

Instructions. As appropriate for each question, mark the Yes or No check box. Note that some questions indicate an action for you to take, based on your answer. For example, "If Yes, **GoTo 14**" means "if you marked the Yes check box, skip to question 14, otherwise continue with the next question." "Stop" means your return is beyond our normal scope, contact us for pricing.

Q# Yes No

01
If No, Stop

Are you (and your spouse) and all dependents: US citizens or residents?

02
If No, Stop

Were you (and your spouse) and all dependents: full-year US residents last year or born in the US last year? *Ignore: vacations, business travel, school attendance, death, etc.*

03
If Yes, Stop

Were you (or your spouse) paid as a member of the *active* US Military last year?

04
If Yes, Stop

Do you (or your spouse) own any foreign accounts or trusts whose value last year, at any time, exceeded \$10,000?

05
If Yes, Stop

Did you (or your spouse) receive: a Form 1099-A (for Acquisition or Abandonment of Secured Property), or a Form 1099-C (for Cancellation of Debt), or a Form 1099-PATR (for Taxable Distributions Received From Cooperatives)? *It would be unusual if you did.*

06

Were you (and your spouse) and all dependents: full-year residents of **Your State** or born in **Your State** last year? *Ignore: vacations, business travel, school attendance, death, etc.*

07

Are you (or your spouse) or any dependent: **permanently and totally** disabled?

08

If you are a widow(er): did your spouse die after 1999? **Answer NO, if you are not a widow(er).** *If you remarried before 2003 you are not a widow(er) for 2002 tax purposes.*

09

Did you (or your spouse) adopt a child last year?

10
If Yes, GoTo 14

Are you married (or divorced, but divorce was not final last year) and will file a joint return with your spouse?

11
If Yes, GoTo 14

If married (or divorced, but divorce not final last year), did you live with your spouse at any time during the last six months of last year? **Answer NO if unmarried.**

12
If No, GoTo 14

Do you have: a child that lived with you for more than six months last year or that was born last year and lived with you the rest of the year? *Ignore temporary absences: vacations, business travel, school attendance, etc.*

13

Did you pay more than half of the costs of maintaining your residence(s) for the entire year? *Rent, Utilities, Repairs, Food prepared and eaten at home, Property taxes, Mortgage Interest, Property Insurance, etc.* **Do not consider the cost for the time you lived with your spouse.**

14

Was a State Income Tax Refund you (or your spouse) received last year: for a year other than 2001?

15

Were you (or your spouse) legally blind last year?

16

Did you (or your spouse) have a household employee (paid domestic help) that: you (or your spouse) paid more than \$1,300 last year?

17

Did you (or your spouse) sell, buy, or refinance a home or take out a *new* home equity loan last year?

18

If you (or your spouse) own (or are purchasing) your home, is there more than 1 home?

19

Did you (or your spouse) move in order to take a new job last year?

20
GoToNextPage

In order to get to your (or your spouse's) new job location *from your (or your spouse's) former home*: do you (or your spouse) have to travel *at least 35 miles more* than was traveled to the old job location.

