

# MICHAEL A. TAWNEY & COMPANY, P.C.

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<b>NAME</b>	<b>Social Security Number</b>	<b>Birthdate</b>
Client: _____	_____	_____
Spouse: _____	_____	_____
Address: _____	City: _____	State: _____ Zip: _____
Telephone: _____	Cell: _____	Email _____
Driver's License #: _____	Spouse Driver's License #: _____	
Issue Date: _____	Spouse Issue Date: _____	
Expiration Date: _____	Spouse Expiration Date: _____	

<b>DEPENDENTS</b>	<b>Social Security #</b>	<b>Relationship</b>	<b>Birthdate</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Are you covered by a Health Plan</b>	<b>YES</b>	<b>NO</b>	
Is it paid for by Employer _____ Personally _____	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Please include any 1095-A Form you received</b>			
Do you want your <b>REFUND DIRECT DEPOSITED</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	
Bank 9 digit Routing # _____ Acct # _____ Ck ____ or Sav ____			
Did your <b>marital status</b> change this year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did your <b>address change</b> during this year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Do you want to <b>file separate returns</b> from your spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any <b>changes in dependents</b> from the prior year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you pay any <b>childcare</b> while you worked.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you <b>adopt a child</b> or begin adoption proceedings this year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have any <b>debts forgiven</b> this year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you <b>start a new business</b> this year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you <b>sell any real estate</b> this year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you sell any <b>stocks or bonds</b> this year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you make a <b>large purchase</b> (Auto RV Boat) this year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you <b>withdraw</b> any money from a <b>Pension or IRA</b> this year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you <b>contribute</b> any money to an <b>IRA</b> this year.....	<input type="checkbox"/>	<input type="checkbox"/>	
Did you <b>receive any notices</b> from the IRS, State or Local Authorities.....	<input type="checkbox"/>	<input type="checkbox"/>	

**INTEREST RECEIVED** *Bank, Credit Union, Tax Exempt Securities, Bonds, Land Contracts*

From: \_\_\_\_\_ From: \_\_\_\_\_

\_\_\_\_\_

**DIVIDENDS RECEIVED**

From	Total Ord Dividends	Qualified Dividends	Capital Gain Distribution	Total Gross Dividends	From	Total Ord Dividends	Qualified Dividends	Capital Gain Distribution	Total Gross Dividends

**SALE OF ASSETS** *Stocks, Bonds, Land, other Personal Assets....*

Description	Date Sold	Sales Price	Date Acquired	Cost	Expenses in Asset	Selling Costs

**RENTAL INCOME**

#1 #2 #3 #4 #5 #6

Income						
Advertising						
Travel						
Cleaning						
Maintenance						
Insurance						
Legal						
Interest						
Repairs						
Taxes						
Utilities						
Other						

**OTHER INCOME**

State Unemployment \_\_\_\_\_ Social Security \_\_\_\_\_  
 Workmans Comp \_\_\_\_\_ Pensions \_\_\_\_\_  
 State Refund \_\_\_\_\_ Alimony Received \_\_\_\_\_  
 Local Refund \_\_\_\_\_ Other \_\_\_\_\_

**QUARTERLY ESTIMATES**

	1st	2nd	3rd	4th
Federal				
State				
City				

**DEDUCTIONS**

**MEDICAL EXPENSES**

Health Ins \_\_\_\_\_  
 Dental Ins \_\_\_\_\_  
 Medicare B Ins \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 Office Co-Pays \_\_\_\_\_  
 Dental Fees \_\_\_\_\_  
 Glasses \_\_\_\_\_  
 Chiropractor \_\_\_\_\_  
 Lab Fees \_\_\_\_\_  
 Medical Miles \_\_\_\_\_  
 Other \_\_\_\_\_

**INTEREST PAID**

Mortgage \_\_\_\_\_  
 Home Equity \_\_\_\_\_  
 Land Contract \_\_\_\_\_  
 Student Loans \_\_\_\_\_  
 Other \_\_\_\_\_

**MISCELLANEOUS**

Tax Prep Fee \_\_\_\_\_  
 Education Costs \_\_\_\_\_  
 Union Dues \_\_\_\_\_  
 Investment Fees \_\_\_\_\_  
 Safe Deposit Box \_\_\_\_\_

**CHARITABLE**

Church (received) \_\_\_\_\_  
 Church (loose) \_\_\_\_\_  
 United Way \_\_\_\_\_  
 Homeless Shelter \_\_\_\_\_  
 Colleges \_\_\_\_\_  
 Educational TV/Radio \_\_\_\_\_  
 Other \_\_\_\_\_

**Employee Business Expense**

Uniforms \_\_\_\_\_  
 Safety Shoes \_\_\_\_\_  
 Entertainment \_\_\_\_\_  
 Travel \_\_\_\_\_  
 Business Miles \_\_\_\_\_  
 Prof Journals \_\_\_\_\_  
 Small Tools \_\_\_\_\_  
 Other \_\_\_\_\_

**TAXES PAID**

Home-Summer \_\_\_\_\_  
 Home-Winter \_\_\_\_\_  
 Cottage-Summer \_\_\_\_\_  
 Cottage-Winter \_\_\_\_\_  
 Vacant Land \_\_\_\_\_  
 State & Local \_\_\_\_\_  
 License Plate Fees \_\_\_\_\_  
 Other \_\_\_\_\_

**NON CASH**

Salvation Army \_\_\_\_\_  
 Goodwill \_\_\_\_\_  
 Food Pantry \_\_\_\_\_  
 Charitable Miles \_\_\_\_\_  
 Other \_\_\_\_\_

**OTHER**

IRA Contributions \_\_\_\_\_  
 Roth IRA Contributions \_\_\_\_\_  
 Alimony Paid \_\_\_\_\_

**CHILD CARE**

Provider	Address	Provider Tax ID # or SSN	Amount Paid

SEV of Your Personal Residence: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
 CLIENT SIGNATURE

\_\_\_\_\_  
 DATE

**TAXPAYERS DECLARATION:** Under penalties of perjury, I (we) declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

**PLEASE BE SURE TO GIVE US ALL OF YOUR W-2s and 1099s THAT YOU RECEIVE!**