

MICHAEL A. TAWNEY & COMPANY, P.C.

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NAME	Social Security Number	Birthdate
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: _____	

DEPENDENTS	Social Security #	Relationship	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you covered by a Health Plan	YES	NO
Is it paid for by Employer _____ Personally _____	<input type="checkbox"/>	<input type="checkbox"/>
Please include any 1095-A Form you received		
Do you want your REFUND DIRECT DEPOSITED.....	<input type="checkbox"/>	<input type="checkbox"/>
Bank 9 digit Routing # _____ Acct # _____		
	Ck	or Sav

Did your marital status change this year.....	<input type="checkbox"/>	<input type="checkbox"/>
Did your address change during this year.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to file separate returns from your spouse.....	<input type="checkbox"/>	<input type="checkbox"/>
Are there any changes in dependents from the prior year.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any childcare while you worked.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings this year.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts forgiven this year.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a new business this year.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any real estate this year.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any stocks or bonds this year.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you make a large purchase (Auto RV Boat) this year.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you withdraw any money from a Pension or IRA this year.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute any money to an IRA this year.....	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any notices 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 _____

STIMULUS

3rd Stimulus \$ _____

ADVANCED CHILD TAX Credits

July thru December 2021 \$ _____

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 (receipted) _____
 Church (loose) _____
 United Way _____
 Homeless Shelter _____
 Colleges _____
 Educational TV/Radio _____
 Other _____

Business Expense (Schedule C)

Purchases _____
 Equipment _____
 Entertainment _____
 Travel _____
 Business Miles _____
 Uniforms _____
 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

Taxable Value of Your Personal Residence: _____

NOTES:

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 W-2s and 1099s THAT YOU RECEIVE!