

**SCOR TAX SERVICES DIV**

Tel (949)348-9888 Fax (949)348-1888

e-mail: [scscortax@gmail.com](mailto:scscortax@gmail.com) [swstcal@sbcglobal.net](mailto:swstcal@sbcglobal.net) Web site: [scortax.com](http://scortax.com)**The Tax Formula:**

**Gross Income - Deduction for Adjusted Gross Income = Adjusted Gross Income - Greater of Itemized Deduction or the Standard Deduction - Exemptions = Taxable Income x Tax rate = Gross Tax Liability - Tax Credits and Prepayments = Tax Due or Refund**

This form is just a guide on what information we will need in the preparation of your Individual Tax Returns. It is not necessary to fill in all the Information. New client please send copy of prior year 1040.

First Middle Last

Name: \_\_\_\_\_ SSN/ TIN \_\_\_\_\_ DOB \_\_\_\_\_

Spouse: \_\_\_\_\_ SSN/TIN \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

DEPENDENTS: First Middle Last

NAME \_\_\_\_\_ SSN/TIN \_\_\_\_\_ DOB \_\_\_\_\_

**Please, provide us with following Documentation and write down total amount:**

**Please attach an additional piece of paper for additional information you want to furnish.**

1. 1099 (INT) INTEREST RECEIVED  
(FROM BANKS OR CREDIT UNIONS, BONDS):\$ \_\_\_\_\_ Issuer \_\_\_\_\_

2. 1099 (DIV) DIVIDENDS RECEIVED: \$ \_\_\_\_\_ Issuer \_\_\_\_\_

3. 1099 (R) IRA, PENSIONS RECEIVED:\$ \_\_\_\_\_ Issuer \_\_\_\_\_

4. 1099 (B) BUSINESS INVESTMENT ACTIVITIES  
(Stocks, Bonds, Land, Bldg, etc): \$ \_\_\_\_\_ Issuer \_\_\_\_\_

5. 1099 (MISC) BUSINESS, INDEPENDENT CONTRACTOR INCOME: \$ \_\_\_\_\_ Issuer \_\_\_\_\_

6. 1099 (G) GAMBLING WINNINGS:\$ \_\_\_\_\_ Issuer \_\_\_\_\_

**Tell us about the following:**

1. STATE TAX REFUNDS: \$ \_\_\_\_\_ Issuer \_\_\_\_\_

2. SOCIAL SECURITY BENEFITS: (You) \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

3. UNEMPLOYMENT:(You) \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

4. ALIMONY:(You) \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

5. STUDENT LOAN: AMOUNT \$ \_\_\_\_\_ INTEREST \$ \_\_\_\_\_

6. TIPS/GRATUITY: AMOUNT \$ \_\_\_\_\_

7. K1FROM (LLC'S, Partnership, S-Corp): \$ \_\_\_\_\_ Issuer \_\_\_\_\_

Signature: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

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23591 El Toro Road, Ste. 180, Lake Forest CA 92630 Tel (949)348-9888 Fax (949)348-1888

e-mail: [scscortax@gmail.com](mailto:scscortax@gmail.com) [swstcal@sbcglobal.net](mailto:swstcal@sbcglobal.net) Web site: [scortax.com](http://scortax.com)**ALLOWABLE DEDUCTIONS****STATUTORY EMPLOYEE, SELF EMPLOYED, SMALL BUSINESS ONLY****Medical and Dental Expenses****(Unreimbursed by Employer or not covered by insurance)**

Prescription Drugs & Medicines \$ \_\_\_\_\_  
 Medical Health Insurance:..... \$ \_\_\_\_\_  
 Dental Insurance:.....\$ \_\_\_\_\_  
 Doctors Visits & Co pay.....\$ \_\_\_\_\_  
 Dental Exp. Visits & Co pay.....\$ \_\_\_\_\_  
 Hospital Bills Co pay.....\$ \_\_\_\_\_  
 Surgeries Other Med. Procedure\$ \_\_\_\_\_  
 Ambulance / Medical Transport.\$ \_\_\_\_\_  
 Eye Exam, Glasses contacts, supp\$ \_\_\_\_\_  
 Plastic Surgeries (Med. Purpose.\$ \_\_\_\_\_  
 Maternity, Well Baby care Exp \$ \_\_\_\_\_  
 Hearing Aid, Exam., Supplies....\$ \_\_\_\_\_  
 Orthopedic Equipt. Supplies... \$ \_\_\_\_\_  
 Stop Smoking Programs.....\$ \_\_\_\_\_  
 Exercise Wt Red. (Obese only)..\$ \_\_\_\_\_  
 Home Improvemt(med. Reason.\$ \_\_\_\_\_  
 Convalescent Home (Med Trmt.\$ \_\_\_\_\_  
 Physical Exam. Lab Test fees...\$ \_\_\_\_\_  
 Long Term Care Premiums.....\$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Taxes**

