



**HOLBERTON TAX SERVICE**  
 503-805-9216  
 melinda@holbertontax.com

**Personal Data**

|                                     | Taxpayer | Spouse |
|-------------------------------------|----------|--------|
| Full Name                           | _____    | _____  |
| SSN                                 | _____    | _____  |
| Date of Birth                       | _____    | _____  |
| Email                               | _____    | _____  |
| Occupation                          | _____    | _____  |
| Phone Number                        | _____    | _____  |
| Driver's License/ID State of issue: | _____    | _____  |
| License/ID Number:                  | _____    | _____  |
| License/ID issue date:              | _____    | _____  |
| License/ID expiration date:         | _____    | _____  |

**Address**

|  |  |
|--|--|
| <b>Mailing Address:</b><br>Street/PO Box _____<br>City _____<br>State _____ Zip Code _____ | <b>Tax Filing Address: if different</b><br>Street/PO Box _____<br>City _____<br>State _____ Zip Code _____ |
| County of Residence _____  |  |

**Dependents**

| Name | SSN | DOB | Relationship | Disabled? | Student? |
|------|-----|-----|--------------|-----------|----------|
|      |     |     |              |           |          |
|      |     |     |              |           |          |
|      |     |     |              |           |          |

### Child Care Expenses

**Care Provider**

|          |  |                   |  |
|----------|--|-------------------|--|
| Name     |  | Total amount paid |  |
| Address  |  | Child Name        |  |
| Tax ID # |  | Phone Number      |  |

**Care Provider**

|          |  |                   |  |
|----------|--|-------------------|--|
| Name     |  | Total amount paid |  |
| Address  |  | Child Name        |  |
| Tax ID # |  | Phone Number      |  |

**Care Provider**

|          |  |                   |  |
|----------|--|-------------------|--|
| Name     |  | Total amount paid |  |
| Address  |  | Child Name        |  |
| Tax ID # |  | Phone Number      |  |

### State Residency

All Clients with more than one State must complete!

| State | Date Moved In | Date Moved Out | County |
|-------|---------------|----------------|--------|
|       |               |                |        |
|       |               |                |        |

### Filing Status

- |  |   |
|--|---|
| <input type="checkbox"/> Single<br><input type="checkbox"/> Married Filing Joint<br><input type="checkbox"/> Qualifying Widow(er)<br>Date of death _____ | <input type="checkbox"/> Married Filing Separately<br>Must supply spouse's name & SSN<br>Did spouse live w/you after June 30, 2009? Y N<br><input type="checkbox"/> Head of Household Name: _____ SSN _____ |
|--|---|

### Income

**Please Provide:**

- All W-2's and 1099's
- All 1099-INT and 1099-DIV
- All 1099-B (Sale of securities and include Cost Basis Information – date of purchase price)
- All 1099-R's
- All 1099-G – State Tax Refund/ Unemployment Compensation/ Gambling Winnings
- All 1098-T – Tuition Paid
- All 1095 – A, B, and /or C
- Small Business – See Schedule C Worksheet
- Rental Property – See Schedule E Worksheet

**Estimated Tax Payments**

Not Withholdings - Only Quarterly Payments made

|            | Date Paid | Federal | State | Local |
|------------|-----------|---------|-------|-------|
| First Qtr  | _____     | _____   | _____ | _____ |
| Second Qtr | _____     | _____   | _____ | _____ |
| Third Qtr  | _____     | _____   | _____ | _____ |
| Fourth Qtr | _____     | _____   | _____ | _____ |

**Last Year's Taxes Refunded/Paid**

|                                   | Federal  | State    | Local    |
|-----------------------------------|----------|----------|----------|
| Refunds from last year's return   | \$ _____ | \$ _____ | \$ _____ |
| Amount paid on last year's return | \$ _____ | \$ _____ | \$ _____ |

**Retirement Contributions**

|                    | Taxpayer | Spouse |
|--------------------|----------|--------|
| Traditional IRA    | _____    | _____  |
| Roth IRA           | _____    | _____  |
| SEP IRA            | _____    | _____  |
| Non-Deductible IRA | _____    | _____  |

Do not list 401K amounts withheld from pay.  
List amounts paid or anticipating paid before April 15.

