

# William Coppa, EA

## Personal Income and Expense Organizer

<b>Taxpayer - Name</b>	<input type="checkbox"/> <i>New Client</i> <input type="checkbox"/> <i>Returning Client</i>		
<b>Social Security #</b>		<b>Date of Birth</b>	
<b>Drivers Lic. #</b>	<input type="checkbox"/> <i>Copy of ID Attached</i>		
Issue Date		Expiration Date	
<b>Occupation</b>			
<b>E-Mail</b>			
<b>Phone</b>			

<b>Spouse - Name</b>	<input type="checkbox"/> <i>New Client</i> <input type="checkbox"/> <i>Returning Client</i>		
<b>Social Security #</b>		<b>Date of Birth</b>	
<b>Drivers Lic. #</b>	<input type="checkbox"/> <i>Copy of ID Attached</i>		
Issue Date		Expiration Date	
<b>Occupation</b>			
<b>E-Mail</b>			
<b>Phone</b>			

<b>Address</b>	
----------------	--

<b>Direct Deposit Information</b>	<b>Bank</b>	<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>
	<b>Routing #</b>	<input type="checkbox"/> <i>Copy of Voided Check Attached</i>
	<b>Account #</b>	

<b>Dependents</b>			
<b>Name</b>	<b>Social Sec. #</b>	<b>Relationship</b>	<b>Date of Birth</b>

<b>Did you have health insurance through the Market Place?</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> <i>-If yes, a copy of the 1095A must be provided.</i>
--	--

<b>Filing Status</b> – Please circle ALL that apply				
Single	Married Filing Jointly	Married Filing Separately	Taxpayer 65 or Older	Taxpayer Blind
Head of Household	Qualifying Widow(er)	Dependent of Another Taxpayer	Spouse 65 or Older	Spouse Blind

<b>W2s &amp; 1099s</b> – Specify the number of each being reported and please attach						
<b>Taxpayer</b>	___ W2s	___ Social Sec.	___ Pension	___ IRAs	___ Unemployment	___ Other
<b>Spouse</b>	___ W2s	___ Social Sec.	___ Pension	___ IRAs	___ Unemployment	___ Other

<b>Other Income</b> – Please describe and attach supporting documentation	
State & Local Income Tax Refunds	
Alimony Received	
Gambling	

<b>Adjustments</b> – Please attach supporting documentation	
IRA, SEP, Keough Contributions	
Health Insurance Premiums for Self- Employed	
Student Loan Interest	
Education, Tuition, Fees	
Penalty for Early Withdrawal of Savings	
Alimony – Paid To: SS # of Recipient:	

<b>Child Care</b> – Please attach supporting documentation			
Child		Child	
Provider		Provider	
Address		Address	
EIN/ SS#		EIN/ SS#	
Total Payment		Total Payment	

<b>Estimated Income Tax Paid</b> - Do not include payroll withholding			
<b>Federal Payments</b>		<b>State Payments</b>	
<i>Date of Payment</i>	<i>Amount</i>	<i>Date of Payment</i>	<i>Amount</i>
	\$		\$
	\$		\$
	\$		\$
	\$		\$

<b>Schedule B: Interest Received</b>		<b>Schedule B: Dividends Received</b>	
<i>Paid By</i>	<i>Amount</i>	<i>Paid By</i>	<i>Amount</i>
	\$		\$
	\$		\$
	\$		\$
	\$		\$

### Schedule A: Medical & Dental Expenses Paid

Insurance Premiums	Physicians, Dentists, Etc.	Medical Supplies	Prescriptions	Medical Mileage	Reimbursements for Expenses
\$	\$	\$	\$	\$	\$

### Taxes Paid

Balance of State taxes due from <i>prior</i> year	Real Estate Taxes Primary Property	Real Estate Taxes Secondary Property	Personal Property Tax
\$	\$	\$	\$

### Interest Paid

Home Mortgage Interest	\$	Home Mortgage Interest	\$
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary			
Current Amount of Mortgage	\$	Current Amount of Mortgage	\$
Mortgage Insurance Premiums	\$	Mortgage Insurance Premiums	\$
Deductible Pts. on Mortgage	\$	Deductible Pts. on Mortgage	\$

<b>Rental Income</b>	\$
<b>Rental Expenses</b>	\$

### Investments

- Attach tax statement from investment company
- Attach K-1's from Corporations, Partnerships, Trusts, Estates

### Contributions

Cash	\$
Other than Cash – Attach documentation including date, name, address, and description of donation	\$

### Other Deductions or Questions

--

Notes:

- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
- Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toes boots.
- Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

<b>Please answer the following questions</b>	<b>Yes</b>	<b>No</b>
Did you move? If yes, please provide a copy of your HUD/ Closing Disclosure.		
Did you buy or sell a home within the last 3 years?		
Did you own a mobile home or boat?		
Did you have a rental property?		
Did you receive any foreign income or do you have foreign bank accounts?		
Did you have a loss on any bad debt which will never be repaid?		
Did you support or help to support an older relative?		
Did you receive child support?		
Were you audited by IRS or the state in the past year?		
Did you, your spouse or child(ren) attend college this year?		

Please attach the following if applicable:

- W2's
- 1099-C, Cancellation of debt
- 1099-G, Unemployment income or state and/or local refunds
- 1099-Misc, for any independent contractor work
- 1099-R/ Form 8606, Payments/Dist. From IRAs or retirement plans
- 1099-S, Income from sale of property
- 1099-Int, 1099-Div, 1099-B, K-1 for investment or interest income
- SSA-1099, Social Security benefits received
- Alimony Received
- Business or Farm income, profit and loss, capital equipment information
- Child Care Expenses
- Property Tax