Q# Yes No

- 21 Do you (and your spouse) want to declare that you have no dependents?
If Yes, GoTo 25
- 22 Did any dependent have more than \$750 in income last year?
- 23 Are all dependents your children (child, stepchild, adopted child, grandchild) and single?
- 24 Is any dependent: a child for which you (or your spouse, or a dependent) are not the custodial parent?
- 25 Did you (or your spouse) or any dependent: pay un-reimbursed postsecondary education expenses (including interest on [student] loans) last year? *Postsecondary education generally is education provided by accredited public, nonprofit, or private colleges, universities, or vocational schools.*
- 26 Did you (or your spouse) have Interest from a Seller Financed Mortgage? (If so, you'd have Form 1099-INT SFM.)
- 27 Did you (or your spouse) have Capital gains (or losses) last year?
If you (or your spouse) exercised any **STOCK OPTIONS** (ISO, NQSO, etc) last year check here.
- 28 Did you (or your spouse) receive: a Form 1099-B (for Proceeds From Broker and Barter Exchange Transactions) or Form 1099-S (for Proceeds From Real Estate Transactions)?
- 29 Did you (or your spouse) have income (or losses) from: farms, fishing, rental real estate, royalties, partnerships, S corporations, trusts, etc. or K-1s last year?
- 30 Last year: did you (or your spouse) receive social security benefits for more than one year?
- 31 Do you (or your spouse) have a home Mortgage Interest Credit certificate? *You would know if you did.*
- 32 Did/Will you (or your spouse) contribute to a Medical Savings Account (MSA) for last year?
- 33 Will/Did you (or your spouse) contribute to an Education IRA or a Roth IRA for last year on or before April 15 of this year?
- 34 If Individual Retirement Account (IRA) contributions made or planned exceed the amount we determine is allowable/deductible, will you (and your spouse) withdraw (or not contribute) the excess on or before April 15 of this year? **Answer YES, if no IRA contributions have been made or planned.**
Note: this question applies to traditional IRAs, Roth IRAs, and Education IRAs.
- 35 Did you (or your spouse) have penalties for early withdrawal of savings: not reported on Form 1099-INT or 1099-OID? **Do not count: withdrawals from a pension, annuity, retirement plan, profit sharing plan, or IRA.**
- 36 Did you (or your spouse or any dependent) own US Savings Bonds at any time last year?
- 37 Was the total value of all gifts (donations) to charity by *other than cash or check* more than \$500? **Do not include credit card charges.**
- 38 Did you (or your spouse) have casualty or theft losses over \$100 that were not paid by someone else or insurance?
- 39 Did you (or your spouse) have job related entertainment or overnight-travel expenses: not paid for by an employer? *If you (or your spouse) do not wish to deduct these expenses, answer NO.* **Do not count: expenses for self employment.**
- 40 Do you (or you spouse) have **expenses** that were paid to produce or collect taxable income: that is **not** included on W-2s? *For example: rent of a safety deposit box to store stock certificates or bonds.* **Do not count: expenses for self employment.**
- 41 Do you (or your spouse) have property: subject to *personal property taxes* other than State vehicle registration fees?
Do not count: real estate taxes.
- 42 Did you (or your spouse): offer *services* for hire or offer to sell a *product or service* last year? **Do not count: employment for which you got a W-2.**
If Yes, GoTo Page 3
If No, GoTo Page 4

If married filing joint (MFJ), provide answers first for yourself, and then for your spouse.

