

You can fill this file on your computer (using a PDF reader but NOT in your web browser) - click in the fields to enter data  
 After the form is complete, you can SAVE it to your disk and then email it to AJ@AlbertSJohnsonCPA.com

<b>TAX YEAR</b>	_____ (please send last tax return - explain below if not filed)	
<b>Name &amp; Address</b>	Taxpayer:	Spouse/RDP:
<b>Social Security Number</b>		
<b>Married/RDP as of 31 DEC?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, filing JOINT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Home Telephone #</b>		
<b>Work Telephone #</b>		
<b>Mobile Phone #</b>		
<b>Email</b>		
<b>Occupation</b>		
<b>Self employed?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Date of Birth / Death</b>	_____ / _____	_____ / _____
<b>Resident of which state as of 31 Dec?</b>	_____ multi state? _____	_____ multi state? _____
<b>Are you/could you be a dependent?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Do you have any dependents?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/> rel: _____ claimed by: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> rel: _____ claimed by: _____

<b>Documents Needed</b>	<input type="checkbox"/> Signed Engagement Letter <input type="checkbox"/> Last filed tax returns (Federal & State) <input type="checkbox"/> If not filed last year, please explain why  All reporting forms: <input type="checkbox"/> W-2, <input type="checkbox"/> 1099, <input type="checkbox"/> K-1, <input type="checkbox"/> Mortgage Interest Statements (1098),  <input type="checkbox"/> Closing Statements for purchase or sale of property <input type="checkbox"/> Copy of all correspondence from IRS or state taxing authority (e.g., CA FTB)
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**FILING STATUS - Please check YES for any that apply during the tax year for you or your spouse/RDP:**

Married/Death of spouse/RDP (last 2 years)	<input type="checkbox"/>
Changes in filing status or dependents	<input type="checkbox"/>
Changes of residence or job location	<input type="checkbox"/>
Did you reside in more than one state?	<input type="checkbox"/>
Did you have interest in or signing authority over ANY foreign bank, broker or other financial account?	<input type="checkbox"/>
Were you a Grantor of or Transferor to a foreign trust?	<input type="checkbox"/>
Did you receive any gift from a foreign person?	<input type="checkbox"/>
Were you an owner/officer/director of a foreign corporation or partnership	<input type="checkbox"/>

**INCOME SOURCES - Please check YES for any that apply during the tax year for you or your spouse/RDP:**

Wages or Salaries	<input type="checkbox"/>
Tips	<input type="checkbox"/>
Tax Refunds	<input type="checkbox"/>
Interest or Dividends	<input type="checkbox"/>
Sales of Stocks, Real Estate or other property	<input type="checkbox"/>
Rental Income or Royalties	<input type="checkbox"/>
Partnerships, S-Corps or Trusts	<input type="checkbox"/>
Social Security Income	<input type="checkbox"/>
Pensions, IRAs or other retirement plans	<input type="checkbox"/>
Foreign Income	<input type="checkbox"/>
Income from prior year Installment Sale	<input type="checkbox"/>

<b>DEDUCTIONS - Please check YES for any that apply during the tax year for you or your spouse/RDP:</b>	
IRA, SEP Simple Keogh contributions	<input type="checkbox"/>
Alimony paid	<input type="checkbox"/>
Child Care Expenses	<input type="checkbox"/>
HSA contributions	<input type="checkbox"/>
Student Loan Interest or Tuition	<input type="checkbox"/>
Self-employed Health Insurance	<input type="checkbox"/>
Penalty on early withdrawal of savings	<input type="checkbox"/>
Business use of home	<input type="checkbox"/>
Auto used for business	<input type="checkbox"/>
Job-Related Expenses	<input type="checkbox"/>
Casualty Theft loss	<input type="checkbox"/>
Medical Expenses (Insurance, Doctors, Hospitals, Prescriptions)	<input type="checkbox"/>
Real Estate Taxes	<input type="checkbox"/>
Sales Tax on Vehicle Purchase	<input type="checkbox"/>
Mortgage Interest / Points	<input type="checkbox"/>
Cash Charitable Contributions	<input type="checkbox"/>
Non -cash Charitable Contributions	<input type="checkbox"/>
IF Teacher - Education Expenses	<input type="checkbox"/>

<b>ESTIMATED INCOME TAXES Paid During the Year:</b>				
	Taxpayer		Spouse/RDP	
	Federal	State	Federal	State
4/15				
6/15				
9/15				
1/15				
other tax payments (if not shown on 1099 or W-2)				