



LEVI'S BOOKS AND TAXES

Making your business **GREATER THAN** before

TAX INFORMATION SHEET

Taxpayer's Information

	Name	Birth Date	SSN	Occupation
Taxpayer				
Spouse				

Other Dependent's Information – Please attach an explanation if a dependent did not live with you for the entire year or if someone else can claim a dependent.

Full Name	Birth Date	SSN	Relationship to Taxpayer

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Did you live in the above state for the entire previous year? _____

If not, what other state(s) did you live in? _____

When did you move? _____

Household Moving Expenses

Miles of move _____

Lodging _____ Storage _____ Transportation _____

Child Care Information

You must provide this information to qualify for the Child Care Credit. Please provide the following info per provider per child.

Name: _____

Address: _____

Provider's SSN/EIN: _____ Amount paid to provider: _____

Income

Check the income items that pertain to you and please include documents or information regarding amounts received during the year. If you have expenses related to this income (such as business, farm, or rental income), please provide a list of expenses by category.

- State Tax Refund
- W-2s
- 1099s
- Interest
- Dividends
- Mutual Fund Distributions
- Alimony Received
- Unemployment Income
- Lottery or Gambling Winnings
- Proceeds from sell stock, real estate, business autos, or business equipment
- Pension, retirement income
- IRS Distributions
- Income from Rentals
- Partnerships/Corporation (K-1)
- Estate/Trust Income
- Farm Income
- Installment Sale Proceed
- Social Security Income
- Self-Employed Business Income

Deductions

Education Expenses _____ Student Loan Interest _____

IRS/Roth Contributions _____ Keogh/SEP/SIMPLE Contributions _____

Alimony Paid _____

Itemized Deductions.

Medical and Dental		Contributions	
Doctor		Church	
Operations		College	
Prescription Drugs		United Way	
Medical Insurance		March of Dimes	
Dental Insurance		Others	
Long Term Care Insurance		Value of furniture or clothing given	
Hospital and Emergency		Volunteer Work Expenses	
Lay and X-Ray		Miles Driven for Charity	
Visiting Nurses/In-home Care		Taxes	
Dental Insurance		Real Estate	
Dentures and Braces		Sales Tax	
Glass and Contact Lenses		State Income Tax	
Hearing Aids		Interest Paid	
Orthopedic Shoes		Home Mortgage	
Therapy Treatments		Second Mortgage/Home Equity	
Canes/Crutches/Braces		Points Paid at Closing	
Wheelchair		Casualty Losses	
Medical Miles Driven		Theft	
Other Medical Transportation		Fire	
		Accidents	

Job Related Expenses

Estimated Taxes Paid

Federal Taxes – Date and Amount	State Taxes – Date and Amount

Please choose one for each of the following:

File Method

- I want you to file my Return Electronically

- I want to file a printed copy of my return

Return Copy Method

- Email my return and invoice to me

- Give me a printed copy of my return

Payment Method

- Pay my taxes electronically using this information
Bank Routing Number _____
Bank Account Number _____

- I will pay my taxes with a check

Refund Method

- Direct deposit my refund using this information
Bank Routing Number _____
Bank Account Number _____

- I want to receive my refund in a check

By signing below, I acknowledge that I have read this form, and that the data provided on this form and in any enclosed documents is accurate to the best of my knowledge.

Signature and Date