

CODE- 4 TAX SERVICES

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GENERAL TAX INFORMATION FOR TAX YEAR: _____

This form is designed to be used by all taxpayers. Please complete all information as thoroughly as possible. If mailing supporting documentation, send photocopies only. If faxing/e-mailing, PDF format is preferred. Keep all receipts and documentation used to prepare this form in a safe location for 5-7 years. Please write legibly. Use separate sheet if needed.

Name(s): _____ New Client? _____ Email: _____

Home/Mailing Address: _____ Mark if Address Change _____

Home Phone: _____ Cell Phone: _____

New addition to family? Y N If yes, name, DOB, SSN: _____

Filing Status: Single Married Filing Jointly Married Filing Separately Head of Household
Change of Filing Status? Y N If yes, explain: _____

MEDICAL EXPENSES: May be deductible if the total of all your qualified expenses are more than 7.5% of your adjusted gross income.

Do you have health insurance? Y N

Health & Dental Insurance Premiums: _____
(not paid pre-tax by employer)

Long-term Care Premiums: _____
Your Age: _____ Spouse Age: _____

Out-of-pocket medical expenses:
Hospitals, ambulances, ER, Co-pays _____
Prescription medications _____
Dental _____
Eye Doctors, glasses, etc. _____
Other: _____

Medical Miles: _____

PERSONAL TAXES:

Real Estate Property Taxes:
Primary Residence _____
Second Home/Other _____

Personal Property:
Auto Registrations _____
Boat/trailer/motorcycle _____

Sales Tax Paid: _____
(big ticket items or you live in a state without sales tax)

MORTGAGE INFORMATION:

Mortgage interest _____
Other mortgage interest _____
New home purchase? Y N
If yes, attach copy of closing costs.
Mortgage refinanced? Y N
If yes, attach copy of closing costs.
Short sale/Foreclosure? Y N
If yes, attach copy of form 1099C or A.

OTHER EXPENSES:

Gambling Losses: _____
(Verifiable losses can be claimed up to the amount of reportable winnings.)

CHARITABLE DONATIONS:

Church/House of worship _____
Payroll deductions _____
Work funds _____
Organized charities _____
School Donations _____
Non-cash donations (clothes, etc.) _____
Goodwill/Salvation Army, etc. _____
Other contributions _____
Charitable/volunteer miles _____
Volunteer Expenses _____

CHILD AND DEPENDENT CARE:

Do you have a dependent care account with your employer?
Y N

Amount paid to childcare provider _____
Name of provider _____
Federal EIN/SSN _____
Address _____
Phone number _____

Amount paid to childcare provider _____
Name of provider _____
Federal EIN/SSN _____
Address _____
Phone number _____

If for multiple children, please provide the breakdown of how much was spent for which child with which provider. Use a separate sheet if necessary.

STIMULUS: If you received a stimulus payment(s) in 2020 and 2021, please write the amount received here:
1st Stimulus \$ _____ 2nd Stimulus \$ _____

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JOB EXPENSES:

Out of pocket, unreimbursed work expenses that are ordinary and necessary to perform your job. Note: Law Enforcement/Public Safety, Nurses & Medical Professionals, and Teachers - please use the specific form created for your profession.

Home Office: Please use the Home Office Worksheet

- Work-related supplies
Uniforms
Uniform maintenance
Cell phone service per month
Business use %
Cell phone purchase cost
Computer/laptop/tablet purchase
Business use %
Internet service per month
Business use %
Travel Expenses
Hotel
Airfare/transport
Rental cars
Misc. (Bag fees, tips, parking, etc.)
Business Meals
Conferences/trainings/workshops
Professional organizations/subscriptions

Business Mileage: (Must be necessary for employer. Does NOT include your commute to and from your primary place of work. You should have a record/calendar/journal.)

- Unreimbursed business miles
Commuting miles
Non-business miles
Total Miles driven for the year

If you are reimbursed for mileage, what is the reimbursement rate you received? Per Mile
Total reimbursement received

If you believe calculating the percentage of your actual expenses (including vehicle depreciation) would be more beneficial for you tax-wise, please include all expense information related to the vehicle (taxes, registration, insurance, maintenance, fuel, etc.)

MOVING EXPENSES:

If you moved your residence for your employment, you may be able to adjust your income with the moving expenses.

- Are you a member of the Armed Forces?
Did you move because of work?
Number of miles from OLD residence to NEW workplace

Number of miles from OLD resident to OLD workplace

- Moving expenses paid
Travel & lodging expenses
Amount reimbursed by employer

OTHER INFORMATION:

Please include any other pertinent information you think might be relevant to the proper completion of your tax returns.

Blank lines for providing other information.

EDUCATION EXPENSES:

Complete this section for yourself or any dependent who is enrolled in a qualified college or university.

Was the education work-related? Y N

Amount spent on tuition, fees, and books
Amount of Scholarships/Grants:

Name of school:
Federal ID Number:
Address:

Attach any 1098T forms from educational institutions.

BANKING/ FINANCIAL INFORMATION/ OTHER INCOME:

Include any tax documents sent to you by banking or financial institutions, including:

- 1099 INT - interest earned - will be issued if over \$10
1099 DIV - dividends received
1099 B - reports of any stock transactions
1099 G - state/local refunds

Do you have foreign bank/stock accounts? Y N
If yes, amounts in excess of \$10,000 are required to be reported but are not taxable and subject to fines if you do not report.

Do you have any bitcoin or cryptocurrency accounts? Y N

Do you Pay or Receive Alimony? Y N
If yes, what was the amount?
Date of alimony order:
Alimony received must be reported as income. Child Support is not deductible.

Do you receive Social Security? Y N
If yes, include 1099-SSA form(s).

Did you Contribute to or Withdrawal from an IRA? Y N
If yes, include 1099-R forms.
What was the amount?

Was this a rollover? Y N

Do you have a Health Savings Account (HSA) with your employer? Y N
If yes include applicable statements.
Amount contributed
Amount used for qualified medical expenses

OTHER INFORMATION:

Please include any other pertinent information you think might be relevant to the proper completion of your tax returns.

Blank lines for providing other information.

Do you want your refund direct deposited to your bank account? Y N

Bank Name:
Routing #:
Account #: