

PLEASE COMPLETE ALL ENTRY SPACES WITH THE MOST CURRENT DATA AVAILABLE.

WRITE "N/A" (Not Applicable) IN SPACES THAT DO NOT APPLY

Section 1
Personal Information

Full Name(s)

Name:(yours) _____ Marital Status: Married Unmarried (Single,Divorced,Widowed)
 Spouse : _____ Home Tel # _____
 Street _____ Work Tel # _____
 City, St, Zip _____ Cell Phone# _____
 County: _____
 How long at present address: _____
 Your SSN _____ Spouse's SSN _____
 Your Date of Birth: _____ Spouse's Date of Birth _____
 Driver's License & State: _____ Spouse's D.L # & State: _____

Do You : Own Home Rent Other ,specify: _____

List the dependents you can claim on your tax return:

Name, Age, and Relationship	Live with you	Name, Age, and Relationship		
_____	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes	<input type="radio"/> No
_____	<input type="radio"/> Yes <input type="radio"/> No	_____	<input type="radio"/> Yes	<input type="radio"/> No

Section 2
Employment Information

Are you or your spouse self-employed or have a self-employment income, also complete Business Information in Section 5 and 6 Yes No

Employer Name: _____	Spouse's Employer Name: _____
Street Address _____	Street Address: _____
City ,St ,Zip _____	City, ST, Zip: _____
Work Phone # : _____	Work Phone # : _____
Does Employer allow contact at work : <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Employer allow contact at work : <input type="checkbox"/> Yes <input type="checkbox"/> No
How long with this employer: _____ (years) (months)	How long with this employer: _____ (years) (months)
Occupation: _____	Occupation: _____
Number of exemptions claimed on W-4: _____	Number of exemptions claimed on W-4: _____
Pay Period: <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly	Pay Period: <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly
<input type="radio"/> Monthly <input type="radio"/> Other	<input type="radio"/> Monthly <input type="radio"/> Other

Section 3
Other Financial Information

Are you party to a lawsuit? (if yes, answer the following) Yes No

Plaintiff Defendant
 Location of Filing: _____ Amount of suit : \$ _____
 Represented by : _____ Possible Completion Date: _____
 Docket/Case No. _____ (mmdyyyy)
 Subject of Suit: _____

Have you ever filed for bankruptcy ? (If yes, answer the following) es

Date Filed : _____ Date dismissed or Discharged: _____
 (mmdyyyy) (mmdyyyy)
 Petition No. _____ Location: _____

Any increase/decrease in income anticipated (business or personal)

Yes No

(If yes, answer the following)

Explain : _____ How Much will it increase/decrease: _____

When will it increase/decrease: _____

Are you a beneficiary of a trust, estate, or life insurance policy

Yes No

(If yes, answer the following)

Place where recorded : _____ EIN: _____

Name of the trust, estate or policy: _____

Anticipated amount to be received: \$ _____

When will the amount be received: _____

In the past 10 years, have you resided outside of the United States

for periods of 6 months or longer? Yes No (If yes, answer the following)

Dates lived abroad: from : _____ To: _____
(mm/dd/yyyy) (mmdyyy)

Cash on Hand. Include cash that is not in a bank. **Total Cash on Hand \$** _____

Personal Bank Accounts. Include all checking, online bank accounts , money market accounts, savings accounts savings accounts, stored value cards (e.g., payroll cards, government benefit cards, etc) List safe deposits boxes including location and contents.

Type of Account	Full Name Address (Street, City, State, ZIP) of Bank or Financial Institution	Date Opened	Account Number	Account Balance as of _____ (mmdyyy)
Total Cash				\$ _____

Section 3
Other Financial Information (cont'd)

Section 4
Personal Asset Information for All Individuals

Taxpayer Questionnaire for Wage Earners and Self-Employed Individuals

Investments. Include stock options, certificates of deposit, and retirement assets such as IRAs, Keogh, and 401 (k) plans.