Taxpayer			Spouse	
Q#	Yes No		Yes	No
C01	<input type="checkbox"/> <input type="checkbox"/>	Did you: make your <i>services</i> available for hire or offer to sell a <i>product or service</i> last year? Do not count: employment for which you got a W-2.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If No, Done</i>		<i>If No, GoTo Page 4</i>	
C02	<input type="checkbox"/> <input type="checkbox"/>	Do you operate as a Corporation or Partnership?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If Yes, Stop</i>		<i>If Yes, Stop</i>	
C03	<input type="checkbox"/> <input type="checkbox"/>	Did you have more than one business last year?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C04	<input type="checkbox"/> <input type="checkbox"/>	Did you <i>sell</i> or <i>purchase</i> a business last year?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C05	<input type="checkbox"/> <input type="checkbox"/>	Did you receive: for the same time period, both a Form 1099-MISC and a W-2 from the same employer?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C06	<input type="checkbox"/> <input type="checkbox"/>	Is all investment at risk? <i>Are you (or your spouse) personally responsible for all investment in the business?</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C07	<input type="checkbox"/> <input type="checkbox"/>	Did you participate in this business for more than 100 hours last year?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C08	<input type="checkbox"/> <input type="checkbox"/>	Did you make contributions to a Keogh or SEP Plan last year? <i>Or Will you make contributions to a Keogh Plan on or before April 15?</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C09	<input type="checkbox"/> <input type="checkbox"/>	Did you pay for <u>health</u> insurance and for some months of last year were not covered by an employer's (yours or your spouse) health plan?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C10	<input type="checkbox"/> <input type="checkbox"/>	Does your business use the period January 1 through December 31 for reporting income and expenses?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If No, Stop</i>		<i>If No, Stop</i>	
C11	<input type="checkbox"/> <input type="checkbox"/>	Does your business have employees (issue W-2s)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C12	<input type="checkbox"/> <input type="checkbox"/>	Does your business maintain an <i>inventory</i> of merchandise to sell? <i>Exclude: sample and demo items kept on hand (even if sold); small quantities kept for quick delivery.</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C13	<input type="checkbox"/> <input type="checkbox"/>	Did your business have: <i>bad debts</i> from sales or services last year? <i>Bad debts are: amounts you have included in your income and that you cannot collect.</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C14	<input type="checkbox"/> <input type="checkbox"/>	Did you rent or lease: for a term of 30 consecutive days or more, any vehicles used for your business?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C15	<input type="checkbox"/> <input type="checkbox"/>	Do you have <i>depletion</i> expenses for this business? <i>If you do not know what depletion is, you do not have this expense!</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C16	<input type="checkbox"/> <input type="checkbox"/>	Do you have property that you use in your business: for which you have been claiming depreciation? <i>Examples are: buildings you own, computers, desks, calculators, vehicles, bookshelves, tools, etc. Depreciation is: the portion of the cost of a property (when less than the total cost) deducted each year.</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C17	<input type="checkbox"/> <input type="checkbox"/>	Did you sell business use property (other than an auto or truck) last year?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C18	<input type="checkbox"/> <input type="checkbox"/>	Do you have business use property (other than an auto or truck) that: was not used 100% for your business?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C19	<input type="checkbox"/> <input type="checkbox"/>	Did you purchase: more than \$24,000 worth of business use property (excluding vehicles) last year?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C20	<input type="checkbox"/> <input type="checkbox"/>	Is your business required to send to the City, County, or State: Sales Tax that is collected by your business?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C21	<input type="checkbox"/> <input type="checkbox"/>	Do you want to take a deduction for: Business Use of Your Home? <i>Do you use a part of your home regularly and only as: the principal place of operation of your business? Do others use that area only for activities for your business? You must be able to answer 'yes' to both of these questions to qualify to take a deduction for Business Use of Your Home..</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C22	<input type="checkbox"/> <input type="checkbox"/>	Do you own: one or more vehicles that you use in your business?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If No, Done</i>		<i>If No, GoTo Page 4</i>	
C23	<input type="checkbox"/> <input type="checkbox"/>	Did you use: more than one vehicle <i>at the same time</i> in your business (as in fleet operations)? <i>Ignore: vehicles you rent or lease; and alternating use of more than one vehicle.</i>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>If Yes, Stop</i>		<i>If Yes, Stop</i>	
C24	<input type="checkbox"/> <input type="checkbox"/>	Did you use more than one vehicle that you owned: in the operation of your business last year?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	<i>Done</i>		<i>GoTo Page 4</i>	

A blank amount field will be treated as a zero entry.

*If you are a **new** client, please provide a copy of last year's returns, if available.*

*If you (or your spouse) did **not** file a tax return last year, check here*

PRIOR YEAR CLIENTS: *If no changes, just enter taxpayer social security number then **GoToFilingStatus**.*

Legend: *SSN=Social Security Number; DoB=Date of Birth*

GENERAL INFORMATION

2002 Resident State(s) _____

Taxpayer's Name:
First, MI _____
Last _____
SSN _____ DoB ____/____/____
Job Title _____
Telephone (Work) _____
E-Mail _____

Spouse's Name:
First, MI _____
Last _____
SSN _____ DoB ____/____/____
Job Title _____
Telephone(Work) _____
E-Mail _____

Address to use on Tax Return

Number and street or P. O.Box, Apt No.

