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**Client Tax Information Sheet**

Tax Year: \_\_\_\_\_

<b>Taxpayer Name:</b>		<b>Spouse Name:</b>	
<b>Soc. Sec #:</b>		<b>Soc. Sec #:</b>	
<b>Date of Birth:</b>		<b>Date of Birth:</b>	
<b>Occupation:</b>		<b>Occupation:</b>	
<b>Identification #:</b>		<b>Identification #:</b>	
<b>Expiration Date:</b>		<b>Expiration Date:</b>	
<b>Issue Date:</b>		<b>Issue Date:</b>	
<b>Daytime #:</b>		<b>Daytime #:</b>	
<b>Address:</b>		<b>City, State, Zip:</b>	
<b>Client Email:</b>			

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<b>Dependent Name:</b> (First, Middle Initial, Last)	<b>Date of Birth</b>	<b>Dependent's Soc. Sec. #:</b>	<b>Relationship</b>	<b>Months lived in your home</b>

If any dependent child did not live with you, write child's name here:

If another taxpayer can claim you or your spouse as a dependent, check this box:

**CHECK ALL INCOME SOURCES YOU HAD IN 2014- ENCLOSE DOCUMENTATION**

- Salary/Wages- W-2
- Self-Employed Business Income
- Independent Contractor- 1099
- Commissions/Fees
- Cash Payments
- Alimony Received
- Unemployment \$ \_\_\_\_\_
- Tip Income
- did you sell any Stocks/Bonds?  
(If yes, enclose 1099-B & cost info.)
- Social Security/Railroad Retirement
- Pension/Retirement Income
- IRA Distributions
- Mutual Fund Distributions-1099
- Partnership/S-Corporation-K-1
- Estate/Trust-K-1
- Military BAS/BAH \$ \_\_\_\_\_
- did you sell a Personal Residence?  
(Enclose Settlement Statement.)
- Lottery/Gambling Winnings
- Interest- 1099-INT
- Dividends- 1099-DIV
- Rental Property Income
- Municipal Bonds
- Farm Income
- Other Income (Enclose Details)
- Installment Sale
- did you sell Business Assets?  
(Enclose sale and original cost info.)

<b>IRA Contributions</b>	<b>Taxpayer \$ _____</b> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth	<b>Spouse \$ _____</b> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth
<b>SIMPLE/SEP/KEOGH Contributions</b>	Taxpayer \$ _____	Spouse \$ _____
Alimony Paid \$ _____	Recipient: _____	SSN: _____
Federal Estimated Tax Payments \$ _____	Job-Related Moving Expenses \$ _____	Lodging Expenses During Move \$ _____
State Estimated Tax Payments \$ _____	Miles Traveled to New Home: _____	
State Tax Due Paid with 2010 Return \$ _____		

**CHILD/DEPENDENT CARE EXPENSES** (Match each provider to dependent.)

Dependent Cared For: \_\_\_\_\_ Care Provider's Name: \_\_\_\_\_  
 Amount Paid To Provider: \$ \_\_\_\_\_ Provider's SSN/EIN: \_\_\_\_\_ Provider's Address: \_\_\_\_\_

Dependent Cared For: \_\_\_\_\_ Care Provider's Name: \_\_\_\_\_  
 Amount Paid To Provider: \$ \_\_\_\_\_ Provider's SSN/EIN: \_\_\_\_\_ Provider's Address: \_\_\_\_\_

