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new this year We need your email address

NAME OF TAXPAYER _____ SS# _____ Birthday _____

NAME OF SPOUSE _____ SS# _____ Birthday _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NO. (WORK) _____ (HOME) _____

CURRENT SCHOOL DISTRICT _____ COUNTY _____

ARE YOU CLAIMED AS AN EXEMPTION ON YOUR PARENTS' TAX RETURN? TAXPAYER _____ SPOUSE _____

DO YOU QUALIFY TO RECEIVE THE BLIND DEDUCTION? TAXPAYER _____ SPOUSE _____

****LIST BELOW ONLY THOSE DEPENDANTS WHICH YOU CLAIM (Do not include yourself or spouse)**

FULL NAME	BIRTH DATE	SS#	RELATIONSHIP	MONTHS IN HOME

NOTICE PLEASE RETURN WITH THIS ANY TAX RETURN FILED FOR ANY DEPENDANT important!!!!!!!!!!!!!!**

ARE YOU THE ONLY PERSON CLAIMING THE DEPENDENTS LISTED ABOVE? Yes _____ No _____

TAXPAYER _____ SPOUSE _____

ALIMONY RECEIVED _____

PAYMENTS MADE TO KEOGH OR SEP PLANS _____

PAYMENTS MADE TO REGULAR IRA _____

AMOUNT OF ALIMONY PAID BY: TAXPAYER _____

PAID TO: _____ SOCIAL SECURITY # _____

IF YOU HAVE A BROKERAGE ACCOUNT. PLEASE INCLUDE TO 1099 B FOR ALL BROAKERAGE SALES.

DID YOU WORK IN THE CITY (NOT TOWNSHP)? IF SO, WHERE _____ WHEN _____

DO YOU LIVE IN A CITY (NOT TOWNSHIP)? IF SO, WHERE _____ WHEN _____

DO YOU WANT US TO PREPARE A CITY TAX RETURN FOR YOU? YES _____ NO _____

COMPLETE BOTH SIDES

MEDICAL AND DENTAL EXPENSES:		INTEREST PAID:	
		1. Home mortgage interest and points paid to	
AMOUNT		financial institutions and reported on form 1098	
1. Prescriptions		INSTITUTION PAID	AMOUNT PAID
2. Other health insurance premiums			
3. Long term health care premiums			
4. Doctors, dentists, etc.			
5. Hospitals, clinics, etc.			
6. Lab and x-ray fees		2. Home mortgage interest paid to individuals	
7. Eyeglasses and contacts		NAME:	AMOUNT PAID
8. Medical equipment and supplies		STREET:	
9. Miles driven for medical purposes		CITY, STATE:	
10. Ambulance/Medical trans costs			
11. Total nursing care costs		3. Investment interest (margin interest)	
TAXES PAID:			
Real estate taxes paid on	xxxxxxxxxxxxxxxxxxxxxx	Total sales tax paid during year	\$
principal residence	\$	(We can choose the higher of	
Real estate taxes paid on	xxxxxxxxxxxxxxxxxxxxxx	income tax or sales tax.)	
vacation home/time share condo	\$		
		CONTRIBUTIONS: cash requires a receipt;	
DID YOU RECEIVE SOCIAL SECURITY?		<i>tangible property requires an appraisal</i>	
(IF SO, BRING THE REPORT RECEIVED)		NAME OF CHARITY _____	
	YES	NO	AMOUNT _____
TAXPAYER			
SPOUSE			NAME OF CHARITY _____
			AMOUNT _____
DID YOU RECEIVE UNEMPLOYMENT			
COMPENSATION? (IF SO, BRING THE REPORT)		NAME OF CHARITY _____	
	YES	NO	AMOUNT _____
TAXPAYER			<i>attach receipts & appraisals</i>
SPOUSE			Total miles driven for charity _____ miles
COMPLETE BOTH SIDES			

NAMES OF EMPLOYERS FROM WHOM YOU RECEIVED W-2 FORMS

TAXPAYER

SPOUSE

FOR DIRECT REFUND DEPOSIT YOU MUST PROVIDE BANK INFORMATION HERE:

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

NAMES OF 1099 PROVIDERS OF INCOME NOT SHOWN AS INTEREST OR DIVIDENDS, AND NOT LISTED ON THE BUSINESS WORKSHEET OR FARM WORKSHEET

TAXPAYER

SPOUSE

IF YOU SOLD AN ASSET (STOCKS, BONDS, MUTUAL FUNDS, REAL ESTATE, ETC), please provide:

ASSET SOLD

DATE ACQUIRED

DATE SOLD

AMOUNT REC'D

COST

LIST ANY OTHER INFORMATION WHICH YOU HAVE