insurance Provided Through Employer)
- Schedule K - 1 .....(Partner's, Shareholder's, or Beneficiary's Share of Income)
- Voided Check .....(See Back Page of Questionnaire)

## QUESTIONS

### GENERAL INFORMATION

- |                                                                                                                                                                                   | Yes                      | No                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Did your marital status change during the year?                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did your address change during the year? <i>If yes, please provide dates of move below.</i><br><hr style="width: 40%; margin-left: 0;"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were there any changes in dependents from the prior year?                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any children under 19 or full-time students ages 19 – 24 <u>with income</u> ?                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you and/or your spouse receive an Identity Protection PIN (IP PIN) from the IRS?<br><i>If yes, please provide PIN(s) below.</i><br>Taxpayer's PIN _____ Spouse's PIN _____ | <input type="checkbox"/> | <input type="checkbox"/> |

### PURCHASES, SALES, AND DEBTS

- |                                                                                                                                                                                                            | Yes                      | No                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Did you start a new business, purchase a new rental property or farm, or acquire any new interest in any partnership or S Corporations during the year?                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during the year?                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you receive any income from any property or business sold in a prior year?                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you receive grants of stock options from your employer, exercise any stock options granted to you, or dispose of any stock acquired under a stock option or qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you purchase, sell, refinance, or exchange any real estate during the year?<br><i>If yes, please attach closing statements.</i>                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did you take out a home equity loan during the year? <i>If yes, please provide closing statement.</i><br>What were the funds used for? _____                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you have any debts canceled, forgiven, or refinanced during the year?                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there any interest-free loans of \$10,000 or more to you or from you? <i>If yes, please provide details.</i>                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you participate in an installment sale this year?<br><i>(Please provide a copy of Form 6252 for the year of sale if we did not prepare your return that year.)</i>                                  | <input type="checkbox"/> | <input type="checkbox"/> |

### SALE OF YOUR HOME

- |                                                                                                                                                              | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you sell your home during the year? <i>If yes, please answer the questions below.</i>                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Did you, or your spouse if filing jointly, own the home as your principal residence for at least two years of the five-year period prior to the sale?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you, and your spouse if filing jointly, occupy the home as your principal residence for at least two years of the five-year period prior to the sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you or your spouse sold any other principal residence within the last two years?                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the home acquired through a tax-free (1031) exchange?                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you ever use any portion of the home for business purposes?                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |

### SEVERENCE AND RETIREMENT

- |                                                                                                                                | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Did you or your spouse change jobs or retire during the year?                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you or your spouse receive retirement/severance compensation?<br><i>If yes, amount \$ _____ and date received _____</i> | <input type="checkbox"/> | <input type="checkbox"/> |

**RETIREMENT ACCOUNTS**

- |                                                                                                                                                                                                                                            | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Did you or your spouse turn age 73 during the year and have money in an IRA or other retirement account <u>without taking any distributions</u> ? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, why?</i> _____                                                                                                                                                                                                                  |                          |                          |
| 2. Did you withdraw any amounts from any IRA to acquire a principal residence? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you withdraw any amounts from any IRA to pay for higher education expenses incurred by you, your spouse, your children, or your grandchildren? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you or your spouse establish or contribute to any IRA? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you convert any Traditional IRAs into Roth IRAs? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, amount for Taxpayer \$ _____ Spouse \$ _____</i>                                                                                                                                                                                |                          |                          |
| 6. Did you or your spouse ever make any nondeductible IRA contributions? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, please provide the end-of-year value of all traditional IRAs for Taxpayer \$ _____ Spouse \$ _____</i>                                                                                                                          |                          |                          |
| <i>If yes, please also provide a copy of your most recent Form 8606 for you and your spouse if we did not prepare it.</i>                                                                                                                  |                          |                          |
| 7. Are you or your spouse covered by an employer retirement plan? <i>If yes, please fill in amounts below.</i> <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Plan Type _____ Contributions for Taxpayer \$ _____ Contributions for Spouse \$ _____                                                                                                                                                      |                          |                          |
| Plan Type _____ Contributions for Taxpayer \$ _____ Contributions for Spouse \$ _____                                                                                                                                                      |                          |                          |
| 8. Did you make any charitable contributions directly from your IRA? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, please provide amount \$ _____</i>                                                                                                                                                                                              |                          |                          |

**CASUALTY AND THEFT LOSSES – Only in Federally Declared Disaster Areas**

- |                                                                                                                                                                                                                           | Yes                      | No                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Did any sudden and unexpected event cause loss or damage to any of your property this year? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, did you have insurance?</i> <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you file a claim with your insurance company? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, please attach details about each event and each item lost or damaged (description, cost, and value before and after damage). If no claim was filed with your insurance company, no deduction can be taken.</i> |                          |                          |

**ENERGY-SAVING PURCHASES**

- |                                                                                                                                                                                                                                                       | Yes                      | No                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Did you make any improvements to your home that are considered energy saving? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If so, please provide detail and a copy of previously filed Forms 5695 if we did not prepare.</i>                                                                                                                                                  |                          |                          |
| 2. Did you purchase a new or previously owned Clean vehicle that is eligible for the clean vehicle credit? If yes, attach the vehicle statement from the dealer. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |                                                                                                                                                                                                             | Yes                      | No                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Were you notified by the IRS or other taxing authority of any changes in prior year returns? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you have an interest in or signature authority over any financial account in a foreign country? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you create or transfer money or property to a foreign trust? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you have any foreign income or pay any foreign taxes during the year? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did you or your spouse receive distributions from long-term care insurance contracts? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                               | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, please attach Forms 1099-LTC.</i>                                                                                                                                                                |                          |                          |
| 6. Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did you engage in any bartering transactions? <i>If yes, please provide details.</i> <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you owe your state any Use Tax for out-of-state purchases? <i>If yes, please provide details.</i> <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you make gifts of more than \$19,000 to any individual? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you or your spouse ever filed a Gift Tax return? <i>If yes, please provide a copy of the return.</i> <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>          | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS (CONT'D)**

- |                                                                                                                                                                    | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 11. Did you pay someone \$2,800 or more to work in your home during the year? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If yes, please provide details and a copy of any W-2s you issued.</i>                                                                                           |                          |                          |

12. At any time during the year, did you receive, sell, send, exchange, or otherwise acquire any financial interest in or use virtual currencies to pay for goods/services? If yes, please attach detail.  Yes  No
13. Did you use gasoline or special fuels for farm or off-road business purposes during the year?  Yes  No
14. Did you receive an award for punitive damages or for damages other than physical injuries or illness?  Yes  No
15. Did you suffer a financial loss from a Ponzi scheme?  Yes  No

**HEALTH INSURANCE**

1. Did you Purchase health insurance on the exchange? (If so, please provide Form 1095A)  Yes  No
2. Did you or your spouse establish or contribute to a Health Savings Account (HSA)?  Yes  No

**INCOME**

**WAGES, TIPS, AND COMMISSIONS**

Tips Not Included on W-2 \$ \_\_\_\_\_

**BUSINESS AND/OR FARM INCOME AND EXPENSES**

Business Income \$ \_\_\_\_\_ (please attach detail) Farm Income \$ \_\_\_\_\_ (please attach detail)

**RENT AND ROYALTY INCOME**

Description and Address of Property	Address #1	Address #2
RENTS/ROYALTY	\$	\$
EXPENSES PAID		
Advertising	\$	\$
Auto/Travel Expense	\$	\$
Number of Miles	miles	miles
Cleaning and Maintenance	\$	\$
Commissions	\$	\$
Insurance	\$	\$
Legal and Professional	\$	\$
Management Fees	\$	\$
Mortgage Interest	\$	\$
(attach Form 1098)		
Other Interest	\$	\$
Repairs	\$	\$
Improvements (list)	\$	\$
Supplies	\$	\$
Taxes	\$	\$
Utilities	\$	\$
Other (describe below)		
	\$	\$
	\$	\$

	Address #1	Address #2
What percent of the property did you occupy during the year?	_____ %	_____ %
Days rented at fair value during the year?	_____ days	_____ days
Days used by you or relatives during the year?	_____ days	_____ days
Were you active in managing the rental property during the year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SCHEDULE OF RENTAL PROPERTY IMPROVEMENTS**

Please list improvements and furnishings purchased during the year.

Date	Description of Asset Purchased	Cost

**OTHER INCOME**

Alimony Income (agreements prior to January 1, 2019) \$ \_\_\_\_\_ Date of agreement \_\_\_\_\_

Gambling Winnings \$ \_\_\_\_\_ (please attach W-2Gs)

Any Other Income Not Included Above \$ \_\_\_\_\_ Please explain \_\_\_\_\_

If you had overtime please include a statement or last paystub.

