



The Business Services Company

TAX RETURN INFORMATION

Name _____ SS# _____ Date of Birth __/__/__

Spouse _____ SS# _____ Date of Birth __/__/__

Address _____

Phone home _____ e-mail _____
work _____ cell _____

Children	Name	SS#	Date of Birth
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Please provide documentation for the following:

Income

- W2s
- 1099s (misc., retirement, interest, dividend)
- Capital Gain/Loss statements (must reflect basis in securities sold)
- Rental Income
- Social Security Statements
- State refund statement
- Self-employment income
- Cancellation of Debt Notices

Deductions

- Medical expenses (prescription drugs, doctors/hospital expense, insurance Premiums)
- Taxes (real estate, ad valorem, personal property tax)
- Mortgage Interest statement
- Closing statements for home sale/purchase and refinancing
- Donations (verification letters if applicable, Goodwill type receipt must have amount)
- Childcare (need tax identification number and name of provider)
- IRA contributions
- Estimated payments (amounts and date made)
- Safe Deposit Rent
- Education verification (college verification, personal expense)
- Rental Expenses for rental properties
- Self-employment expenses
- Student Loan Interest
- Sales Tax from vehicle purchase
- Energy Tax Credits (new furnace, insulated windows, etc.)

Copy of prior year return if not prepared by Matrixtbsc, Inc.

Please include anything else you think might be pertinent to your tax situation.