



*Bookkeeping &  
Tax Professionals*

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### 2016 Tax Year

#### Taxpayer

#### Spouse

Name \_\_\_\_\_  
SS# \_\_\_\_\_ Blind?  Yes  No  
Driver's License State & # \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Occupation \_\_\_\_\_

Name \_\_\_\_\_  
SS# \_\_\_\_\_ Blind?  Yes  No  
Driver's License State & # \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Filing Status \_\_\_\_\_ eMail \_\_\_\_\_

#### Dependents

	Name	Birthdate	SS#	Relationship
1				
2				
3				
4				
5				

#### Estimated Tax Payments Paid for 2016

	1st Qtr Date Pd	Amount	2nd Qtr Date Pd	Amount	3rd Qtr Date Pd	Amount	4th Qtr Date Pd	Amount
Federal								
State								
Local								

#### Income (Include W-2s, 1099s and K-1s with your tax information)

W-2 \_\_\_\_\_ Alimony \_\_\_\_\_ Farm Income \_\_\_\_\_  
Pensions & Annuities \_\_\_\_\_ Rents \_\_\_\_\_ K-1 \_\_\_\_\_  
Gambling Winnings \_\_\_\_\_ Prizes/Awards \_\_\_\_\_ Royalties \_\_\_\_\_  
State/Local Refunds \_\_\_\_\_ Social Security \_\_\_\_\_ Jury Duty \_\_\_\_\_  
Self Employment \_\_\_\_\_ Unemployment \_\_\_\_\_ Commissions \_\_\_\_\_  
Interest \_\_\_\_\_ Dividends \_\_\_\_\_ Other \_\_\_\_\_

#### Capital Gains & Losses From Sale of Stock or Property

Description	Date Acquired	Date Sold	Sale Price	Cost or Other Basis

Bring all relevant papers relating to the acquisition and sale of property and stocks.  
Include settlement sheet for sale of property and bring cost basis of all stocks sold.

## Itemized Deductions

### Medical

Prescriptions \_\_\_\_\_  
Med Ins Premiums \_\_\_\_\_  
Long Care Prem \_\_\_\_\_  
Doctors \_\_\_\_\_  
Hospital \_\_\_\_\_  
Med Mileage \_\_\_\_\_

### Interest

Mortgage \_\_\_\_\_  
Home Equity \_\_\_\_\_  
Investment \_\_\_\_\_  
Points \_\_\_\_\_  
Mortgage Ins Prem \_\_\_\_\_

### Taxes

Real Estate \_\_\_\_\_  
Sales Tax \_\_\_\_\_  
Personal Property \_\_\_\_\_  
State/Local \_\_\_\_\_  
State 2015 estimated taxes,  
if paid in 2015 \_\_\_\_\_

Did you have Health Insurance for entire year?  Self Only  All Family Members  Thru the market place  Employer

### Contributions

All cash contributions must have a receipt of bank documentation

Church \_\_\_\_\_  
Miscellaneous \_\_\_\_\_  
Goodwill \_\_\_\_\_  
Charity Miles \_\_\_\_\_

### Miscellaneous Deductions

Business Miles \_\_\_\_\_  
Tax Prep Fees \_\_\_\_\_  
Investment Exp \_\_\_\_\_  
Safe Dep Box \_\_\_\_\_  
Uniforms/Tools \_\_\_\_\_  
Union dues \_\_\_\_\_  
Gambling Losses \_\_\_\_\_

### Non Cash Contributions

Item \_\_\_\_\_  
Date \_\_\_\_\_  
FMV \_\_\_\_\_

### Other Deductions & Credits - (T) for Taxpayer (S) for Spouse

IRA Contributions (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Please Check:  Traditional  Roth  
Self Emp Health Ins (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Tuition & Fees (1098-T) (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Books & Supplies (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Student Loan Interest (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Educators Expenses (T) \_\_\_\_\_ (S) \_\_\_\_\_  
Moving Expenses \_\_\_\_\_  
Alimony Paid \_\_\_\_\_ Name \_\_\_\_\_ SS# \_\_\_\_\_  
Child Care Paid \_\_\_\_\_ Provider \_\_\_\_\_ ID# or SS# \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you purchase or sell a home?  Yes  No If yes, provide settlement sheet.

If you expect a refund: Bank Name \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Special Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax return for which I have adequate records.

\_\_\_\_\_ Date \_\_\_\_\_