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INCOME TAX WORKSHEET Tax Year 2009

General Information about you:

Name: _____

**NOTE: Names MUST match the name on your Social Security Card or tax return will be rejected.
 Check spelling carefully. If the name is wrong on SSN Card, use the wrong name.**

Address: _____ E-Mail address _____

City, State, Zip: _____

Phone #'s: TaxPayer: Days: _____ Evening: _____ Cell _____

Spouse: Days: _____ Evening: _____ Cell _____

FAX: _____

SSN: Taxpayer: _____ Spouse: _____

NOTE: Everyone MUST have a SSN, including newborn babies

Occupation: Taxpayer: _____ Spouse: _____

Birthdate: Taxpayer: _____ Spouse: _____

ELECTRONIC FILING? Send return by computer to IRS & State (E-File)? Yes _____ No _____
 Direct Deposit? Yes _____ No _____ If Yes, same Checking Acct as last year? Yes _____ No _____
 If No, please enclosed a VOIDED check for the account you wish to direct deposit your refund to.

CHILDREN you are claiming (You MUST have a SSN for all children, even if born in 2009:

Name	Birthdate	SSN	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

OTHER PERSONS you are claiming (Mother, Father, etc...) Include SSN's and relationship

ALIMONY: Received/Paid \$ _____ SSN of person _____ Name: _____

UNEMPLOYMENT received \$ _____ **SCHOLARSHIPS** received: \$ _____

SOCIAL SECURITY received \$ _____ **Student Loan** Interest: \$ _____

2009 Economic Stimulus Payment: Did you receive a ESP check for: _____ None _____ \$250 _____ (other amt)?

2008 STATE TAX REFUND \$ _____ (received in 2009 if different than my files from last year)

INTEREST RECEIVED: (Don't list if you have a Bank form (1099 INT) with the amounts, just send me a copy of the form)
 Received From: _____ Amount: _____

DIVIDENDS RECEIVED: (use reverse side if necessary, or send me a copy of your 1099Div form)

Received from: _____

Amount: _____

OTHER INCOME: (list)

CHILD CARE: RULE: Expense must be so you or spouse can work. The following information **MUST** be obtained from the care provider in order to claim it:

Number of children cared for: _____

Name of Care Giver: _____ SSN # or Employer # _____ Address & Phone _____ Amount Paid _____ Child's name _____

COLLEGE EXPENSES: Name of College _____ Amount: _____ For Person: _____

Scholarship/Grants received: \$ _____

Note: If you pay education tuition for yourself or family member it may be deductible

CALIFORNIA RENTERS CREDIT:

Landlord's Name: _____ Telephone number: _____

Landlord's Address: _____

Schedule A Personal Expenses:

The following expenses must total **MORE** than \$5700 for singles, or married filing separate; for Married filing Jointly \$11,400; or head of household \$8,350, before you actually get to deduct anything. The former are the standard deductions. Don't waste your time totaling your deductions if you can't **exceed** these amounts.

MEDICAL EXPENSES:

(Note: there is a 7.5% of your Adjusted Gross Income as a deductible – I'll apply Deductible)

Total all doctors, dentists, prescriptions, medical policies, glasses, hearing aids, crutches, and other medical expenses: _____

How many MILES did you travel for medical purposes? Count every Doctor visit, trips to druggist, and/or trips to hospital to visit immediate family _____

TAXES:

If you paid **additional** STATE Income Taxes in 2009 for tax year 2008, give TOTAL amount: _____

Real Estate Property Taxes: _____

Motor Vehicle License Fees: _____ How Many Vehicles? _____

State Sales Taxes Paid _____ (if you didn't keep track, I can use IRS Standard Tables)

Income tax Preparation for last year: _____ (unless I did it)

"Estimated" (Schedule 1040ES) taxes paid for 2009:

How much to **Federal** _____ How much to **State:** _____

INTEREST PAID:

Home Mortgage paid to Banks and Institutions: _____ Mortgage Insurance Premiums _____

Home Mortgage paid to Individuals: _____ Name: _____

SSN# _____ Address: _____

Note: If you refinanced your home mortgage and ALL of the Refi'ed funds just went to payoff the old mortgage, then ALL of the Mortgage Interest and Mortgage Insurance is deductible. If you used some of the Refi money to pay off Credit Cards (personal debt or other uses), then only part of the Mortgage Interest is deductible. What is the amount of your Refi _____ give amount used to pay personal debt or other uses _____

Points paid: _____ (provide me with Escrow Closing Statement)

CHARITY:

Cash and Check: _____ (You **MUST** have a written receipt for each donation over \$250)

****Non-Cash:** _____ (If over \$500 provide an **itemized list** showing:**

This would be items to Your Church, Salvation Army, Goodwill, etc... You **MUST** have a written receipt for each donation event)

****Name/address of Charity, Today's fair market value of the item, Original Cost of the item, date of donation.**

and last column general category of the donation: Clothing, Appliances, Electronics, Tools, etc.... (form 8283 applies)

Miles driven to support non-profit organizations such as children sports: _____

Rule: This is support for the group, not just for your own children.

