3435 CAMINO DEL RIO SO. SUITE 319
 SAN DIEGO, CA 92108

## [www.cmbetaxservices.com](http://www.cmbetaxservices.com) cmbetaxservices@cox.net  (619) 449-1040

NAME (please print):      \_\_

ADDRESS: \_     \_\_ CITY: \_     \_\_ STATE:       ZIP:

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

DATE OF BIRTH (TAX PAYER):      /     /      DATE OF BIRTH (SPOUSE):      /     /

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

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

|  | Full Name | Birthdate | Social Secuity # |
| --- | --- | --- | --- |
| Tax Payer |       | readt/hh/78 |      -     -      |
| Spouse |       |      /     /      |      -     -      |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DependentsName in Full | Birthdate | Social Security # | Relationship | Months at Home |
|       |      /     /      |      -     -      |       |       |
|       |      /     /      |      -     -      |       |       |
|       |      /     /      |      -     -      |       |       |
|       |      /     /      |      -     -      |       |       |
|       |      /     /      |      -     -      |       |       |

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

STATE TAX REFUND AMOUNT: $     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD / DEPENDENT CARE EXPENSES: $     \_\_\_\_\_\_\_\_\_ CARE PROVIDER NAME:      \_\_\_\_\_\_\_\_\_

PROVIDER ADDRESS:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:      \_\_\_\_\_\_\_\_\_\_ STATE:       ZIP:      \_\_\_\_\_\_\_

**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 |
| 1.$       | $      | $      | $      | $      | $      | $      | $      | $      |
| 2.$       | $      | $      | $      | $      | $      | $      | $      | $      |
| 3.$       | $      | $      | $      | $      | $      | $      | $      | $      |
| 4.$       | $      | $      | $      | $      | $      | $      | $      | $      |

ALIMONY PAID:$      \_\_\_\_\_\_\_\_ ALIMONY RECEIVED:$      \_\_\_\_\_\_\_\_

**SPOUSE:** RETIREMENT CONTRIBUTION: $     \_\_\_\_\_\_\_\_ GAMBLING WINNINGS: $     \_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Salary & Wages | Fed Withheld | FICA | SDI | State Withheld | Interest Income | Dividend Income | Retirement Income | Taxable Amt |
| 1.$       | $      | $      | $      | $      | $      | $      | $      | $      |
| 2.$       | $      | $      | $      | $      | $      | $      | $      | $      |
| 3.$       | $      | $      | $      | $      | $      | $      | $      | $      |
| 4.$       | $      | $      | $      | $      | $      | $      | $      | $      |

**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 TAX EXPENSE** | **$** |
| **TOTAL MEDICAL EXPENSES** | **$** |  | \_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **CONTRIBUTIONS** |  | **INTEREST EXPENSES** |  |
| House of Worship | $      | (If residence refinanced or second obtained, bring details) |  |
| Payroll Deductions | $      | Home Mortgage Payments to Bank | $      |
| Non-Cash Contributions | $      | Home Mortgage Payments to Individual | $      |
| Charity | $      | Name:       |  |
| Travel (miles \_\_\_\_\_\_\_\_ x .14) | $      | Address:       |  |
| **TOTAL CONTRIBUTIONS** | **$** | **TOTAL** | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| **MISCELLANEOUS DEDUCTIONS** |  | **RENTAL INCOME & EXPENSES** |  |
| Union Dues | $      | Address of Properties: |  |
| Tax Preparation Fee | $      | A.       |  |
| Business Telephone | $      | B.       |  |
| Job Seeking Expenses | $      | C.       |  |
| Work Tools | $      | Rent Received: | $      |
| Safe Deposit Box | $      | Royalties Received: | $      |
| Prof. Subscription & Societies | $      | Rental Expenses: | $      |
| Laundry & Uniforms | $      | Advertising: | $      |
| Investment Expenses | $      | Auto & Travel: | $      |
| Lottery / Gambling Losses | $      | Cleaning & Maintenance: | $      |
| Others | $      | Insurance: | $      |
| **TOTAL MISC DEDUCTIONS** | **$** | Legal/Professional Fees: | $      |
|  |  | Mortgage Interest Paid To Bank: | $      |
| **TRAVEL** |  | Other Interest: | $      |
| # OF MILES |       MILES | Repairs: | $      |
| X 0.22 |  | Supplies: | $      |
| **TOTAL**  | **$** | Utilitie: | $      |
|  |  | Wages & Salaries: | $      |
|  |  | Taxes: | $      |
|  |  | Other: | $      |
|  |  | **TOTAL RENTAL EXPENSES** | **$** |

## 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 | $      | Interest | $      |
| Daily Round Trips |       | Tires, Batteries | $      | License Fees | $      |
|  |  |  |  | Other | $      |
|  |  |  |  | **TOTAL AUTO EXPENSES** | **$** |

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