City, town or post office, County, State

Zipcode

Telephone (Home) _____

*If you are a **new** client and you are **not** sending us a copy of last year's returns, answer these questions.*

Did you use the Standard Deduction for Federal Taxes last year? Yes No Don't know

Total Tax on last year's Federal Return. _____ If you do not know, *check here*

Total Tax on last year's State Return. _____ If you do not know, *check here*

Balance Due on last year's State Return: that you actually paid last year. _____

FILING STATUS: Married Filing Joint (MFJ) Single Head of Household Other

If you can be claimed as a dependent on someone else's return, check here

Presidential Election Campaign Fund

Do you want \$3 to go to the Fund? Yes No *If MFJ, does your spouse?* Yes No

Alimony Received *(Do not include child support payments.)* _____

Alimony Paid _____ *Recipient's SSN/ITIN* _____

IRA Contributions

Traditional: *For You* _____ *For Your Spouse* _____

Roth: *For You* _____ *For Your Spouse* _____

Post-Secondary Education Expenses

For You _____ Hope Lifetime Learning

For Your Spouse _____ Hope Lifetime Learning

Student Loan Interest _____

Medical Saving Account (MSA) Contribution _____

Did you (or your spouse) make Estimated Tax payments? *If No, check here* , then **GoToNextPage**.

<i>Estimated Income Tax Payments</i>	Federal Dates	Amount	State Dates	Amount
<i>From 2001 Refund</i>				
<i>Payment 1:</i>	/ /		/ /	
<i>Payment 2:</i>	/ /		/ /	
<i>Payment 3:</i>	/ /		/ /	
<i>Payment 4:</i>	/ /		/ /	

Check here , then **GoToNextPage**.

Dependents: If you have **no dependents**, check here , then **GoToNextPage**.
PRIOR YEAR CLIENTS: If there are no changes from last year, check here , then **GoToChildCare**.
Legend: SSN=Social Security Number; EIN=Employer Identification Number; DoB=Date of Birth

Dependent Name (Last Name only if different) First,MI _____ Last _____ SSN _____ DoB ____/____/____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____
Dependent Name (Last Name only if different) First,MI _____ Last _____ SSN _____ DoB ____/____/____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____
Dependent Name (Last Name only if different) First,MI _____ Last _____ SSN _____ DoB ____/____/____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____
Dependent Name (Last Name only if different) First,MI _____ Last _____ SSN _____ DoB ____/____/____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____
Dependent Name (Last Name only if different) First,MI _____ Last _____ SSN _____ DoB ____/____/____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____
Dependent Name (Last Name only if different) First,MI _____ Last _____ SSN _____ DoB ____/____/____ Relationship _____ Months in your home _____	Education Expenses Post-Secondary _____ <input type="checkbox"/> Hope <input type="checkbox"/> Lifetime Learning _____ Education IRA: _____

CHILD CARE Paid so that you (& your spouse) could work, look for work, or attend school **full time**.
 If **None**, check here , then **GoToNextPage**.

Child Care Providers: Number of dependents for which expenses paid? 1 2 or more

Name, Provider 1: All information required.

_____ Amount Paid _____
 SSN _____ or EIN _____
 Address (Number and street or P. O. Box), Apt No., City, town or post office, State, and Zipcode

Name, Provider 2: All information required.

_____ Amount Paid _____
 SSN _____ or EIN _____
 Address (Number and street or P. O. Box), Apt No., City, town or post office, State, and Zipcode

Check here , then **GoToNextPage**.
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Income and Deductions

Number of
Forms
Enclosed

Income/Form

Additional
Amounts

CAUTION: Only use the *Additional Amounts* column for amounts not included on appropriate forms.

Wages and Salaries: **W-2** Do not count: extra copies of the same W-2. Enclose all W-2s.

Interest Income: Form 1099-INT and Form 1099-OID

How much of the "additional amounts" of interest received is Federal tax-exempt?

How much of the "additional amounts" of interest received is State tax-exempt?

Dividend Income: from Form 1099-DIV

State Income Tax Refund: Form 1099-G

Unemployment Income: Form 1099-G

Distributions from Pensions, Annuities, Retirement or Profit Sharing Plans, IRAs, etc.: Form 1099-R or Form RRB 1099-R

Social Security: Form SSA 1099

Proceeds from Broker and Barter Exchange Transactions: Form 1099-B

Enclose appropriate documentation: (1) description of property; (2) date of purchase; (3) date of sale; (4) purchase price; (5) selling price; (6) selling expenses

Rental Income: Form 1099-MISC (Enclose statement of expenses)

Form 1099 not listed above and not from Self-Employment

Income from Partnership, S-Corporation, or Trust: Schedule K-1

Other Income not reported on a 1099 or K-1 and not from Self-Employment. For example, Jury Duty, Prizes, etc.

