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

## [www.cmbetaxservices.com](http://www.cmbetaxservices.com) [cmbetaxservices@cox.net](mailto: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 |  | /     / | -     - |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: $     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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