

Wilfong Tax Services, LLC Organizer

20 S. Main Street, Phoenixville, PA 19460

Contact us at (610) 935-5555 or wilfongtax@msn.com.

Personal Information

Taxpayer Name: _____ D.o.b. _____ Soc. Sec. No.: _____

Spouse Name: _____ D.o.b. _____ Soc. Sec. No.: _____

Taxpayer Occupation: _____ Spouse Occupation: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____ Email Address: _____

Blind or Disabled _____ Filing Joint Return Married
 Claimed as a Dependent by another Single
 Widower, D.o.d _____

Dependents (Children & Others)

1. Name: _____

Relationship: _____

Date of Birth: _____

Sec. Sec. No.: _____

Months lived with you _____

Disabled Full-time Student Freshmen or Sophomore

Gross Income \$ _____

2. Name: _____

Relationship: _____

Date of Birth: _____

Sec. Sec. No.: _____

Months lived with you _____

Disabled Full-time Student Freshmen or Sophomore

Gross Income \$ _____

3. Name: _____

Relationship: _____

Date of Birth: _____

Sec. Sec. No.: _____

Months lived with you _____

Disabled Full-time Student Freshmen or Sophomore

Gross Income \$ _____

4. Name: _____

Relationship: _____

Date of Birth: _____

Sec. Sec. No.: _____

Months lived with you _____

Disabled Full-time Student Freshmen or Sophomore

Gross Income \$ _____

How would you like to file your return?

E-File Return Mail Return Refund by Check Direct Deposit

Name of Financial Institution: _____ Routing No.: _____

Bank Account: _____

Savings Account Checking Account

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Income

Type	Received
<input type="checkbox"/> Wages, Tips (Reported to Employer, Salary, Commissions, Bonuses, Fees)	<input type="checkbox"/> W2, W2G
<input type="checkbox"/> Tips Not Reported (include tip journal and receipts)	<input type="checkbox"/> Records
<input type="checkbox"/> Interest payments from your financial institution	<input type="checkbox"/> 1099 DIV
<input type="checkbox"/> Dividend and Capital gains distributions from your financial institution	<input type="checkbox"/> 1099 INT
<input type="checkbox"/> Distributions from Pensions, Annuities, Retirement Plan & IRAs	<input type="checkbox"/> 1099 R
<input type="checkbox"/> Sale of stock and investments (include transaction history, trade confirms, cost basis)	<input type="checkbox"/> 1099 B
<input type="checkbox"/> Unemployment Payments, tax refunds, and grants	<input type="checkbox"/> 1099 G
<input type="checkbox"/> Sale of real estate (include closing statement)	<input type="checkbox"/> 1099 S
<input type="checkbox"/> Foreclosure of real estate	<input type="checkbox"/> 1099 A
<input type="checkbox"/> Cancellation of debt	<input type="checkbox"/> 1099 C
<input type="checkbox"/> Rents, Royalties, other income	<input type="checkbox"/> 1099 MISC
<input type="checkbox"/> Alimony received (include settlement agreement)	<input type="checkbox"/> Agreement
<input type="checkbox"/> Self-employment income and expenses (receipts and records)	<input type="checkbox"/> Records
<input type="checkbox"/> Social Security Benefit payments	<input type="checkbox"/> SSA 1099
<input type="checkbox"/> Interest from Trust, Estate, or S-Corp	<input type="checkbox"/> K-1
<input type="checkbox"/> State or Local Tax Refunds	<input type="checkbox"/> Records
<input type="checkbox"/> Taxable prizes, awards, reimbursements, scholarships or fellowships	<input type="checkbox"/> Records
<input type="checkbox"/> Other Income _____	_____
<input type="checkbox"/> Other Income _____	_____
<input type="checkbox"/> Other Income _____	_____

Adjustments to Income

Type	Type	Notes
<input type="checkbox"/> Retirement Plan Contributions	<input type="checkbox"/> Paid Tuition & Fees for education (1098 E)	_____ _____
<input type="checkbox"/> Paid educator expenses	<input type="checkbox"/> Paid Student Loan Interest (1098 T)	
<input type="checkbox"/> Payment of Alimony	<input type="checkbox"/> Self-employment tax	
<input type="checkbox"/> Health Savings Account contribution	<input type="checkbox"/> Moved in Recently	

Itemized Deductions

Type	Type	Type
<input type="checkbox"/> Paid Mortgage Interest (Form 1098)	<input type="checkbox"/> Casualty or Theft Losses incurred	<input type="checkbox"/> Bought or sold house
<input type="checkbox"/> Real Estate Taxes	<input type="checkbox"/> Unreimbursed Medical or Dental	<input type="checkbox"/> Paid Estimated Tax
<input type="checkbox"/> State Taxes	<input type="checkbox"/> Unreimbursed employee expenses	
<input type="checkbox"/> Local Taxes	<input type="checkbox"/> Investment interest	
<input type="checkbox"/> Gifts to Charity	<input type="checkbox"/> Need estimated taxes	

Credits

1. Dependant Care Credit Amount Paid for Dependant Care \$ _____

Name of Care Provider	Address of Care Provider	EIN or Sec. Soc. No.

2. Earned Income Credit (EIC) You were disallowed the earned income credit for any reason last year
 Another person can claim your child for the Earned Income Credit

3. Moving Expenses

a. Number of miles from old home to new workplace	_____
b. Number of miles from old home to old workplace	_____
c. Cost of transporting & Storage household goods	\$ _____
d. Other travel and lodging expenses (not meals)	\$ _____
e. Miles driven (drove self)	_____

Wilfong Tax Services, LLC - Self-employment & Contractor Information Sheet

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Business Income & Expenses Worksheet

Name of Business _____	EIN No. _____
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Inventory Calculations

Beginning Year Inventory	\$ _____	Purchase of Inventory	\$ _____
Labor Inventory Cost	\$ _____	Inventory Supply cost	\$ _____
Other Inventory Cost	\$ _____		

Income & Expenses

Gross receipts or sales	\$ _____	Travel, Meal, Entertainment	\$ _____
Advertising	\$ _____	Subscriptions & Dues	\$ _____
Vehicle Costs (Not using Miles)	\$ _____	Permits & Licenses	\$ _____
Contractors Paid (1099-Misc)	\$ _____	Utilities	\$ _____
Wages Paid to Employees	\$ _____	Repair & Maintenance	\$ _____
Office Supplies	\$ _____	Paid Quarterly Taxes	\$ _____
Office Expenses	\$ _____	Professional Fees	\$ _____
Computer/Equipment	\$ _____	Rent/Lease Equipment	\$ _____
Postage	\$ _____	Rent or Lease Property	\$ _____
Business Insurance	\$ _____	Cell Phone	\$ _____
Health Insurance	\$ _____	CE Credit/Seminars	\$ _____
Other Expense	_____	Other Expense	_____
Other Expense	_____	Other Expense	_____

Business Vehicle & Mileage

When Vehicle Placed in Service, Date: _____

Business Miles _____ Commuter Miles _____ Other _____

- Vehicle was available for off-duty use
 You or your spouse have another Vehicle for Personal Use