If you had qualified tips, please notify your accountant.

## ADJUSTMENTS TO INCOME

### EDUCATION ADJUSTMENTS / CREDITS

Educator Expenses Paid \$ \_\_\_\_\_ (unreimbursed classroom materials expense by K-12 teacher/counselor/principal/aide)  
529 Plan Contributions \$ \_\_\_\_\_ (provide forms)  
Qualified Education Expenses \$ \_\_\_\_\_ (computer, books, software, etc.)  
Student Loan Interest \$ \_\_\_\_\_ (please attach Form 1098-E)

### OTHER ADJUSTMENTS

Penalty for Early Withdrawal of Savings \$ \_\_\_\_\_  
Alimony Paid (agreements prior to January 1, 2019) \$ \_\_\_\_\_ Date of agreement \_\_\_\_\_  
Name & SSN of Recipient \_\_\_\_\_

Moving Expenses \$ \_\_\_\_\_  
(Please attach list. Expenses deductible only if related to permanent change of station by active duty Armed Forces member)

Health/Medical Savings Account Contributions \$ \_\_\_\_\_ HSA  MSA  Individual  Family   
Please attach Forms 5498-SA.

Health/Medical Savings Account Distributions \$ \_\_\_\_\_ Were all distributions used for eligible medical expenses? Yes  No   
Please attach Forms 1099-SA.

Medical Insurance Premiums paid by self-employed taxpayers may be deducted as an adjustment to income. (Please provide details.)

### ADOPTION EXPENSES YOU PAID

	Yes	No
1. Did you adopt a child or begin adoption proceedings during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, Adoption Expenses \$ _____		

**BUSINESS USE OF PERSONAL VEHICLE** – Do not include expenses of business-owned vehicles here. Report those expenses with business income and expenses. Do not complete this section if your expenses were reimbursed by your employer and the reimbursement is not reported in your wages. Please make sure you have detailed records to support these expenses.

Did you use your car for business other than for commuting? Yes  No  Are you an Employee  or Proprietor/Owner   
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Date First Used for Business \_\_\_\_\_ Lower of Cost or Value on that Date \$ \_\_\_\_\_  
Odometer at End of Last Year \_\_\_\_\_ miles Odometer at Start of Last Year \_\_\_\_\_ miles  
Total Miles Driven \_\_\_\_\_ = Business Miles \_\_\_\_\_ + Commuting Miles \_\_\_\_\_ + Personal Miles \_\_\_\_\_  
Do you have evidence to support the business miles claimed? Yes  No  Is the evidence in writing? Yes  No   
Actual Personal and Business Expenses (gas, repair, lease, insurance) \$ \_\_\_\_\_ Business Parking and Tolls \$ \_\_\_\_\_  
Interest on Vehicle Loan (if self-employed) \$ \_\_\_\_\_  
Personal Property Tax (vehicle registration) \$ \_\_\_\_\_  
Expenses Reimbursed by Employer \$ \_\_\_\_\_  
Do you have another vehicle available for personal use? Yes  No

### ITEMIZED DEDUCTIONS (used only if higher than standard deduction)

**MEDICAL EXPENSES YOU PAID** – Deductible only if itemizing and above 7.5% of adjusted gross income.

Medical Insurance Premiums You Paid \$ \_\_\_\_\_ (Do not include pretax employee payments.)  
Are you / spouse self-employed? Yes  No  Are you / spouse eligible for an employer health plan? Yes  No

How many months were you covered on an employer health plan? \_\_\_\_\_

Long-Term Care Insurance Premiums: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

Medical Expenses You Paid \$ \_\_\_\_\_ (Do not include expenses paid by insurance/HSA/MSA. Include doctors, dentists, nurses, prescription medicine, lab fees, hearing aids, eyeglasses, contact lenses, hospitals, medical transportation, and lodging.)

Insurance Reimbursements and Health/Medical Savings Account Reimbursements Paid to You \$ \_\_\_\_\_

Miles Driven for Medical Care \_\_\_\_\_ miles

**TAXES YOU PAID**

Real Estate Taxes on Personal Residences and Investment Property \$ \_\_\_\_\_ (Do not include business/rental property taxes here.)

Personal Property Tax on Personal Vehicles (Auto Registration) \$ \_\_\_\_\_ (Does not apply to PA residents.)

