

TM Accounting Services  
4450 S. Rural Rd., #E-224  
Tempe, AZ 85282  
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Tax Information Needed

Your Name: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

Your Address: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dependents:

Name	Social Security Number	Date of Birth
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**You will also need copies of all of these items that apply: W-2's, 1099's and K-1's, mortgage interest notices, stocks or bond sales basis amounts.**

Did you sell your home in the previous year?  No  
 Yes Purchase Price? \_\_\_\_\_ Sale Price? \_\_\_\_\_

How long did you reside at the home before you sold it? \_\_\_\_\_

Did you purchase a home in the previous year?  No  Yes If yes, please include a copy of your closing papers with these forms.

Did you put money into an IRA in 2008?  No  Yes Amount? \_\_\_\_\_  
Type if IRA? \_\_\_\_\_

Medical Expenses \$ \_\_\_\_\_

Dental Expenses \$ \_\_\_\_\_

Eyeglasses/Contact Expenses \$ \_\_\_\_\_

Prescription Expenses \$ \_\_\_\_\_

Non-reimbursed Business Expenses \$ \_\_\_\_\_ What were these for?

Vehicle tags \$ \_\_\_\_\_ Make & Model \_\_\_\_\_

Cash/Non-cash donations: **I need to see the receipts for these now unless you want to make an Excel sheet with the address, amount donated and dates donated to give me.**

Did you work out of your home?  No  Yes Square footage of home \_\_\_\_\_ purchase price of home \_\_\_\_\_  
Square footage of office \_\_\_\_\_ annual utilities & upkeep \_\_\_\_\_

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Child care costs \$ \_\_\_\_\_ Provider's name, address and SS# \_\_\_\_\_

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Estimated tax payments \$ \_\_\_\_\_ I need the dates these payments were made too.

Economic Stimulus Check amount \_\_\_\_\_ If you don't know, you can call 1-866-234-2942 to find out how much it was.

Do you want to electronically file your tax return? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want to have the IRS & State deposit your return directly into your account? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please attach voided deposit slip)

Did you pay tuition for higher education? If so, how much? \_\_\_\_\_

Schedule C – Small Business information needed (if applicable):

Name of Business: \_\_\_\_\_

Start date of Business: \_\_\_\_\_

Please provide total amounts for the following:

Meals for business

Travel

Car Mileage beginning of the year/end of the year – amount of business usage in percentage

Office Supplies

Office Equipment purchased

Interest expense paid on business loans and automobile (used for business)

Any job materials you purchased for your business

Any other expenses directly related to your business