Rent: If you paid rent for your principal residence(s) last year, check here **Months rented?** _____

Standard Deduction: If you want to use the Standard Deduction, check here , then **GoToNextPage**. We recommend you continue on this page.

Amounts **Medical and Dental Expenses for your family that: were not paid by someone else or insurance**

Prescription drugs, medicines, pills or insulin

Hospitals or medical services provided by medical professionals; Medical insurance premiums

Special items: eyeglasses, false teeth, contact lenses, hearing aids, crutches, wheelchairs, etc.

Other

Real Estate Taxes: Real Estate Tax Bills or Annual Real Estate Tax & Mortgage Interest 1098 Statement

Home mortgage interest & points: Form 1098 or Annual Real Estate Tax and Mortgage Interest 1098 Statement

Only enter an amount if 1098s not enclosed.

How many (substitute) Form 1098s are enclosed? _____

Personal Property Taxes: State vehicle registration fees. **Other:** _____

Gifts by cash or checks (include gifts charged to your credit cards)

Gifts by other than cash or checks

Casualty and Theft Losses that: were not paid by someone else or insurance

Job Expenses not paid for by an employer or someone else

Union dues, Tool used on the job

Education that: maintains or improves present job skills or is needed to maintain present salary or position

Includes: tuition, books, fees, equipment, other course-required materials, and travel.

Other job expenses that were not paid for by an employer.

Examples are: subscriptions, dues for professional organizations, safety equipment & protective clothing

Tax Preparation Fees Paid Last Year

Investment Interest Interest on indebtedness incurred to hold investment property.

Other expenses paid to produce or collect taxable income that is: not included on W-2s.

Do not count: expenses for a business you (or your spouse) operate or Investment Interest.

Check here , then **GoToNextPage**.

Taxpayer: Self-Employment Did you: offer *services* for hire or offer to sell a *product or service* last year? If not: **Skip This Page.**
Product or Service _____

If you started or acquired this business last year, check here

Business Name (If different than yours) _____

Business Address to use on Tax Return (Number and street or P. O. Box) Apt, Suite or Room No., City, town or post office, State, Zipcode _____

Amounts

Income

Reported on Form 1099-MISC How many 1099-MISCs are enclosed? _____

Income not on a Form 1099-MISC (exclude contributions of capital) _____

Expenses

Returns and Allowances Amounts that you included in income: that were given back to (or credited to) customers _____

Advertising Cost of things that promote your business: business cards, newspaper ads, flyers, sign painting, etc. _____

Bad Debts from sales or services Amounts you have included in your income and that you cannot collect _____

Car & Truck Expenses Actual car and truck expenses (gas, oil, maintenance, registration, insurance, licenses, etc.) _____

Commissions and Fees Amounts that you paid to others (non-employees) for services that they performed for your business _____

Employee Benefit programs Amounts paid for employee fringe benefit programs, excluding pension & profit sharing plans _____

Office Expense Items that can be 'used up': pads, pens, pencils, forms, postage (USPS, UPS, FedEx), paper, etc. _____

Supplies Items 'used up' in 1 year or less: books, professional instruments, equipment, etc. _____

Insurance: Other than health Premiums paid to protect your business from losses (fire, theft, bonding, etc.) _____

Health Insurance _____

Interest: Mortgage (reported on Form 1098) **Other:** _____

Legal and Professional Services Include: Attorney and Accounting fees. _____

Pension & Profit-sharing Plans Amounts contributed by you for employees, exclude contributions for yourself _____

Rent or Lease: Vehicles, machinery, and equipment **Other business property:** _____

Repairs and Maintenance of business property Cost of service contracts, etc. you paid to keep property in a usable condition. _____