CASUALTY & THEFT

Only amounts exceeding 10% of your total income + \$100 is deductible. Give me an ITEMIZED list showing: Date of loss: _____ Original cost of item lost: _____ Date of purchase of each item: _____ Value of each item at time of loss: _____ Amount paid by insurance Co: _____ How did you have the loss: (fire, theft, etc) _____

MOVING EXPENSES:

Move must be 50 miles or more than the distance from your former home to your former employment and must be due to a change or transfer of employment. Move must be within one year of new Employment date.

- a. Household goods movement & temporary storage: \$ _____
- b. Family travel expenses: Lodging \$ _____ Travel \$ _____
(Food/meals can't be deducted) Miles driven _____
- c. Distance from old home to new job location: _____ Distance from old home to old job location: _____

JOB EXPENSES Give a list of Job Expenses on a separate sheet or on the reverse of this page: Example: Union Dues, Professional Assn dues, miles driven between job sites, job education, client entertainment, unreimbursed travel expenses, unreimbursed expenses, uniforms that aren't normal street-ware, etc. Lump your expenses into general categories e.g. "Tools" in lieu of itemizing such as wrenches, hammers, etc. Total Miles driven for business reasons _____

OTHER EXPENSES: Give a list of other expenses such as Tax Preparation (unless I did them last year), Investment expenses, safe deposit box for stocks & bonds:

Schedule D Investments:

SALE OF STOCKS & BONDS I MUST have ALL of the below information. I cannot guess it. Use reverse if more than one.

Name & Number of shares	Date and COST of purchase	Date & Price Sold
_____	_____	_____

Sale/Purchase of Real Estate: I need copies of both the purchase and sale Escrow closing statements for each property purchased and/or sold.

Schedule C Small Business:

Name of business: _____ Type of Business _____
 Business Address: _____

I need a total by category, of all business expenses, and a total gross income.

TOTAL INCOME RECEIVED FROM ALL SOURCES: \$ _____

Expenses:

Advertising	_____	Repairs/maintenance	_____
Commissions & fees	_____	Taxes/Licenses	_____
Employee Benefit Programs	_____	Travel	_____
Insurance (not auto)	_____	Entertainment/meals	_____
Legal/Professional Fees	_____	Supplies	_____
Mortgage Interest to banks	_____	Utilities	_____
Mortgage Interest to Others	_____	Wages	_____
Office Expenses	_____	Other (list)	_____
Rent or lease Equipment	_____		_____
Rent or lease property	_____		_____

List equipment purchases separately, giving cost and date of purchase (use reverse if needed).

Vehicles used in business. If more than 1 vehicle, make separate list for EACH one,

DO NOT COMBINE VEHICLE EXPENSES:

- Total miles driven for year _____
- Miles used for business _____
- Miles used for commuting _____
- Miles used for personal use _____
- Parking fees & tolls _____

Note: You must have a written record of your mileage. It cannot be estimated.

If you use your vehicle more than 50% for business purposes and want to list actual expenses, then list actual expenses below IF they total more than the per business mile above AND you have not claimed mileage for this vehicle in the past. You can only claim actual expenses for a vehicle **new** to your business. In my experience, over the life of the business use, mileage always paid more than actual expenses so I recommend claiming mileage only (and you don't have to mess with depreciation recapture when the vehicle is disposed of).

If you are taking business mileage allowance (above) then skip the actual expenses below.

