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CMBE BUSINESS SERVICES
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SAN DIEGO, CA 92108

TAXPAYER INFORMATION SHEET

NAME (please print): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () - _____ BUSINESS PHONE: () - _____

DATE OF BIRTH (HIS): ____ / ____ / ____ DATE OF BIRTH (HERS): ____ / ____ / ____

FORM: _____ EARNED INCOME CREDIT: \$ _____ RETIREMENT CREDIT: \$ _____

FILING STATUS: Single Married filing joint Married filing separate Head of household

TAXPAYER	-	-
SPOUSE	-	-

DEPENDENTS NAME IN FULL	BIRTHDATE	SOCIAL SECURITY #	RELATIONSHIP	MONTHS AT HOME
	/ /	- -		
	/ /	- -		
	/ /	- -		
	/ /	- -		
	/ /	- -		
	/ /	- -		
	/ /	- -		

OF CHILDREN AT HOME # OF CHILDREN NOT AT HOME: OTHERS:

STATE TAX REFUND AMOUNT: _____ \$

WAGES, SALARIES & TIPS RECEIVED:

TAXPAYER:

RETIREMENT CONTRIBUTION: \$ _____ GAMBLING WINNINGS: \$ _____

SALARY & WAGES	FED WITHHELD	FICA	SDI	STATE WITHHELD	INTEREST INCOME	DIVIDEND INCOME	RETIREMENT INCOME	TAXABLE AMT of Retirement income
1. \$	\$	\$	\$	\$	\$	\$	\$	\$
2. \$	\$	\$	\$	\$	\$	\$	\$	\$
3. \$	\$	\$	\$	\$	\$	\$	\$	\$
4. \$	\$	\$	\$	\$	\$	\$	\$	\$

SPOUSE:

RETIREMENT CONTRIBUTION: \$ _____ GAMBLING WINNINGS: \$ _____

SALARY & WAGES	FED WITHHELD	FICA	SDI	STATE WITHHELD	INTEREST INCOME	DIVIDEND INCOME	RETIREMENT INCOME	TAXABLE AMT of Retirement income
1. \$	\$	\$	\$	\$	\$	\$	\$	\$
2. \$	\$	\$	\$	\$	\$	\$	\$	\$
3. \$	\$	\$	\$	\$	\$	\$	\$	\$
4. \$	\$	\$	\$	\$	\$	\$	\$	\$

CHILD / DEPENDENT CARE EXPENSES: \$ _____

CARE PROVIDER NAME: _____ SOC SEC #: _____

CARE PROVIDER COMPLETE ADDRESS: _____

ALIMONY PAID/RECEIVED: \$ _____ SOC SEC #: _____

DEDUCTIONS

MEDICAL EXPENSE:		TAX EXPENSE:	
Medicine, Drugs & Insulin	\$	Real Estate Taxes	\$
Total Doctors, Dentist, etc	\$	Auto License Fees	\$
Glasses	\$	State Tax For Prior Year	\$
Hearing Aids and Batteries	\$		
TOTAL:	\$	TOTAL:	\$
TRAVEL (# of miles x .12)		RENTAL INCOME:	
TOTAL:	\$	Address of Properties:	
		A.	
		B.	
		C.	
INTEREST EXPENSES:			
Home Mortgage Payments to Bank	\$	Rent Received:	\$
Home Mortgage Payments to Individual	\$	Royalties Received:	\$
Name: _____		Rental Expenses:	\$
Address: _____		Advertising:	\$
(If residence refinanced or second obtained, bring details)		Auto & Travel:	\$
TOTAL:		Cleaning & Maintenance:	\$
CONTRIBUTIONS		Commissions:	\$
House of Worship:	\$	Insurance:	\$
Payroll Deductions:	\$	Legal/Professional Fees:	\$
Non-Cash Contributions:	\$	Mortgage Interest Paid To Bank:	\$
Travel (miles _____ x .12)	\$	Other Interest:	\$
TOTAL:		Repairs:	\$
		Supplies:	\$
MISCELLANEOUS DEDUCTIONS:		Utilities:	\$
Union Dues:	\$	Wages & Salaries:	\$
Tax Preparation Fee:	\$	Taxes:	\$
Business Telephone:	\$	Depreciation:	\$
Job Seeking Expenses:	\$	Others:	\$
Work Tools:	\$		
Safe Deposit Box:	\$		
Prof. Subscription & Societies:	\$	BUSINESS SCHEDULE C	
Laundry & Uniforms:	\$		
Investment Expenses:	\$		
Lottery / Gambling Losses:	\$		
Others:	\$		

AUTOMOBILE EXPENSE: If you used your car on the job, or had other job-related expenses, describe briefly (Skip this section if the only expenses you incurred were driving to and from work.)

	MILES		AMOUNT		AMOUNT
Total Miles Driven		Gas, etc.	\$	Miscellaneous	\$
Total Bus Miles		Insurance	\$	Repairs	\$
Total Commute Miles		Interest	\$	License Fees	\$
Daily Round Trips		Lease Payments	\$	Tire, Batteries	\$
				Other	\$

- Do you have a business? Yes No
- Do you have the profit and loss from the business? Yes No
- Did you sell any stock this year? Yes No