Taxes and Licenses Include: Sales tax included in the gross income of your business, license fees, & other state and local fees. _____

Travel Cost of round trip overnight travel from: the city where you operate your business. Airline, train, auto, taxi, baggage charges, lodging, etc. _____

Meals and Entertainment Costs of meals and entertainment that have a clear business purpose. _____

Utilities including Telephone _____

Wages (less employment credits) _____

Cost of Goods Sold (USE THIS SECTION ONLY IF YOU HAVE INVENTORY)

Method(s) used to value closing inventory Cost Lower of cost or market Other Don't know

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No Don't know

Inventory at beginning of year If different from last year's closing inventory check here

Purchases Exclude cost of items used for personal use _____

Cost of Labor Exclude amounts included in **Wages** or **Commissions and Fees** above _____

Materials & Supplies Exclude amounts included in **Office Expense** or **Supplies** above _____

Other Costs Exclude any costs included elsewhere _____

Inventory at end of year _____

Car or Truck that you owned and used in your business last year: Date first used this vehicle for your business ____ / ____ / ____

Mileage: Business _____ Commuting _____ Other _____ Check here If vehicle was available for use during off-duty hours.

Check here If you have another vehicle available for personal use. Check here If you have written evidence to support the business mileage claimed.

Depreciable Property Physical items expected to last more than 1 year purchased last year for use in your business. Include cost for: equipment, office furniture, etc.

If any purchases, enclose list showing: item description, date purchased, and cost; also, Check here

Did you claimed depreciation on last year's tax return? Yes No Don't Know

Other Expenses: (list and enter total amount)

Amount:

Check here , then **GoToNextPage.**

Spouse: Self-Employment Did you: offer *services* for hire or offer to sell a *product or service* last year? If not: [Skip This Page](#).
Product or Service _____
If you started or acquired this business last year, check here

Business Name (If different than yours) _____

Business Address to use on Tax Return (Number and street or P. O. Box) Apt, Suite or Room No., City, town or post office, State, Zipcode _____

<u>Amounts</u>	<u>Income</u> Reported on Form 1099-MISC How many 1099-MISCs are enclosed? _____ Income not on a Form 1099-MISC (exclude contributions of capital) _____
_____	<u>Expenses</u> Returns and Allowances Amounts that you included in income: that were given back to (or credited to) customers Advertising Cost of things that promote your business: business cards, newspaper ads, flyers, sign painting, etc. Bad Debts from sales or services Amounts you have included in your income and that you cannot collect Car & Truck Expenses Actual car and truck expenses (gas, oil, maintenance, registration, insurance, licenses, etc.) Commissions and Fees Amounts that you paid to others (non-employees) for services that they performed for your business Employee Benefit programs Amounts paid for employee fringe benefit programs, <u>excluding</u> pension & profit sharing plans Office Expense Items that can be 'used up': pads, pens, pencils, forms, postage (USPS, UPS, FedEx), paper, etc. Supplies Items 'used up' in 1 year or less: books, professional instruments, equipment, etc. Insurance: Other than health Premiums paid to protect your business from losses (fire, theft, bonding, etc.) Health Insurance Interest: Mortgage (reported on Form 1098) Other: _____ Legal and Professional Services Include: Attorney and Accounting fees. Pension & Profit-sharing Plans Amounts contributed by you for employees, <u>exclude</u> contributions for yourself Rent or Lease: Vehicles, machinery, and equipment Other business property: _____ Repairs and Maintenance of business property Cost of service contracts, etc. you paid to keep property in a usable condition. Taxes and Licenses Include: Sales tax included in the gross income of your business, license fees, & other state and local fees. Travel Cost of round trip overnight travel from: the city where you operate your business. Airline, train, auto, taxi, baggage charges, lodging, etc. Meals and Entertainment Costs of meals and entertainment that have a clear business purpose. Utilities including Telephone Wages (less employment credits)

Cost of Goods Sold (USE THIS SECTION ONLY IF YOU HAVE INVENTORY)
Method(s) used to value closing inventory Cost Lower of cost or market Other Don't know
Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No Don't know

