

# Client Data for Tax Year 2008

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This form is to assist you in gathering your income tax information  
PLEASE BRING IN YOUR COPY OF LAST YEAR'S RETURN

**Name:**  
Taxpayer \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate \_\_\_\_\_ **Blind** **Disabled**  
\_\_\_\_\_

Spouse \_\_\_\_\_ SS No. \_\_\_\_\_ Birthdate \_\_\_\_\_

**Address:** \_\_\_\_\_ Telephone (Home) (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Telephone (Work) (\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Spouse Cell Phone: (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_ **Referral Source** \_\_\_\_\_

**Occupation:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Check One:**  Single  Married Filing Joint  Surviving Widow/Widower  
 Married Filing Separately (enter spouse's name/SS No. Above)  Unmarried Head of Household

Dependents Name	Birthdate	Social Security Number*	Relationship	No. of Months lived in your home in 2008

**\*A personal exemption is disallowed for any dependent unless the Social Security number is provided on the tax return.**

The checklist below could lead to helpful deductions. Please answer and provide supporting information. **All questions below pertain to the year 2008.**

**YES NO**

- \_\_\_ \_\_\_ Did you incur any educational expenses on behalf of yourself, your spouse, or a dependent? (See Page 3)
- \_\_\_ \_\_\_ If you are an educator, did you have un-reimbursed work-related expenses? Amount: \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Did you contribute to a Qualified State Tuition Plan ie. 529 Plan? \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Did you pay alimony? If yes, paid to: \_\_\_\_\_  
SS no.: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Did you have any adoption expenses? \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Did your college student receive educational benefits under a prepaid tuition program?
- \_\_\_ \_\_\_ Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund?
- \_\_\_ \_\_\_ Did you contribute to an IRA Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Do you pay quarterly estimated Federal or State Taxes? (See Page 3)
- \_\_\_ \_\_\_ Did anyone in your household make payments toward Student Loans in 2008? Interest amount \$ \_\_\_\_\_
- \_\_\_ \_\_\_ Do you wish to designate someone other than tax preparer to be contacted by the IRS in case any questions arise regarding your tax return? If other than tax preparer include name here \_\_\_\_\_
- \_\_\_ \_\_\_ Did you sell a home in 2008?
- \_\_\_ \_\_\_ Did you move over 50 miles due to a job change in 2008?
- \_\_\_ \_\_\_ Did you make qualified energy improvements such as energy efficient windows, doors or metal roofs or purchase an energy efficient motor vehicle?
- \_\_\_ \_\_\_ Would you like your Refunds directly deposited? (Please include a voided check or deposit slip)
- \_\_\_ \_\_\_ Would you like to electronically file your returns? If not, a small surcharge may be assessed.

**Wage Income** (Enclose all W-2's) How many W-2's do you have? \_\_\_\_\_

**Retirement Benefits Received** (Enclose all 1099R Forms)

**Interest Income** (Enclose all 1099-INT Forms)

**Dividend Income** (Enclose all 1099-DIV Forms)

**Stock or mutual fund sales in 2008?** (Enclose all 1099B forms and include purchase cost and date purchased)

**Gambling winnings in 2008?** (Enclose all W2G's)

**Other Benefits/Income Received** (Enclose all 1099, SSA-1099, K-1s and other Misc. Forms)

**Personal Itemized Deductions**

**Medical (Must exceed 7.5% of Gross Income)**

	Amount
Prescription Drugs.....	
Medical Insurance Premiums.....	
Long Term Care Ins. Premiums...	
Medicare Premiums.....	
Doctors/Dentists.....	
Clinic/Lab Tests.....	
Hospitals.....	
Eyeglasses/Hearing Aids.....	
Orthopedic Shoes/Braces.....	
Medical Long Distance Phone.....	
Other.....	
Miles.....	
Fares: Taxi, Bus, etc.....	
Do you have a medical savings acct.?	

**Interest**

Deductible Home Mortgage Interest Paid to Financial Institutions.....	
<i>List name</i> .....	
Deductible Home Mortgage Interest Paid to Individuals:*NameAddress:*	
Social Security No.:*	
*Failure to provide is subject to a \$50 penalty.	
Deductible Points (Include Amortization Points from Prior Years).....	
Investment Interest (list).....	
.....	
.....	
.....	

**Taxes**

Real Estate.....	
Personal Property.....	
State & Local Income Tax.....	
.....	
.....	

**Charitable Contributions**

Cash Contributions*.....	
.....	
.....	
Other Than Cash Contributions.....	
.....	
.....	
Miles for Charity .....	

\*Contributions of \$250 or more require written substantiation from the organizations.

**Miscellaneous Deductions Subject to 2% AGI**

Unreimbursed Employee Business Expense (See Page 3)	
Union & Professional Dues.....	
Safe Deposit Box Rental.....	
Tax Return Preparation Fee.....	
Business Publications.....	
Business Telephone Calls.....	
Tools, Supplies, Equipment.....	
Employment-Related Education.....	
Investment Expenses.....	
Other.....	