**Itemized Deductions** (List amount and enclose receipts, checks or other documentations)

MEDICAL EXPENSES		INTEREST PAID	
Doctors		<b>Mortgage on Main Home</b>	
Dentist		Paid to Financial Institution (1098)	
Other Medical Professionals		Paid to Individual	
Prescription Drugs		Name:	SSN:
Surgical Procedures		Address:	
Medical Lab Fees		Points Paid on New Mortgage	
Hospitals		(Enclosed Settlement Statement)	
Glasses and Contact Lenses		Home Equity Loan/Second Mortgage	
Medical Equipment Rental		<b>Mortgage on Second Home</b>	
Prescribed Physical Aids		Paid to Financial Institution (1098)	
Skilled Nursing Care		Paid to Individual	
Medical Insurance		Name:	SSN:
Dental Insurance		Address:	
Long Term Care Insurance		Investment Interest Paid	
Medicare Part B			
Medical Transportation		<b>CHARITABLE CONTRIBUTIONS</b>	
Medical Miles Driven in your Vehicle		(Receipt required for single donations of \$250 or more.)	
Other Medical (Describe):		Church/Temple/Mosque	
		United Way	
		Scouts	
		Other (List)	
<b>STATE &amp; LOCAL TAXES</b>			
Home Real Estate Taxes			
Other Real Estate Taxes			
Personal Property Tax (autos, boat)		<b>Non-Cash Contributions</b>	
Other State or Local Tax		(If \$500 or more, enclose receipt with name/address of organization and describe how fair market value was determined)	
<b>CASUALTY OR THEFT LOSS</b>		<b>MISCELLANEOUS DEDUCTIONS</b>	
Type of Property:		Tax Return Preparation Fee (2010)	
Describe Loss:		Safe Deposit Box (store investments)	
Cost or Basis of Property		Investment Expenses (enclose list)	
Insurance Reimbursement		Job Hunting Expenses (enclose list)	
Fair Market Value Before Loss		Gambling Losses	
Fair Market Value After Loss		Second Job Mileage	

**EMPLOYEE BUSINESS EXPENSES AND MISCELLANEOUS DEDUCTIONS**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>●Prof. Association or Union Dues     \$ _____</li> <li>●Uniforms (not street clothes)     \$ _____</li> <li>●Uniform Cleaning     \$ _____</li> <li>●Safety Equipment     \$ _____</li> <li>●Tools &amp; Other Work Equipment     \$ _____</li> <li>●Advertising &amp; Marketing     \$ _____</li> <li>●Business Meals &amp; Entertainment     \$ _____</li> <li>●Business Vehicle Mileage 1/1-8/31     _____</li> <li>●Business Vehicle Mileage 9/1-12/31     _____</li> </ul> | <ul style="list-style-type: none"> <li>●Total Mileage on Vehicle in 2009     _____</li> <li>●Out of Town Transportation     \$ _____</li> <li>●Out of Town Lodging     \$ _____</li> <li>●Office in Home Expense     Ask for Form</li> <li>●Job Hunting Expenses     \$ _____</li> <li>●Safe Deposit Box Rent     \$ _____</li> <li>●Tax Return Preparation     \$ _____</li> <li>●Investment Advice/Management Fee     \$ _____</li> <li>●Other     \$ _____</li> </ul> |
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**EDUCATOR AND EDUCATION EXPENSES**

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Educator Expense:	Educator Expense:
Student Name:	Student Name:

Type Expense:		Type Expense:	
Amount: \$		Amount: \$	

### Declaration of Self-Employment Income Data Sheet – YEAR \_\_\_\_\_

Business Name		Tax Id or SSN#:	
Address		City/State/Zip	
Type of Business:		Products or Services or Business Code	
Date Business Formed (Mo/Day/Yr.):		Number of Months in Business This Year?	
Name(s) of Owner(s)		Ownership % of Shares	
Business Entity	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership LLC		
1. Accounting System Used:	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (explain)		
2. Inventory Valuation (if any) is based on:	<input type="checkbox"/> Cost <input type="checkbox"/> Market		
3. Did you use any part of your home for business?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Did you buy or sell any business assets during the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Did you hire any new employees who may qualify for job credits?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Business Owners: Include copies of your 2010 Profit & Loss Statement, and Balance Sheet for year end and prior year.**

INCOME	COST OF GOODS SOLD (If Applicable)
Gross Receipts	Inventory at Beginning of Year
Returns & Allowances	Purchases
Income Reported on Form 1099*	Cost of Labor (Related to Inventory)
Commissions*	Materials & Supplies
Other (Enclose Detail)	Other Inventory Costs
*Do not list 1099s or commissions separately if included in gross receipts.	Inventory Withdrawn for Personal Use
	Inventory at End of Year
Cash Bank Balance at Start of Year	Cash Bank Balance at End of Year

