

2008 Information Checklist

This is a list of the most common items you should provide. We'll call you if we need anything else. If you believe you are missing any documents, please provide details.

(You don't need to return this to us, unless you make notes we should be aware of.)

_____ Completed Client Questionnaire and Personal Information form

_____ All forms sent to you by the various taxing agencies

_____ All W-2's

_____ All 1099 forms confirming income from interest, dividends, retirement, social security, disability, unemployment, gambling winnings, etc.

_____ All LLC, Partnership or S-Corporation K-1's (send separately later if everything else is ready; let us know they're coming)

_____ If you sold any shares of mutual funds or other capital assets and basis information is not provided by the broker, please provide basis and acquisition date (year-end summary statements are ideal, or complete the Capital Gain & Loss form)

_____ If you bought, sold or refinanced real estate, a closing statement for each transaction

_____ Year-end statement of mortgage interest (Form 1098) and balance on mortgage or home equity loans; receipts for all real estate taxes paid

_____ Receipts for non-cash contributions totaling \$250 or more

_____ All legal documents for formation, sale or purchase of a business during the year

_____ All legal documents for divorce decrees

_____ Copies of any federal, state or local tax correspondence

_____ All information for children if you want us to prepare their required returns

_____ New clients: copies of prior year federal, state and local returns and depreciation schedules, if applicable (at least one year)

2008 CLIENT QUESTIONNAIRE

Please check the appropriate box. If yes, include all necessary details and complete the designated form.
 (use attached Notes page if more space is required)

Yes No

Personal Information

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you be claimed as a dependent by another taxpayer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents from the prior year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any children (under age 19 or college students under age 24) with unearned income in excess of \$1,800? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you maintain a home for someone not claimed as a dependent? |

Self-employment or Rental Information

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | Did you start or dispose of a business during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have income or expenses related to self-employment and/or operation of a business? If yes and Miller Dixon Drake does not do your accounting, complete the <u>Business Income and Expenses</u> form. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use a portion of your home exclusively for business? If yes, complete the <u>Office in the Home</u> form. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have income or expenses related to a rental property? If yes, complete the <u>Rental Real Estate</u> form. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you own or invest in a business that would be considered manufacturing? |

Other Income Information

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | Did you receive refunds of state or local income tax? If yes, state amount \$_____ and local amount \$_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive miscellaneous income? If yes, income amount \$_____ and related expenses amount \$_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any income from property sold prior to this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any lump-sum payment from a pension or profit-sharing plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any rollovers or withdrawals from any retirement account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash in any U.S. Savings bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive employer-provided educational assistance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your college student receive educational benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a 1099-Q for a distribution from a 529 plan? If yes, attach form. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a damage award for personal injury, sickness or discrimination? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive executor fees or jury duty fees? If yes, amount \$_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive alimony (not child support)? If yes, amount \$_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you dispose of any stock during the year? (send original cost and sale prices and dates) |

Deduction Information

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | Did medical expenses exceed 7.5% of your income? If yes, complete the <u>Itemized Deductions</u> form. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay sales tax on a car, boat, motor home, manufactured home, truck, motorcycle, or plane purchased for personal use? If yes, amount \$_____. |

**PERSONAL INFORMATION
 2008 TAX RETURNS**

| | |
|--------------------------|----------------------------|
| Taxpayer Full Name _____ | Spouse Full Name _____ |
| Email Address _____ | Daytime Phone Number _____ |

Have you moved or changed jobs since last year? If so, please complete this section. If not, you may leave this section blank.

| | |
|---------------------------------|-----------------------------|
| Date of Move _____ | New School District _____ |
| New Street Address _____ | New Municipality _____ |
| New City, State, Zip Code _____ | Old Municipality _____ |
| New Taxpayer Occupation _____ | New Spouse Occupation _____ |

Dependents/Nondependents Qualifying for Child Care and/or EIC

| Full Name | Date of Birth | Social Security No. | Relationship | Mo. in home |
|-----------|---------------|---------------------|--------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

REFUNDS AND PAYMENTS:

You can elect to have your refunds on federal and state returns directly deposited into your bank account. However, if you elect this option, please include a voided check below.

You can also elect to have your payments due on federal and state returns automatically deducted from your bank account. Your deduction will be scheduled for April 15th. Please attach a voided check if you elect this option.

ATTACH VOIDED CHECK HERE

**ITEMIZED DEDUCTIONS
 2008 TAX RETURNS**

Medical and Dental Expenses (Please retain documents)

| | Amount |
|-----------------------------------|--------|
| Medical Insurance Premiums | |
| Doctors/Dentists/Hospitals | |
| Prescription Drugs | |
| Non-prescription Medical Supplies | |
| Other: _____ | |
| _____ | |

Number of Medical Miles (\$0.24/mile) _____

Do not list amounts that were reimbursed or paid with pre-tax dollars.

TAXES PAID (Please complete OR enclose documents)

| | Municipal | School | Total |
|--|-----------|---------------------|-------------------|
| Real Estate Taxes | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Quarterly Estimated Tax Payments (Federal / State) | | Taxpayer (FED / ST) | Spouse (FED / ST) |
| First Quarter (Apr 15) | | _____ | _____ |
| Second Quarter (Jun 15) | | _____ | _____ |
| Third Quarter (Sep 15) | | _____ | _____ |
| Fourth Quarter (Jan 15) | | _____ | _____ |

INTEREST PAID (Please complete OR enclose documents)

| | Amount |
|----------------------------------|--------|
| Primary Residence - Payee: _____ | |
| _____ | |
| Second Residence - Payee: _____ | |
| _____ | |