**Miscellaneous Deductions Not Subject to 2% AGI**

Gambling Losses (limited to winnings).....	
.....	

**Employee Business Expense**

<b>Travel Expense</b>	<b>Amount</b>
Air Fares.....	
Auto Rentals.....	
Entertainment.....	
Garage.....	
Hotel/Motel.....	
Meals.....	
Parking.....	
Postage.....	

	<b>Amount</b>
Road Tolls.....	
Taxi, Subway.....	
Telephone.....	
Tips.....	
Equipment.....	
Other.....	

**Automobile Expense**

<b>Total Miles Driven</b>	<b>Car 1</b>	<b>Car 2</b>
Total Mileage		
Business Mileage Business Mileage 1/1-6/30/08		
Business Mileage 7/1-12/31/08		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

<b>Actual Automobile Expenses</b>		
Gas & Oil		
Insurance		
Licenses and Registration		
Repairs and Maintenance		
Tires, Tire Repair		
Other:		

**Child Care Deductions** (Number of Dependents Qualifying: \_\_\_\_\_)

<b>Provider's Name &amp; Address (Include Individual's Name and/or Org. Name)</b>	<b>SS No. or Federal ID</b>	<b>Amount</b>

Did you receive employer-provided dependent care assistance benefits?  Yes  No Amount: \$ \_\_\_\_\_

**Estimated Tax Payments**

	1 <sup>st</sup> Quarter		2 <sup>nd</sup> Quarter		3 <sup>rd</sup> Quarter		4 <sup>th</sup> Quarter		TOTAL
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	
Federal									
State									
City									

**Education Expenses** (Number of Dependents Qualifying: \_\_\_\_\_)

<b>Educational Institution Name (Include all 1098-T's)</b>	<b>Student Name</b>	<b>Amount</b>

**Business Income** (Attach 1099-MISC Forms if available)

Business Name \_\_\_\_\_  
 Federal ID No. \_\_\_\_\_  
 Principal Business Activity \_\_\_\_\_  
 Principal Product \_\_\_\_\_  
 Method Used to Value Inventory \_\_\_\_\_  
 Accounting Method:  Cash  Accrual

<b>Gross Income</b>	<b>Amount</b>
Gross Income.....	_____
Less Returns/Allowances.....	_____
<b>Cost of Sales</b>	
Beginning Inventory.....	_____
Purchases.....	_____
Cost of Labor.....	_____
Materials and Supplies.....	_____
Freight In.....	_____
Other.....	_____
Ending Inventory.....	_____

<b>Deductions</b>	
Advertising.....	_____
Auto-Truck Expense (See boxes above right)	_____
Bad Debts.....	_____
Contract Labor.....	_____
Commissions.....	_____
Professional Dues & Subscriptions..	_____
Employee Benefit Program.....	_____
Freight & Express .....	_____
Utilities.....	_____
Insurance (Business).....	_____
Insurance (Health).....	_____
Interest.....	_____
Maintenance & Repairs.....	_____
Miscellaneous.....	_____
Legal & Accounting Fees.....	_____
Office Expense.....	_____
Postage.....	_____
Rent.....	_____
Payroll Taxes.....	_____
Salaries.....	_____
Supplies.....	_____
Telephone.....	_____
Travel.....	_____
Total Meals & Entertainment.....	_____
Other.....	_____

**Automobile Expense**

<b>Total Miles Driven</b>	<b>Car 1</b>	<b>Car 2</b>
Total Mileage		
Business Mileage 1/1-6/30/08		
Business Mileage 7/1-12/31/08		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

<b>Actual Automobile Expenses</b>		
Gas & Oil		
Insurance		
Licenses and Registration		
Repairs and Maintenance		
Tires, Tire Repair		
Other:		

**Business Use of Home** (must be used exclusively for the business)

Total Area of Home: \_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_ sq. ft.  
 Nature of Business Activity Performed in Home: \_\_\_\_\_  
 Total annual: Utilities \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_ Repairs and Maintenance \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
 Was Another Office Available to You Outside the Home?  Yes  No

**Non-Exclusive Use by Day Care Providers Only:**

Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for Day Care: \_\_\_\_\_

**Rental Income**

Property Description																				
Gross Income																				
Expenses																				
Advertising																				
Auto & Travel																				
Cleaning & Maintenance																				
Commissions																				
Insurance																				
Professional Fees																				
Mortgage Interest																				
Other Interest																				
Repairs																				
Supplies																				
Taxes																				
Utilities																				
Wages/Schedule																				
% Occupancy by Taxpayer																				

**Asset Additions**

For Rentals	Description	Date Purchased	Cost			

**To the best of my knowledge the enclosed information is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate contemporaneous records.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date