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1. Personal Information

	Name	Social Security	Date of Birth	Occupation	Cell Phone	Blind	Disabled
Taxpayer						☐	☐
Spouse						☐	☐
Street Address		City	State	Zip	Home Phone	Alt. Phone	

Marital Status Married Filing Joint Married Filing Separate Single Head of Household Widower, Spouses Date of Death 01/12/12

Circle One

2. Dependent Information

Full Name	*Relationship*	*Date of Birth*	*Social Security Number*	*Months lived with you*	*Disabled*	*Full Time Student*	*Tuition Expenses*	*Dependents Gross Income*
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		

3. Child and Dependent Care Expenses

Name of Care Provider	**Address**	**Social Sec. or EIN**	**Amount Paid**

Do you receive dependent card benefits from your employer ? **Yes or No** *if yes, amount will be reported on W2*

4. Please answer the following questions for 2012 - Please provide documentation for any questions answered "Yes"

Did you pay expenses for yourself, your spouse, or your dependent to attend courses beyond highschool?	☐ **Yes or No** ☐	*Did you purchase a new alternative vehicle?*	☐ **Yes or No** ☐	
Did you pay any student loan interest for yourself, your spouse or dependent?	☐ **Yes or No** ☐	*Did you install any energy efficiency improvements to your residence?*	☐ **Yes or No** ☐	In prev yrs did you claim credit over $500 Y or N
Did you pay alimony to a former spouse? Please provide the recipient social security and the amount paid?	☐ **Yes or No** ☐	*Did you give a gift of more than $14,000 to one or more people ?*	☐ **Yes or No** ☐	
Did you contribute to a Health Savings Account or Archer Medical Savings Account ?	☐ **Yes or No** ☐	*Did you have any bankruptcy proceedings*	☐ **Yes or No** ☐	

5. Michigan Renters Credit

Did you pay rent in Michigan in 2012? ☐ **Yes or No** ☐

if no, skip this section

Monthly amount paid per month? ____________ Is the rented residence your current address? ☐ **Yes or No** ☐

Landlord Information

Name: ____

Address: ____ *State:*________________ *Zip:* _________________

Number of months resided at rental in 2012? ______________ *If less than 12 months please provide additional rented residence(s)*

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6. Income

Did you have any wages or contract income?	☐ **Yes or No** ☐	*If yes, please provide copies of W2 or 1099-Misc*
Did you have any debts cancelled, forgiven or refinanced?	☐ **Yes or No** ☐	*If yes, please copies of 1099-C*
Did you receive rental income from real estate or other property owned?	☐ **Yes or No** ☐	*If yes, please provide a report of your income and expenses*
Did you receive any distribution from retirement income?	☐ **Yes or No** ☐	*If yes, please provide copies of 1099-R and/or 5498*
Did you receive interest and dividends	☐ **Yes or No** ☐	*If yes, please provide copies of 1099-INT and 1099-DIV*
Did you sell any investments (stock, bonds, partnership interest) in 2012?	☐ **Yes or No** ☐	*If yes, please provide copies of 1099-B and confirmation stmts*
Did you receive any compensation from a merchant services? (Ebay, Paypal, Etc.)	☐ **Yes or No** ☐	*If yes, please provide copies of 1099-K*
Did you receive any income from a partnership, trust or estate?	☐ **Yes or No** ☐	*If yes, please provide copies of Schedule K-1*

7. Other Income

List All Other Income (including non-taxable)
Please provide documentation of all other income amounts