_____ **Inventory at beginning of year** If different from last year's closing inventory check here

_____ **Purchases** Exclude cost of items used for personal use

_____ **Cost of Labor** Exclude amounts included in **Wages** or **Commissions and Fees** above

_____ **Materials & Supplies** Exclude amounts included in **Office Expense** or **Supplies** above

_____ **Other Costs** Exclude any costs included elsewhere

_____ **Inventory at end of year**

Car or Truck that you owned and used in your business last year: Date first used this vehicle for your business ____ / ____ / ____
Mileage: Business _____ Commuting _____ Other _____ Check here If vehicle was available for use during off-duty hours.
Check here If you have another vehicle available for personal use. Check here If you have written evidence to support the business mileage claimed.

Depreciable Property Physical items expected to last more than 1 year purchased last year for use in your business. Include cost for: equipment, office furniture, etc.
If any purchases, enclose list showing: item description, date purchased, and cost; also, Check here
Did you claimed depreciation on last year's tax return? Yes No Don't Know

Other Expenses: (list and enter total amount) _____ **Amount:** _____

Check here , then [GoToNextPage](#).

Please complete, print, and then sign and date this Order Form.

I/we have enclosed the Tax Interview and our tax data.

A down-payment of \$31 is enclosed. *We will charge your credit card, if indicated below, plus any additional amount due for your tax return. This down-payment will reduce the final amount due.*

I/we do not want electronic filing (there is a surcharge for paper returns).

Check here if Federal Only Return

Pre-payment is required.

Payment Method (Do not send cash)

Check Money Order Visa MasterCard Novus/Discover American Express

Credit Card Account Number _____

Name on Credit Card

First, MI _____

Last _____

Expiration Date ____ / ____ / ____

Billing Address for Credit Card

Number and street or P. O. Box, Apt No.

City, town or post office, County, State

Zipcode

My/our REFUND(s), if any, should be:

- Check: mailed to the address on the Tax Return.
- Direct Deposit: use the account number on the check used for payment.
- Direct Deposit: use the account number on the enclosed VOIDED check.

My/our BALANCE(s) DUE, if any, should be Direct Debit on Date: ____ / ____ / ____

- Direct Debit: use the account number on the check used for payment.
- Direct Debit: use the account number on the enclosed VOIDED check.

Mail all documents to: TFI, P O Box 5597, San Jose, CA 95150

FAX/Voice: 408-997-3339

Surety Bond #98452189

Referrals are appreciated

Taxpayer/Spouse Signature _____ Date: ____ / ____ / ____

We will mail you a review copy of your return shortly after we receive your tax data and payment.

Tax Services Agreement

The purpose of this agreement is: to confirm and specify the terms of our service and to clarify the nature and extent of those services. By signing this order form you confirm: your (and your spouse's) acceptance of this agreement.

We will prepare your Federal and State income tax returns from the information you send to us. We are not auditors for the IRS; we will not audit or verify the data you submit to us. We may need to ask you for clarification of some of the data. Before your return is filed, we will provide you a copy of your return for your review.

You are responsible for: providing to us all of the data required for us to prepare complete and accurate tax returns for you. You represent that the data you supply to us are accurate and complete to the best of your knowledge. You should keep all the documents, canceled checks, and other data that form the basis of your tax return. You are responsible for your income tax returns; you should carefully review them before they are filed.

We will use our judgment to resolve: (1) questions where the tax law is unclear, or (2) questions where there may be conflicts between the taxing authorities interpretation of the law and other supportable positions. We plan to do reasonable research to support the positions we take in your income tax returns. Unless you instruct us to do otherwise: whenever possible, we will resolve such tax questions in your favor.

Tax authorities may pick your tax return for review. If penalties, interest, or additional taxes are assessed: you agree you are responsible for their payment and will not look to us for reimbursement. If you receive a letter from a tax authority regarding a return we prepared for you: we can help you prepare a response. However, we cannot represent you in: (1) an audit of your return or (2) a formal appeal of the tax authorities proposed adjustments to your return.