

Taxes • Investments • Insurance • Retirement

"Money is to be respected, one of the worst things you can do is handle another person's money without respect for how hard it was to earn." - T. Boone Pickens, Jr.

Rizzotto Tax Advisory Group

TAX INFORMATION SHEET

Ph: 727-683-9119

Fax: 727-361-9905

NOTE: As information and situations change from year to year, we ask you to help us complete your tax return in your very best interest.
PERSONAL INFORMATION (Information provided must agree with SSA and IRS)

ALL TAX CLIENTS MUST BRING:

- Last two years tax returns (unless you are an existing tax client)
- Two Proofs Of Id
- All supporting documents; w-2's (if working), 1099's, list of all cash and non-cash contributions. If itemizing deductions include a detailed list and breakdown. If you have rental properties include a list of all income and expenses for each property.
- In addition to your 1099's that you receive for your taxes, please bring your related year-end statements for those investments and retirement accounts that we don't handle for you, so we don't miss out on possible deductions or identify any missing reportable transactions.

TAXPAYER

SPOUSE

SSN (Social Security Number) _____

First Name & Middle Initial _____

Last Name & Suffix (e.g. Jr, Sr, etc) _____

Date of Birth (Month/Day/Year) _____

Occupation (e.g. Sales, Teacher, Retired) _____

Home Phone (000-000-0000) _____

Cell Phone (000-000-0000) _____ Work _____ Cell _____ Work _____

e-mail Address(es) _____

Home Address _____ Apt/Lot # _____

City _____, State _____ Zip+4 _____ Own _____ Rent _____

Is this address different than last year's address? Yes _____ No _____

**PLEASE BRING ALL YOUR SUPPORTING DOCUMENTS TO YOUR TAX CONSULTATION
REMEMBER TO ATTACH YOUR VOIDED CHECK ON THE LAST PAGE**

FILING STATUS Please circle correct status (All filing status categories are based on your status as of December 31st of last year)

1. Single 2. Married Filing Joint 3. Married Filing Separate 4. Head of Household 5. Qualifying Widow(er) with dependent child

Can anyone else claim you as a dependent on their tax return? (Y/N) Taxpayer _____ Spouse _____

Do you want to contribute to the Presidential Election Campaign? (Y/N) Taxpayer _____ Spouse _____

Are you considered legally blind per IRS regulations? (Y/N) Taxpayer _____ Spouse _____

Did you maintain health insurance for the entire year for EVERYONE listed on your tax return? Yes _____ No _____
Did you receive Medical Insurance Information form 1095A-1095B or 1095C? Yes _____ No _____

INCOME (Please, check all that apply and/or list the number of forms you have for each category)

Wages (W2) _____ Unemployment (1099G) _____ Taxable Interest (1099Int) _____ Dividends (1099Div) _____

Gambling (W2G) _____ Retirement/Pension (1099R) _____ Railroad Retirement (1099RBB) _____ Social Security (1099SSA) _____

Jury/Witness Duty _____ Miscellaneous (1099Misc) _____ Capital Gain/Loss Stock Sales _____ Self Employment (Schedule C) _____

Rental Income/Loss _____ Alimony Received/Paid _____ IRA Distributions _____ Rollover Amount _____

Did you sell a home last year? (Y/N) _____ **If Yes, we should see your "Closing Statement" for the purchase and sale.**

Did you purchase a home last year? (Y/N) _____ **If Yes, we should see your "Closing Statement" to maximize your "Credits/Deductions."**

Did you make Estimated Tax Payments? (Y/N) _____ **If Yes, we need the dates and amounts paid.**

Date: ___/___/___ Amt \$ _____ Date: ___/___/___ Amt \$ _____ Date: ___/___/___ Amt \$ _____ Date: ___/___/___ Amt \$ _____

Will you need Estimated Payment Vouchers for next year? (Y/N) _____

Did you become a widow(er) last year? (Y/N) _____ **If yes, Date Spouse Died (Mo/Day/Year) _____**

May the IRS or another taxing authority discuss your return with the preparer? (Y/N) _____ Initials TP- _____ SP- _____

Would you prefer to ***e-file*** your Tax Return? *Safer, Faster, and No Extra Charge!!* (Y/N) _____ Initials TP- _____ SP- _____

If you are entitled to a refund, please select how you wish to receive your refund. If by *paper check*, please initial here TP- _____ SP- _____

If by Direct Deposit, initial here TP- _____ SP- _____ *(For Direct Deposit, we will need a voided check, please attach where indicated)*

Has your bank account information changed? Yes _____ No _____

Taxpayer Signature: _____ **Date Signed:** _____

Spouse Signature: _____ **Date Signed:** _____

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DEPENDENT INFORMATION

Taxpayer Name: _____ **SSN** _____

DEPENDENT INFORMATION: (If Applicable)

	< 1 >	< 2 >	< 3 >	< 4 >
First Name (as per SSA)	_____	_____	_____	_____
Last Name (as per SSA)	_____	_____	_____	_____
Suffix (If Applicable)	_____	_____	_____	_____
SSN (as per SSA)	_____	_____	_____	_____
Relationship To You	_____	_____	_____	_____
# of Months Lived with You	_____	_____	_____	_____
Date of Birth (Mo/Day/Year)	_____	_____	_____	_____
Childcare Expense (Y/N)	_____	_____	_____	_____
Student During Year (Y/N)	_____	_____	_____	_____
Name of School Attended	_____	_____	_____	_____
Disabled? (Y/N)	_____	_____	_____	_____
Type of Disability	_____	_____	_____	_____
Income over \$3,800 (Y/N)	_____	_____	_____	_____
This Child Is Unmarried (Y/N)	_____	_____	_____	_____