EXPENSES	Payroll Taxes
Advertising	Social Security & Medicare
Bad Debts (Only if reported as income)	Unemployment (Fed & State)
Bank Charges	<b>Other Taxes</b>
Business Gifts	Personal Property
Commission & Fees Paid	Real Estate
Dues & Publications	Other
Employee Benefits Program	<b>Automobile Expenses</b> (Written records required)
Insurance	Business Miles Jan 1 thru Aug 31
Laundry & Cleaning	Business Miles Sep 1 thru Dec 31
Legal & Professional Fees	Gas, Oil, Maintenance, Washing
License Fees & Taxes (Business & Professional)	Other
Office Supplies	Total Miles Driven This Year
Other Business Interest	<b>Travel (Out of Town)</b>
Owner's draw (If Sole Proprietor)	Cabs, Rental Cars, Buses
Pension/Profit-Sharing (Employees)	Lodging
Personal Health Insurance (Sole Proprietor)	Transportation
Postage & Shipping	Other
Rent & Lease (Vehicles, equipment, etc.)	<b>Meals &amp; Entertainment</b> (List 100% of Expenses)
Rent & Lease & Utilities (Real Estate)	Entertainment Expenses
Repairs & Maintenance	Meals & Tips
Supplies (Other than office)	Miscellaneous Expenses
Telephone	Tickets & Events
Wages (Not reported above)	
<i>Guaranteed payments to partners or members (If partnership or LLC taxed as partnership-enclose details)</i>	
<i>Dividends paid to stockholders (If Corporation-enclose details)</i>	
<i>Other distributions to stockholders, partners, or members (Enclose details)</i>	

By signing this form, I confirm the information I am providing ERNST Accounting & Tax Services to be accurate and supported by the necessary document. I have retained all documents, cancelled checks, and other data that form the basis of income and expenses pertaining to this return. **I declare under penalty of perjury that the foregoing is true and correct.**

Print Name	Signature	Date

**ATTENTION:** All **NEW** clients please fill in all boxes that apply to your situation; all **RETURNING** clients indicate **ONLY** where there are changes.

1.	Has the IRS or any state or local taxing agency notified you of any change to a prior year tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Are any dependents claimed by you not citizens or residents of the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Do you or your spouse wish to designate \$3.00 of your taxes to the Presidential Campaign Fund? <input type="checkbox"/> YES (Taxpayer) <input type="checkbox"/> NO (Spouse)	<input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Did you or your spouse receive income from any source not listed elsewhere in this questionnaire?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5.	Did you or your spouse barter goods or services with others?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6.	Did you or your spouse receive any distributions from an IRA, pension, or profit-sharing plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	Do you have any children age 14 or under who have investment income?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Did you move during the past year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Did you or your spouse start a new business in the past year or do you anticipate starting one in the current or next year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Do you expect any significant changes in income, tax withholding or tax liability in the next year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Did you or your spouse make gifts to any individual of more than \$11,000 this past year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	Did you or your spouse pay premiums or receive benefits from long-term care insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13.	Did you or your spouse receive educational benefit payments from your employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	Did you or your spouse or a dependent attend post-secondary school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	Are you or your spouse paying off a student loan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16.	Did you pay anyone who is over age 18 \$1400 or more to work at your home during the year for services such as housework, yard work, or other domestic help? If so, provide details and amounts.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	Did you or your spouse become disabled during this past year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18.	Are you or your spouse handicapped employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19.	Do you or your spouse have a foreign bank or investment accounts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	Did you or your spouse have earned income and living expenses while working outside the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21.	Did you or your spouse open a health savings account (HAS) during this past year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22.	Did you or your spouse have a casualty loss due to conditions in a Presidentially-declared disaster area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23.	Did you receive reimbursement from insurance or another source for a prior year casualty losses or medical destructions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24.	If you or your spouse have reached age 70 ½ have you begun your mandatory withdrawals from retirement savings accounts?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Write details of any YES answers in the space below.**


If you would like your refund to be deposited directly into your account please provide in the space below your routing number and account number.

<b>BANK NAME</b>		<b>ROUTING #</b>		<b>ACCOUNT #I</b>	
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I (We) have reviewed the information in this questionnaire including the business and rental data sheet (if applicable) and to the best of my (our) knowledge it is accurate, correct, and complete.

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TAXPAYER	DATE	SPOUSE	DATE
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