Type of Investment of Financial Interest	Full Name Address (Street, City, State, ZIP) of Financial Institution	Current Value	Loan Balance (if applicable) as of :
	Phone:	\$	\$
	Phone:	\$	\$
	Phone:	\$	\$

Available Credit

Available Credit. List bank issued credit cards with available credit. Full name & Address (Street, City, State, ZIP code) of Credit Institution	Credit Limit	Amount Owed As of _____ (mmddyyyy)	Available Credit As of _____ (mmddyyyy)
Acct No:	\$	\$	\$
Acct No:	\$	\$	\$
Acct No:	\$	\$	\$
Acct No:	\$	\$	\$
Total Available Credit			\$

Life Insurance . Do you have life insurance with a cash value No Yes
 (Term Life insurance does not have a cash value) If yes complete the following for each policy :

	Policy #1	Policy # 2	Policy #3
Name and Address of Insurance Company(ies):			
Policy Number(s)			
Owner of Policy			
Current Cash Value	\$	\$	\$
Outstanding Loan Balance	\$	\$	\$
Total Available Cash.			\$

Section 4 Personal Asset Information for All Individuals (Cont'd)

In the past 10 years, have any assets been transferred by you for less than the full value

(If yes, answer the following. If no, skip) Yes No

List Asset : _____ Date Transferred : _____
(mmdyyyy)

Value at time of Transfer : \$ _____

To Whom or Where was it Transferred : _____

Real Property Owned, Rented, and Leased. Include all real property and land contracts.

Property Description	Purchase Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment
		\$	\$	\$	
Location (Street, City, State ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State ZIP code)		
Property Description	Purchase Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment
		\$	\$	\$	
Location (Street, City, State ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State ZIP code)		
Property Description	Purchase Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment
		\$	\$	\$	
Location (Street, City, State ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State ZIP code)		
Property Description	Purchase Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment
		\$	\$	\$	
Location (Street, City, State ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State ZIP code)		

Section 4 Personal Asset Information for All Individuals (Cont'd)

Personal Vehicles Leased and Purchased . Include boats, RV's, Motorcycles, Trailers, Etc.

Description (Year, Mileage, Make, Model) Purchase/Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment
Year: _____ Make: _____ Model: _____ Mileage: _____ Purchase/Lease Date : _____	\$ _____	\$ _____	\$ _____	
Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
Description (Year, Mileage, Make, Model) Purchase/Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment
Year: _____ Make: _____ Model: _____ Mileage: _____ Purchase/Lease Date : _____	\$ _____	\$ _____	\$ _____	
Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
Description (Year, Mileage, Make, Model) Purchase/Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment
Year: _____ Make: _____ Model: _____ Mileage: _____ Purchase/Lease Date : _____	\$ _____	\$ _____	\$ _____	\$ _____
Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				
Description (Year, Mileage, Make, Model) Purchase/Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Payment	Date of Final Payment
Year: _____ Make: _____ Model: _____ Mileage: _____ Purchase/Lease Date : _____				
Lender/Lessor Name, Address, (Street, City, State, ZIP code) and Phone				

Section 4
Personal Asset Information for All Individuals (Cont'd)

Personal Assets. Include all furniture, personal effects, artwork, jewelry, collections (coins, guns, etc), antiques, or other assets.

Description	Purchase Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Statement	Date of Final Payment
		\$	\$	\$	\$
Location (Street, City, State ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State ZIP code)		
Description	Purchase Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Statement	Date of Final Payment
		\$	\$	\$	\$
Location (Street, City, State ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State ZIP code)		

If you are self-employed, sections 5 and 6 must be completed before continuing.