Child Care Provider Information (Statement from Provider is Recommended)

Provider EIN/SSN	_____	_____	_____	_____
Name of Provider	_____	_____	_____	_____
Provider Address	_____	_____	_____	_____
Provider City, State, Zip	_____	_____	_____	_____
Amount Paid For Tax Year	_____	_____	_____	_____
Carryover Amt Previous Year	_____	_____	_____	_____

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Possible Legal Deductions

(List amounts for items you have – keep receipts for your deductions)

Medical and Dental Expenses		Contributions	
Doctor's Co-Pay	\$	Church	\$
Prescription Drugs	\$	College	\$
Medical/Dental Insurance (other than Medicare and Pre-tax dollars):	\$	United Way	\$
Long-term Care Insurance	\$	March of Dimes	\$
Hospital Bills	\$	Other	\$
Lab and X-Rays	\$	Value of Furniture of clothing given (provide forms)	\$
Visiting Nursing/In-home care	\$	Volunteer Work Expenses	\$
Dental	\$	Church/School/Scouts/etc.	\$
Glasses/Contact Lenses	\$	Auto Miles Driven	\$
Supplies	\$	TAXES	
Hearing Aids and Batteries	\$	Real Estate Tax	\$
Orthopedic Shoes	\$	State Income Tax	\$
Therapy Treatment	\$	INTEREST PAID	
Canes/Crutches/Braces	\$	Home Mortgage Interest	\$
Wheelchairs	\$	2 nd Mortgage/Home Equity	\$
On Doctor's Advice:	\$	Home Mortgage to Individual	\$
Air Conditioning	\$	Mortgage Company Name: Name: _____ Address: _____	
Vaporizer	\$		
Thermometers & Bandages	\$		
Other	\$		
Medical Miles Driven	\$	Point Paid at Closing	\$
Other Medical Transportation	\$	Investment Interest	\$
Other Medical Expenses	\$	CASUALTY LOSSES	
		Acc./Theft/Fire/Natural Disasters	\$
Miscellaneous and Employee Business Expenses			
Uniform Cleaning	\$	Employment/Job Seeking Fees	\$
Work Tools	\$	Sales/Entertainment	\$
Union Dues	\$	Office-in-Home Expense	\$
Safety Shoes and Gloves	\$	Business Travel	\$
Tax Return Preparation	\$	Out of Town Temporary	\$
Safe Deposit Box	\$	Vehicle Use Auto/Miles	\$
Investment Expenses	\$	For Work (non-commute)	\$
Teacher/School Supplies	\$	Miles driven to 2 nd job	\$
		Others	\$
Self-Employed Business Expenses			
Advertising	\$	Repairs & Maintenance	\$
Car/Trucking Expenses	\$	Supplies	\$
Legal & Professional Service	\$	Taxes & Licenses	\$
Office Expenses	\$	Travel	\$
Rental/Lease Payments	\$	Meals	\$
Telephone/Utilities	\$	Others	\$
Education Expense			
Students Loan Interest	\$	Provider's SSN/EIN	\$
For what year did you pay tuition? Freshman _____ Sophomore _____ Junior _____ Senior _____			
Post-Secondary Tuition & Fees	\$	Amount Paid to Provider	\$

Taxpayer Name: _____

PLEASE FILL OUT COMPLETELY

1. Do you currently have an employer-sponsored plan (i.e. 401(k), 403(b), 457, TSP (Thrift Savings Plan)) **Yes** **No**.
Do you have a plan remaining at previous employer(s)? **Yes** **No**.
Have you made any withdrawals or transferred any of these assets to another tax-deferred account during the tax year?: **Yes** **No**
2. Are you currently invested in IRA's? **Yes** **No**. If so, have you made any withdrawals or transferred any of these assets to another tax deferred account during the tax year? **Yes** **No**
3. Do you have any investment losses that may be deductible for tax purposes? **Yes** **No**.
4. Do you have any investment expenses including, but not limited to IRA account fees, Investment Adviser fees? **Yes** **No**. If yes, were these expenses paid directly from the account? **Yes** **No**.
5. Do you currently own any tax deferred annuities? **Yes** **No**. If yes, have you made an withdrawals or transferred any of these assets under IRS Code section 1035 to another tax deferred annuity during the tax year? **Yes** **No**.
6. Do you own any CD's (Certificates of Deposit)? **Yes** **No**. If yes, did you incur any penalties for early withdrawal? **Yes** **No**.
7. Do you have interest earned of checking, savings or money market accounts? **Yes** **No**.
8. Have you received assets by inheritance or gift during the year that are over the annual gift tax exemption? **Yes** **No**.
9. Have you disposed of investment assets including, but not limited to real estate, rental properties, savings bonds, gold, that may be subject to capital gains tax? **Yes** **No**.
10. Do you have College Savings or UTMA plans for grandchildren and others? **Yes** **No**. If yes, have any withdrawals been made from these accounts this year? **Yes** **No**.
11. Are you currently receiving payments or withdrawals from a pension plan? **Yes** **No**. If yes, what is the survivorship selected for your spouse? (i.e. 0%, 50% or 100%) _____. If 0% or 50%, has it been chosen for your spouse do you have a tax advantaged Pension Replacement Plan in place? **Yes** **No**.
12. Do you have a future pension(s) coming? **Yes** **No**. If yes, do you the ability to lump-sum vs. monthly income? **Yes** **No**. Do you understand the tax consequences? **Yes** **No**.

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Attach Voided Check