Personal Property (Boat, Planes \$ \_\_\_\_\_  
 DMV Registration, Rnwl Fees. \$ \_\_\_\_\_  
 Real Estate (Primary Residence)\$ \_\_\_\_\_  
 Real Estate (Rental Inc Prop.) \$ \_\_\_\_\_  
 Sales Tax.....\$ \_\_\_\_\_  
 Other Taxes.....\$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**Mortgage Interest****Primary Residence 2<sup>nd</sup> Home Vac. Rntl Inc Prop**

1st\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 2<sup>nd</sup>\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 3<sup>rd</sup> \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Charities Gifts : Cash Checks Contrib\$ \_\_\_\_\_****Donations : Non Cash Contrbtrn \$ \_\_\_\_\_****SMALL BUSINESS, SELF EMPLOYED, INDEPENDENT CONTRACTOR**

Home Office Total Residence Sqft. \_\_\_\_\_  
 Rent / Lease Office, Shop, Warehouse. \$ \_\_\_\_\_  
 Rent / Auto Truck Vehicle Equipt \$ \_\_\_\_\_  
 Office Operating Expense/ Comp.Supp. \$ \_\_\_\_\_  
 Business Telephone, Fax \$ \_\_\_\_\_  
 Advtsg Prom\$ \_\_\_\_\_ Sales & Marketing, \$ \_\_\_\_\_  
 Bank Charges \$ \_\_\_\_\_ Interest Fin. Charge\$ \_\_\_\_\_  
 G/L, W/C Ins \$ \_\_\_\_\_ Copy Printing Exp..\$ \_\_\_\_\_

Total Mileage for the year: \_\_\_\_\_

Business Mileage for the year: \_\_\_\_\_

Commuting Mileage: \_\_\_\_\_

Auto/Truck Exp./Maint\$ \_\_\_\_\_

Toll Road Pkg. Fees: \$ \_\_\_\_\_

Travel &amp; Lodging:..... \$ \_\_\_\_\_

Training Semnrs. Conv \$ \_\_\_\_\_

Meals &amp; Entertainment \$ \_\_\_\_\_

Public Transportation... \$ \_\_\_\_\_

Job Search / Resume.Int\$ \_\_\_\_\_

Dues &amp; Subscription... \$ \_\_\_\_\_

Internet, Cable, DSL.... \$ \_\_\_\_\_

Tel./Cellphn./ Pager... \$ \_\_\_\_\_

Computer/Sftwr.Supplie\$ \_\_\_\_\_

Elec. Device &amp; Equipt.. \$ \_\_\_\_\_

Small Tools &amp; Equipt...\$ \_\_\_\_\_

Safety Equipment &amp; Ac \$ \_\_\_\_\_

Uniform &amp; Upkeep... \$ \_\_\_\_\_

Dry Clean, Laundry... \$ \_\_\_\_\_

Union Professional due \$ \_\_\_\_\_

Cont. Educ. Books,Sup \$ \_\_\_\_\_

Errors &amp; Omission Insu \$ \_\_\_\_\_

Malpractice Insurance...\$ \_\_\_\_\_

Casualty, Loss, Theft... \$ \_\_\_\_\_

Disaster Losses..... \$ \_\_\_\_\_

Auto Accdnt LossUnrbr \$ \_\_\_\_\_

Bank Deposit Losses... \$ \_\_\_\_\_

Investment Losses.....\$ \_\_\_\_\_

Fraud Sales offer Loss \$ \_\_\_\_\_

Moving Expense(50 mi)\$ \_\_\_\_\_

**Investment Interest Paid**

Land..... \$ \_\_\_\_\_

Stocks..... \$ \_\_\_\_\_

Business..... \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Auto Vehicle Donations\$ \_\_\_\_\_

Charitable Travel /Miles \_\_\_\_\_

Home Office Sqft..... : \_\_\_\_\_

Utilities Elec/Gas/Wtr/e\$ \_\_\_\_\_

Inventory Purchases \$ \_\_\_\_\_

Shop Supplies \$ \_\_\_\_\_

Internet, Cable DSL \$ \_\_\_\_\_

D/C Laundry \$ \_\_\_\_\_

Repair &amp; Maint.\$ \_\_\_\_\_

Other Misc.Exp\$ \_\_\_\_\_

signature: Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_