Special Item Sales Tax (i.e., Sales Tax on Car or Boat Purchase) \$ \_\_\_\_\_

Balance Paid with Prior Year State and Local Income Tax Returns \$ \_\_\_\_\_ (Include tax only, not any interest or penalties.)

**INTEREST YOU PAID** – Do not include rental property interest or student loan interest here.

Home Mortgage Loans and Home Equity Loans. Please attach Forms 1098. Number Attached: \_\_\_\_\_

Interest Paid to Financial Institutions \$ \_\_\_\_\_ Mortgage Insurance Premiums \$ \_\_\_\_\_

Interest Paid to an Individual \$ \_\_\_\_\_ Name, Address, SSN: \_\_\_\_\_

Were all mortgage, refinance, and loan proceeds used to buy, build, or improve your main home and one other? Yes  No

If no, Amount Used for Other Purposes \$ \_\_\_\_\_ What other purposes? \_\_\_\_\_

Closing Points on New Home Purchase or Current Year Refinance \$ \_\_\_\_\_ (Please provide a copy of settlement papers.)

Investment Interest \$ \_\_\_\_\_ Type of Investment \_\_\_\_\_

Qualifying auto loan interest? \$ \_\_\_\_\_ Please provide statement and VIN.

**GIFTS TO CHARITY** – If your non-monetary contributions total over \$500, please describe the contributed items. Indicate the date, charity name, and address of the contributions; the date and cost of the original purchases; the value of contributions; and how you determined those values. For all contributions, you must keep canceled checks or written receipts. **For all contributions over \$250 you must keep written acknowledgement from the charity and have in possession before filing.** For non-monetary contributions over \$5,000, you must keep a written appraisal.

Cash, Check, or Credit Card Contributions to Charity \$ \_\_\_\_\_ (monetary gifts to church and other qualified charities)

Non-Monetary Contributions to Charity \$ \_\_\_\_\_ (items given to Goodwill, Salvation Army, and other qualified charities)

Miles Driven for Qualified Charity: \_\_\_\_\_ miles

**OTHER ITEMIZED DEDUCTIONS YOU PAID**

Unreimbursed Employee Expenses \$ \_\_\_\_\_ (tools, uniforms, protective clothing, union/professional dues, travel, publications)

Job-Related Educational Expenses \$ \_\_\_\_\_ (books, tuition) Miles Driven Directly between Work and School \_\_\_\_\_ miles

Gambling Losses \$ \_\_\_\_\_ (up to winnings only)

**CREDITS**

**CHILD AND DEPENDENT CARE EXPENSES YOU PAID**

Did you pay for child care so that you and your spouse could work or go to school? Yes  No  If yes, please give details below.

Child Name	Relationship to Taxpayer	Amount paid to Care Provider
		\$
		\$
		\$

Care Providers: Names, EINs/SSNs (Required), and Addresses \_\_\_\_\_

Did your employer pay for childcare? Yes  No  If yes, amount paid \$ \_\_\_\_\_

**ESTIMATED TAX PAYMENTS YOU MADE**

	Quarter 1 Apr 15		Quarter 2 Jun 15		Quarter 3 Sep 15		Quarter 4 Dec/Jan 15		Totals
	Date	Amount	Date	Amount	Date	Amount	Date	Amount	
FEDERAL		\$		\$		\$		\$	\$

STATE		\$		\$		\$		\$	\$
2 <sup>ND</sup> STATE		\$		\$		\$		\$	\$
LOCAL		\$		\$		\$		\$	\$

**COMMENTS OR QUESTIONS:**

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**If you have a federal tax refund, direct deposit is now required, please provide a voided check if the account is different from last year.**

- Use same account as last year.
- Please use a different account. *(Please attach a voided check from your preferred account.)*



Thank you for allowing us to handle your tax needs. Clients like you are the reason Gift CPAs has been able to serve our community for more than 30 years. With that in mind, we wanted to remind you that we have a referral incentive program geared toward our valued tax clients. If you refer anyone to us and we subsequently prepare their personal tax return, we will give you the choice of a \$25 gift certificate to a local restaurant or we will make a \$25 donation on your behalf to the charity of your choice. We look forward to working with you this coming tax season. As always, let us know if you have any questions or concerns.

Sincerely,

*Gift CPAs*

Gift CPAs

**Best Wishes for a successful year.**