



VISIONQWEST ACCOUNTANCY GROUP

A Professional Accountancy Corporation
 500 North Central Avenue Suite 740 Glendale California 91203-3905
 Tel No.: (818) 547-0497 extension 3 Fax No.: (818) 547-0449

2011

| Taxpayer's Information | | | | Source Of Income | | Payee | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|---|----------------------------------|---------------------------------|------------------|--|----------|-------|
| Name of Taxpayer: _____ <small>First Middle Last</small> | | SSN: _____ | Birthdate: _____ | | W-2's | 01 | \$ _____ | _____ | | |
| Taxpayer's Address: _____ <small>Street Apt No. City State Zipcode</small> | | | | 02 | | \$ _____ | _____ | | | |
| Telephone Numbers: _____ <small>Home Work Mobile</small> | | Emails: _____ | | 03 | | \$ _____ | _____ | | | |
| Spouse's Information: _____ <small>First Middle Last</small> | | | | SSN: _____ | Birthdate: _____ | | Total | \$ _____ - _____ | | |
| Dependent's Information | 01 | _____ | SSN: _____ | Birthdate: _____ | | Form 1099's | | 01 | \$ _____ | _____ |
| | 02 | _____ | SSN: _____ | Birthdate: _____ | | | | 02 | \$ _____ | _____ |
| | 03 | _____ | SSN: _____ | Birthdate: _____ | | | 03 | \$ _____ | _____ | |
| | 04 | _____ | SSN: _____ | Birthdate: _____ | | Total | \$ _____ - _____ | _____ | | |
| EXPENSES INCURRED DURING THE YEAR | | | Occupation: _____ | | Bank Interest Income | 01 | \$ _____ | _____ | | |
| Employee Expenses | | | Travel Expenses Away From Home | | | 02 | \$ _____ | _____ | | |
| Uniform & Drycleaning \$ _____ | Business Gifts \$ _____ | Travel Expenses Away From Home | Lodging \$ _____ | Ordinary Dividends \$ _____ | | Pension & Annuitie \$ _____ | | | | |
| Trainings/Seminars \$ _____ | Union Dues \$ _____ | Lodging \$ _____ | Airfare \$ _____ | Qualified Dividends \$ _____ | Rental Income \$ _____ | | | | | |
| Tools & Minor Eqpts \$ _____ | Trade Publication \$ _____ | Airfare \$ _____ | Car Rent/Taxi \$ _____ | Taxable Refunds \$ _____ | Royalties, F1065, SCorp \$ _____ | | | | | |
| Work Supplies \$ _____ | Meals & Entertainment \$ _____ | Car Rent/Taxi \$ _____ | Incidental Exp. \$ _____ | Alimony Received \$ _____ | Farm Income \$ _____ | | | | | |
| Car Information | | Car Expenses | | OTHER EXPENSES | | Business Income \$ _____ | | Unemployment Income \$ _____ | | |
| Year, Make, Model _____ | Gasoline \$ _____ | *Child Care Exp. \$ _____ | | *Name, Add. & No. _____ | | Capital Gain or (loss) \$ _____ | | Social Security Benefits \$ _____ | | |
| Cost or Basis _____ | Parking & Tolls \$ _____ | *FEIN of Provider _____ | | Alimony Paid \$ _____ | | IRA Distribution \$ _____ | | Gambling, Hobby, Other Income \$ _____ | | |
| Purchase Date _____ | Auto Insurance \$ _____ | Alimony Paid \$ _____ | | Escrow Fees \$ _____ | | Adjustments to Income | | | | |
| Business Mileage _____ | Registration Fee \$ _____ | Escrow Fees \$ _____ | | Educator Exp. \$ _____ | | Educator Expenses \$ _____ | | Student Loans \$ _____ | | |
| Commuting Mileage _____ | Oil & Maintenance \$ _____ | Educator Exp. \$ _____ | | Rental Exp. \$ _____ | | Moving Expenses \$ _____ | | Tuition & Fees \$ _____ | | |
| Average Roundtrip _____ | Finance Charges \$ _____ | Rental Exp. \$ _____ | | HOA \$ _____ | | SEP/Simple Plans \$ _____ | | Penalty on Distri. \$ _____ | | |
| Other Mileage _____ | Tires & Brakes \$ _____ | HOA \$ _____ | | Other Deductions | | IRA Deductions \$ _____ | | Alimony Paid (SSN Reqd) \$ _____ | | |
| Total Mileage (Whole Yr) _____ | Carwash & Others \$ _____ | Other Deductions | | Medical & Dental \$ _____ | | Health Savings Acct \$ _____ | | Certain Buss Exp. \$ _____ | | |
| Self-Employed Business Expenses | | | | Other Deductions | | Medical & Dental \$ _____ | | Home Mrtg. Int. 01 \$ _____ | | |
| Advertisement \$ _____ | SE Health Insurance \$ _____ | Utilities \$ _____ | | State/Local/Personal PropTaxes \$ _____ | | Home Mrtg. Int. 02 \$ _____ | | Points & Other Interest \$ _____ | | |
| Bad Debts \$ _____ | Interest Expenses \$ _____ | Supplies \$ _____ | | Cash Donations \$ _____ | | InKind Donations \$ _____ | | Mortgage Ins. Premium \$ _____ | | |
| Commissions & Fees \$ _____ | Legal & Prof. Fees \$ _____ | Rep & Main. \$ _____ | | Investment Interest \$ _____ | | Real Estate Taxes \$ _____ | | Tax Preparation Fee \$ _____ | | |
| Office Expenses \$ _____ | Wages & Salaries \$ _____ | Finance Fees \$ _____ | | Legal & USCIS Fees \$ _____ | | | | | | |
| Pension & Profit Sharing \$ _____ | Taxes & Licenses \$ _____ | Other Insurance \$ _____ | | | | | | | | |
| Rent & Leases \$ _____ | Meals & Entertainment \$ _____ | Others \$ _____ | | | | | | | | |
| Notes: _____ | | | | | | Referred By: _____ | | | | |
| | | | | | | Interviewed By: _____ | | | | |
| | | | | | | Reviewed By: _____ | | | | |