Total Income		Total Living Expenses	
Source	Gross Monthly	Expense Items	Actual Monthly
Wages (Taxpayer)	\$	Food, Clothing, and Misc.	\$
Wages (Spouse)	\$	Housing and Utilities	\$
Interest-Dividends	\$	Vehicle Ownership Costs	\$
Net Business Income	\$	Vehicle Operating Costs	\$
Net Rental Income	\$	Public Transportation	\$
Distributions	\$	Health Insurance	\$
Pension/Social Security (Taxpayer)	\$	Out of Pocket Health Care Costs	\$
Pension/Social Security (Spouse)	\$	Court Ordered Payments	\$
Child Support	\$	Child/Dependent Care	\$
Alimony	\$	Life Insurance	\$
Other (Rent subsidy, Oil	\$	Taxes (Income and FICA)	\$
Other	\$	Other Secured Debts	\$
Total Income	\$	Total Living Expenses	\$

Section 4
Personal Asset Information for All Individuals (Cont'd)

SECTION 5 AND 6 MUST BE COMPLETED IF YOU (THE TAXPAYER) IS SELF-EMPLOYED

Is the business a sole proprietorship Yes No (If yes continue with Section 5 and 6)

Business Name :	Employer I.D Number:	Type of Business:
		Federal Contractor : <input type="checkbox"/> es <input type="checkbox"/> o
Business Website:	Total No. of Employees	Average Gross Monthly Payroll:
		Frequency of Tax Deposits :

Does the Business engage in e-Commerce (Internet Sales) yes no

Payment Processor (e.g., PayPal, Authorize.net, Google Checkout, Etc.) Name & Address (Street, City, State, ZIP code)	Payment Processor Account Number

Credit Cards Accepted by the Business.

Credit Card	Merchant Account Number	Merchant Account Provider, Name and Address

Business Cash on Hand. Include cash that is not in the bank \$ _____

Business Bank Accounts. Include checking accounts, online bank accounts, money market accounts, savings and stored value of cards (e.g. payroll cards, government benefit cards, etc.)

Type of Account	Full Name & Address (Street, City, State, ZIP code) of Bank, Savings & Loan, Credit Union or Financial Institution.	Account Number	Account Balance as of _____ mmddyyyy
			\$
			\$
Total Cash in Banks			\$

Accounts/Notes Receivable . Include e-payment accounts receivable and factoring companies, and bartering or online auction accounts. (List all contracts separately, including contracts awarded, but not started)
Include Federal Government Contracts.

Accounts/Notes Receivable & Address (Street, City, State, ZIP code)	Status (e.g., age, factored other)	Date Due (mmddyyyy)	Invoice Number or Federal Gov't Contract Number	Amount Due
				\$
				\$
				\$
				\$
Total Outstanding Balancing				\$

Business Assets . Include all tools, books, machinery, equipment, inventory or other assets used in trade or business.
 Include Uniform Commercial Code (UCC) filings. Include Vehicles and Real Property owned/leased/rented by the business, if not shown in Section 4.

Description	Purchase Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Statement	Date of Final Payment
		\$	\$	\$	\$
Location (Street, City, State ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State ZIP code)		
Description	Purchase Lease Date	Current Fair Market Value (FMV)	Current Loan Balance	Amount of Monthly Statement	Date of Final Payment
		\$	\$	\$	\$
Location (Street, City, State ZIP code) and County			Lender/Lessor/Landlord Name, Address, (Street, City, State ZIP code)		

Section 6 should be completed only if the taxpayer is SELF-EMPLOYED

Sole Proprietorship Information

Accounting Method used: Cash Accrual

Income and Expenses during period (mmddyyyy) _____ to (mmddyyyy) _____

Total Monthly Business Income		Total Monthly Business Expenses	
Source	Gross Monthly	Expense Items	Actual Monthly
Gross Receipts	\$	Material Purchased	\$
Gross Rental Income	\$	Inventory Purchased	\$
Interest	\$	Gross Wages & Salaries	\$
Dividends	\$	Rent	\$
Cash	\$	Supplies	\$
Other Income (Specify below)		Utilities/ Telephone	\$
	\$	Vehicle Gasoline/ Oil	\$
	\$	Repairs & Maintenance	\$
	\$	Insurance	\$
	\$	Current Taxes	\$
	\$	Other Expenses, including installment	\$
Total Income	\$	Total Expenses	\$
		Net Business Income	\$

Section 6 Sole Proprietorship Information