Auto Repairs/Parts (includes batteries, oil, washings, etc) _____
 Auto Fuel _____
 Auto License Fees _____
 Auto Insurance _____
 Other (give list) _____

Interest on business Auto debt _____

If Business Auto is new to you this year:

Did you keep your old Auto? _____
 Total cost of New Auto _____
 Date purchased: _____
 Did you use your old Auto for business? _____
 if so: Trade in value or sale price of old auto: _____

Office in Home Expenses: If your home is the primary place where you do self-employed business, you may deduct some of the expenses of your home. If you qualify please provide the following information: ("qualify" = exclusive use for business only)

Your Total rent: _____ (if you own your home I already have your Mortgage Interest/Taxes)
 Your total Utilities _____ Home Property Insurance: _____
 Square footage of your Home/Apartment _____ Square footage of your Office area _____ Storage area
 Square Footage: _____

If Business is Day Care:

Number of days per year your home is used for Day Care: _____
 Number of hours per day used for Day Care _____
 Total Square footage used for Day Care (include the bathroom) _____
 Total Square footage of Home _____
 Square footage of your office _____
 Square footage of storage area _____

Schedule E RENTAL REAL ESTATE:

Make a separate itemized list for each property: Property address: _____

TOTAL INCOME RECEIVED FROM ALL SOURCES FOR THIS PROPERTY: \$ _____ (do not count deposits)

Expenses:

Advertising	_____	Rent of Equip	_____
Auto & Travel	_____	Rent of office	_____
Cleaning & Maintenance	_____	Supplies	_____
Commissions	_____	Property Tax	_____
Legal/Professional Fees	_____	Utilities	_____
Insurance	_____	Licenses	_____
Management Fees	_____	Dues Prof Assn	_____
Repairs	_____	Professional Books & Magazines	_____
Mortgage Interest to banks	_____	Telephone	_____
Mortgage Interest to others	_____	Other (list on back if necessary)	_____

OTHER Deductions: List other items you feel you may deduct; **use reverse if necessary:**

OTHER INCOME: List sources and amounts of income received from sources NOT reported on 1099's or W-2's

COMMENTS: (anything else you want to tell me) _____

General Instructions

IF I DID NOT PREPARE YOUR TAX RETURN LAST YEAR, please bring/send me a copy of last year's complete tax return Fed & State. Many times there are items that need to be carried forward to the next tax year and that would be indicated on your previous year's return.

If I prepared your taxes last year then I **ALREADY** have it on file. No need to send me a copy. I have more detailed checklists for Schedule E Rentals, and Schedule C Small Business with example items. You can download them from <http://www.ewing-enterprises.com/2009TaxWorkSheet.html> or call/e-Mail me and I'll send them to you. If you need similar check sheets for other forms, I have them also. E-Mail Address: JimEwing@Ewing-Enterprises.com After you have sent me your stuff, please check your e-mail daily to see if I have questions/info for you. I sometimes work until the wee-wee hours of the AM so it's better to E than to Call you.

If you need help in any way, or have questions, feel free to call me **775-250-3743**.

My home-office address is: 284 Bartmess Blvd, Sparks, NV 89436-6037

Office hours are 10am-10pm Monday through Sunday, Pacific Time, please call for an appointment.

This check sheet, with applicable supporting documents (W-2 forms etc), can be:

- a. U.S. Postal Mailed to me, or, UPS/FEDEX/DHL
- b. Dropped off in my drop box by my front door (be sure to alert me that you did this), or,
- c. You can make an appointment and bring them to me.
- d. E-Mailed to me.

If you drop them off or mail them, I'll call you if I have any questions or need more information, and I'll call you when they are ready for signing/pickup. If you live out of town, I'll mail them to you with proper instructions for signing. **Please do not require my signature. It's a long way to the Post Office or other carriers and it will delay your tax preparation if I have to go pick them up.**

When sending documents to me, it is best to make a copy of them in the unlikely event they get lost in transit. This hasn't happened to me but it is always a possibility. **I DO NEED ONE OF THE ORIGINAL COPIES OF ALL W-2 FORMS**, I recommend you make a copy of them to retain for your files.

I have clients scattered all over the US and Europe so be assured that my procedures work effectively.

DOCUMENTS NEEDED TO PREPARE YOUR TAX RETURN:

- All W-2's _____ **(1 ORIGINAL COPY)**
- All 1096's _____ (copies are ok)
- All 1098's _____ (copies are ok)
- All 1099's _____ only if they show tax withholdings (copies are ok)
- All other forms that report money you received _____ (copies are ok)
- Any documents you are not sure about or want me to look at. _____ (copies are ok)

I normally do not need your receipts. If I have questions I'll ask for them, otherwise, filling in the blanks of this form is sufficient. If in any doubt, send me your documents or call me.

Please remember, If I prepare your taxes:

1. You get the same person every year that has your files and personal knowledge of your tax position.
2. You may call me about any tax subject you have questions about, anytime during the year, no additional charges unless I have to do extensive research. I will tell you up front before I do that.
3. I guarantee that my prices are lower than any other professional tax preparer.