**Schedule A Deductions**

**Medical Expenses:** Expenses must be more than 10% of Gross Income to qualify for deduction.

Everyone in the household must have Medical Insurance

|   |  |
|---|--|
| Self Employed Health Insurance Premiums |  |
| Out of Pocket Deductibles               |  |
| Doctor/Dentist/Hospital                 |  |
| Prescriptions                           |  |
| Optometry/Eye Wear                      |  |
| Medical Equipment/Other                 |  |
| Long Term Care Insurance                |  |

Mileage incurred for Medical Expenses \_\_\_\_\_ miles

Flexible Spending Account (FSA) Contribution: \$ \_\_\_\_\_

Health Savings Account (HSA) – Be sure to include 1099-SA from HSA, also be sure you fill out your Medical Expenses above for the year.

Beginning 2015 Tax Year you should receive a Form 1095-A, 1095-B, and/or 1095-C if you do. Please include with you tax information. If you do not receive one please provide proof of Medical Insurance with you packet. Any Questions please call.

**Schedule A Deductions Continued.....**

**Taxes Paid:**

Property Taxes \_\_\_\_\_

Sales Tax Paid \_\_\_\_\_

(Residents of States w/o Income Tax may take a deduction for sales tax paid. You may take the standard deduction plus major purchases (auto, boat, RV or aircraft) or provide total sales tax paid for all purchases during the year.

**Home Ownership:**

|  |  |
|--|--|
| Mortgage Interest- Main Home                       |  |
| Home Equity Loan Interest                          |  |
| Mortgage Interest-Vacation Home                    |  |
| Qualified Mortgage Insurance Premiums              |  |
| Points paid during Year<br>(refinance or purchase) |  |

**If sold a home fill out Sale of Home Worksheet.**

**Charitable Contributions:**

Cash Contributions: List each Separately

| Organization Name | Amount Paid |
|-------------------|-------------|
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |
|                   |             |

Non-Cash Donations: **USE NON-CASH CHARITABLE DONATIONS WORKSHEET**

Mileage incurred for Charitable Services: \_\_\_\_\_ miles

**Casualty and Theft Losses**

Request worksheet

**NON – Airline Employee Business Deductions**

Use this form if you or your spouse has a job (non-flying) with **non-reimbursed** employee expenses

Please enter as yearly totals

**General Expenses:**

|                                     |    |                                      |    |
|-------------------------------------|----|--------------------------------------|----|
| Union or Professional Dues          | \$ | Meals & Entertainment                | \$ |
| Uniform & Protective Clothing       | \$ | Office Supplies                      | \$ |
| Uniform Maintenance                 | \$ | Licenses                             | \$ |
| Job Search Costs                    | \$ | Cell Phone (if required by employer) | \$ |
| Local Parking Fees & Transportation | \$ | Nursing Supplies                     | \$ |
| Travel Expense - Lodging            | \$ | Other                                | \$ |
| Travel Expense - Airfare            | \$ | Other                                | \$ |
| Travel Expense – Car                | \$ | Other                                | \$ |
| Educational Expense Job Related     | \$ | Other                                | \$ |
| Professional Subscriptions          | \$ | Other                                | \$ |

## Schedule A Deductions Continued.....

Vehicle Expenses: **Fill out Auto Expenses Worksheet**

Tax Preparation Fees for Previous Year: \_\_\_\_\_

Safe Deposit Box Fee: \_\_\_\_\_

Investment Expenses: \_\_\_\_\_

Home Office Expense: \_\_\_\_\_

To Deduct a Home Office your Employer must require its use. If you qualify request the worksheet.

## Education Expenses

Student Loan Interest Paid \$ \_\_\_\_\_ (Provide 1098)

Education Expenses: (Provide 1098-T)

Name of Student: \_\_\_\_\_

Was Student at least half-time?      Y      N

## Moving Expenses

Must have moved more than 50 miles and changed employer or Domicile. **Meals are not deductible.**

Miles from OLD Home to NEW job \_\_\_\_\_      Employer Reimbursement \$ \_\_\_\_\_

Miles from OLD Home to OLD job \_\_\_\_\_

Travel & Lodging      \$ \_\_\_\_\_      Transportation & Storage      \$ \_\_\_\_\_

Supplies      \$ \_\_\_\_\_

## Questions

Please understand it is impossible to include all possible deductions in this organizer. Please call or email any specific deductions or inquiries. I will perform the research to ensure you are entitled to every possible deduction.