

Angelo Bellone, CPA PLC

3420 E. Shea Blvd #140 | Phoenix, AZ 85028

(602) 765-6111 Office

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Things to bring for your appointment:

- * Last year's tax returns (**new client only**)
- * All wage and earning statements (W-2's and 1099's)
- * Federal & State form booklets (**only if you get them**)

Did you -

- >> Make any energy efficient improvement to your house?
- >> Buy a new house - 1st time homebuyer?
- >> Sell your house & buy a new primary home (after 11/6/09)?
- >> Buy a NEW car, truck or motor home after 2/16/09?
- >> Receive an Economic Recovery Payment (\$250)?
- >> Help support anyone?
- >> Any forgiven debt on your home or credit cards?

>> Have childcare expenses? Amount \$ _____

Name / Address / EIN (or SSN) of care provider:

...Contribute to an IRA? Filer Spouse
IRA before year-end _____ _____
IRA after year-end _____ _____

PERSONAL DATA (new client, only)

Taxpayer (name, SS#, Birth date)

Spouse

Address

EMAIL:

Home/Wk Phone _____

Children & Dependents
(Name, SS#, Birth date)

ESTIMATED TAXES PAID (canceled checks)

1st Quarter - Due April 15, 2009 _____
2nd Quarter - Due June 15, 2009 _____
3rd Quarter - Due September 15, 2009 _____
4th Quarter - Due January 15, 2010 _____

2010 INCOME TAX WORKSHEET



WAGE INFORMATION FROM W-2's

(Have W-2's and the last paystubs for the year)

INTEREST / DIVIDEND INCOME

(Have statements available)

Non-taxable _____
US Gov't _____
Seller Mortgage _____

CAPITAL GAINS (have 1099-B's available)

Stocks & Mutual Funds:

We need the Purchase & Sale Dates, costs and sale proceeds

OTHER INCOME (all sources including non-taxable)

STATE TAX REFUNDS _____
ALIMONY _____
UNEMPLOYMENT _____
SOCIAL SECURITY _____
PENSIONS (1099-R) _____
BARTER INCOME _____
TIPS & GRATUITIES _____
PARTNERSHIPS (provide K-1's) _____
IRA DISTRIBUTIONS (1099-R) _____

Rental Income & Expenses – use Rental worksheet for income, taxes, utilities, interest, insurance, repairs and supplies

MEDICAL EXPENSES

Health Insurance Premiums paid by you – NOT pretax payments via your paychecks or HSA _____

Prescriptions paid by you \$ _____
Doctor / Dentist co-payments & deductibles: _____

Glasses, Hearing Aids, Medical Devices (include their care & maintenance) _____

Lab and X-ray (not included above) _____

Equipment/Supplies/Rentals _____

Auto Travel for Medical Purposes _____ miles

Other medical travel (Ambulance) _____

Other Medical Expenses _____

Doctor prescribed weight loss or smoking cessation program?

Were any of these listed items reimbursed by insurance?

\$ _____

TAXES PAID

Real Estate Tax Home / Land _____
Sales Tax on RV, Auto & large ticket items _____
State Income Tax paid on prior year's return _____
Vehicle Lieu Tax (auto registrations) _____

INTEREST PAID

Home Mortgage 1st _____
2nd mortgage (pool, etc.) _____
Mortgage paid to individual? _____
Name / Address / EIN _____

Home Equity Loans

Investment Interest paid _____

CONTRIBUTIONS

Receipts, cancelled checks or other statements needed!!

Church / Heart Assn / Scouts / Other Charitable Organizations:

If contribution to one organization is \$3,000 or more:
List name _____ \$ _____

Expenses in connection with a charitable organization
\$ _____ explain: _____
Travel for charitable purposes _____

Value of goods contributed (fair market value) \$ _____
(Detailed statements required if over \$500)

MISCELLANEOUS

Safety Deposit Box _____
Attorney fees (protect inc.) _____
IRA / Investment fees _____
Investment magazines _____
Investment Fees _____
Tax preparation fees _____
Tax preparation travel _____

Lottery / Casino Losses (can't exceed winnings)
Credit Card convenience fees if used to pay income tax
Estate Fees (certain types)

Work Expenses

Union/Professional Dues _____
Tools/Supplies/Equip _____
Work related licenses/fees _____
Uniforms-buy/clean/repair _____
Trade Publications _____
Travel for employer _____
Communication Expenses _____
Teacher's classroom expenses _____
National Guard / Reservist expenses _____

Job seeking expenses:
Travel / Agency / Resume _____
Other _____

Employee Education Expenses

Tuition/Fees _____
Books & Supplies _____
Parking _____
Other _____

Ordinary & Necessary Business Expenses

Quiet Business Meals _____
Entertainment _____
Business Gifts _____
Other _____

**(ALL EXPENSES MUST BE ORDINARY FOR YOUR JOB
NECESSARY FOR YOUR EMPLOYMENT TO QUALIFY)**

**PLEASE CHECK THE WEBSITE FOR OCCUPATION
AND INCOME SPECIFIC WORKSHEETS:**

- >> LAW ENFORCEMENT, FIRE, REAL ESTATE SALES
- >> RENTAL INCOME, TRAVEL & MILEAGE DOCUMENTS

QUESTIONS??

**We gladly accept Visa
and MasterCard!**



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