Alimony Received	○ **Yes or No** ◉
Child Support	○ **Yes or No** ◉
Scholarship (Grants)	○ **Yes or No** ◉
Unemployment Compensation	○ **Yes or No** ◉
Prizes, Bonuses, Awards	○ **Yes or No** ◉
Gambling , Lottery	○ **Yes or No** ◉
Unreported Tips	○ **Yes or No** ◉
Director/Executor Fees	○ **Yes or No** ◉
Commissions	○ **Yes or No** ◉
Jury Duty	○ **Yes or No** ◉
Workers Compensation	○ **Yes or No** ◉
Disability Income	○ **Yes or No** ◉
Veterens Pensions	○ **Yes or No** ◉
Payments from prior installment plans	○ **Yes or No** ◉
State Tax Income Refund	○ **Yes or No** ◉

Other ___________________________________
Other ___________________________________
Other ___________________________________

8. Itemized Deductions

Are you itemizing your deductions? ○ **Yes or No** ◉
If no, skip this section

Please provide documentation of all deductions

Medical and Dental Expenses	○ **Yes or No** ◉
Real Estate Taxes Paid	○ **Yes or No** ◉
Personal Property Taxes	○ **Yes or No** ◉
Other Taxes Paid (sales tax)	○ **Yes or No** ◉
Mortgage Interest	○ **Yes or No** ◉
Investment Interest	○ **Yes or No** ◉
Prem. For Qualified Mortgage Ins.	○ **Yes or No** ◉
Points Paid	○ **Yes or No** ◉
Casualty Theft Losses	○ **Yes or No** ◉
Charitable Contributions	○ **Yes or No** ◉
Non-Cash Contributions	○ **Yes or No** ◉
Charitable Miles	○ **Yes or No** ◉
Employment Expenses You Paid	○ **Yes or No** ◉
Investment Related Expenses	○ **Yes or No** ◉

Other _________________________________
Other _________________________________
Other _________________________________

9. Self Employed Business

Do you own your own business? ☐ **Yes or No** ☐
if no, skip this section

What is the name of the business? ____

What is the EIN for the business? ___________________________

Entity Type ☐ Sole Prop ☐ Single LLC ☐ Partnership ☐ S-Corp ***cirlce one***

What is the product or service your business provides? ____

How may years have you been in business? ___________________________

Please provide detail of the business income and expenses, a profit and loss statement is acceptable. If you require assistance with compiling the profit and loss statement, additional accounting services will apply.

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10. Estimated Tax Payments

Did you make any estimated tax payments in 2012? ☐ **Yes or No** ☐
if no, skip this section

Due Date		Date Paid	Federal Amount	State Amount

11. Direct Deposit of Refund (if applicable)

If your return qualifies for a refund, do you want the refund directly deposited into your account? ☐ **Yes or No** ☐

The IRS allows you to deposit your federal tax refund into up to three different accounts. Please provide the following information:

Account 1
Name of Financial Institution ____ Type of Account: checking or savings ***(circle one)***
Financial Institution Route Number ____ ☐ ☐
Taxpayer Account Number ____

Account 2
Name of Financial Institution ____ Type of Account: checking or savings ***(circle one)***
Financial Institution Route Number ____ ☐ ☐
Taxpayer Account Number ____

Account 3
Name of Financial Institution ____ Type of Account: checking or savings ***(circle one)***
Financial Institution Route Number ____ ☐ ☐
Taxpayer Account Number ____

12. Tax Preparation Payment Options

If you have choosen to have your refund direct deposited into your account, you have the option to have the tax preparation fees deducted from your refund for a nomial fee (see payment options information below).

Would you like to have the tax preparation fees deducted from your refund? ☐ **Yes or No** ☐ *additional fees will apply*

Please provide the following information for processing the deduction: **** If filing jointly both taxpayer and spouse info required**

Taxpayer
Drivers License ID #____
State _______________________ Exp. Date ___________________

Spouse
Drivers License ID #______________________________________
State _______________________ Exp. Date _________________

Payment Option Information
The bank product allows your refund to be processed in 7-10 business days. Refund options are checks processed in office, direct deposit, or Visa debit card. The charge for these services are $20 for check, $10 Direct Deposit, $5 Debit Card

Contact our office if you have any questions or concerns

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