Client Data Checklist

Primary_____SS#_____
Secondary_____SS#_____

Filing Status for **EACH** year : 02_____03_____04_____05 _____06 _____07 _____

Dependents Name	Social Security Number	Date of birth	Years Claimed

Itemized Deductions

- Medical Expenses (if extensive) _____
- Real Estate Taxes Paid (per year) 02_____03_____04_____05_____06_____07_____
- Mortgage Interest Paid (per year) 02_____03_____04_____05_____06_____07_____
- Personal Property Tax 04_____05_____06_____07_____
- Charitable Contributions of CASH_____ GOODS_____**IF OVER $500**

Include the following Charity Information: Name:_____Donee ID#_____
Charity Address_____ City_____ St_____Zip_____

- Gambling Losses (Only to offset winnings)_____
- Unreimbursed Employee Expense (parking/tolls/transport)_____(Other)_____(Meals)_____(Mileage)_____
- Other Deductions_____

Other Deductions (per year)

- Dependent Care: Name:_____ID_____
  Address_____Amount $_____
  Child's Name _____Amount $_____
  Child's Name_____Amount $_____

- **Home Sale or Refinance – Escrow Settlement/Closing Statement**
- **Rental Property – Attach Rental Expense Worksheet (separate)**
- **Self Employment – Attach Self Employed Expense Worksheet (separate)**
- **Office in Home – fill out relevant blank on the Self Employed Worksheet**

Stock Name	Purchase Date	Purchase Price	Sales Date	Sales Price

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