

We take the protection and privacy of the personal information you entrust to us very seriously. We do not disclose any nonpublic information about our customers or former customers to any third party, except as required or permitted by law. If you would like to review our complete privacy policy, it can be found online at <http://www.alliancetaxservice.com/privacy.htm>

Today's Date:		Prepared by:	
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Personal information:

First Name	Middle Initial	Last Name	Suffix	Social Sec. No or ITIN - -	Date of Birth / /
Spouse First Name	Middle Initial	Spouse Last Name	Suffix	Social Sec. No or ITIN - -	Date of Birth / /

Please select the filing status you would like to use:

<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Jointly	<input type="checkbox"/> Married Filing Separately
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	

Your address and telephone number:

Mailing Address	Apt. #:	Best method and time to contact you?	Your e-mail address
City	State	ZIP Code	Home telephone number ()

Work information:

Your Occupation	Work telephone Number ()	Ext.	May we call you at work, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse Occupation	Work telephone Number ()	Ext.	May we call you at work, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent information:

Dependent 1:

First Name	MI	Last Name	Suffix	Social Sec. No or ITIN - -	DOB / /	Relationship to you
Number of months this person lived with you			Did you pay child or dependent care expenses for this person?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent 2:

First Name	MI	Last Name	Suffix	Social Sec. No or ITIN - -	DOB / /	Relationship to you
Number of months this person lived with you			Did you pay child or dependent care expenses for this person?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent 3:

First Name	MI	Last Name	Suffix	Social Sec. No or ITIN - -	DOB / /	Relationship to you
Number of months this person lived with you			Did you pay child or dependent care expenses for this person?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent 4:

First Name	MI	Last Name	Suffix	Social Sec. No or ITIN - -	DOB / /	Relationship to you
Number of months this person lived with you			Did you pay child or dependent care expenses for this person?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Child/ dependent care provider information:

Name	SSN or Employer Identification Number	Total Amount Paid
Address	City	State
Zip code		
Name	SSN or Employer Identification Number	Total Amount Paid
Address	City	State
Zip code		

Deductions:**Alimony (Spousal Support)**

Did you or your spouse pay alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, enter the total amount that was paid:		
Enter the Social Security Numbers for persons to whom alimony was paid:	-	-		-	-
Did you have expenses for post-high school education for someone in your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Did you or your spouse make a contribution to an Individual Retirement Account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Did you have any personal or business losses or damage as a result of casualty or theft?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Itemized deductions (enter dollar amounts for all that apply):

Taxes you paid:		Remarks
State/ Local		
Property (main home)		
Property (other real estate)		
Personal property		
Interest you paid:		
Mortgage (combine interest from all mortgages)		
Mortgage points		
Charitable contributions:		
Cash (cash, check, credit card, etc.)		
Non-cash		
Medical expenses:		
Prescription medicines		
Doctors, Dentists		
Fees for hospitals, clinics		
Lab and x-ray fees		
Long-term care		
Eyeglasses and contact lenses		
Medical equipment and supplies		
Health insurance premiums		
Other (explain in Remarks)		
Vehicle expenses:		
Number of business miles driven		
Number of personal miles driven		
Total number of miles driven		
Vehicle information:		
Vehicle make and model (i.e. Chevy Blazer)		
Type of vehicle (A: <6,000 lbs.; B: 6,000-13,000 lbs.; C: >13,000 lbs.; D: tractor trailer for over-the-road use)		
Date vehicle placed in service (i.e. 07/23/2003)	/ /	
Business travel expenses:		
Parking and local transportation		
Travel away from home		
Meals and entertainment		
Other business related expenses:		
Education		
Professional publications		
Licenses		
Clothing and equipment		
Dues for professional organizations		
Other (explain in Remarks)		