

# All American Tax Service

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Elgin, Illinois 60123  
847-741-5033

358 Dundee Avenue  
Elgin, Illinois 60120  
847-888-4006

[www.allamericantax.net](http://www.allamericantax.net)

10 E. Main Street  
East Dundee, Illinois 60118  
847-428-1417

\_\_\_\_\_  
Taxpayer's Name

\_\_\_\_\_  
Spouse's Name

\_\_\_\_\_  
Taxpayer's Birth Date

\_\_\_\_\_  
Taxpayer's Occupation

\_\_\_\_\_  
Spouse's Occupation

\_\_\_\_\_  
Spouse's Birth Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, & Zip Code

\_\_\_\_\_  
Telephone Number

## **Dependent information other than Taxpayer or Spouse**

\_\_\_\_\_  
E-Mail Address

Is everything exactly the same as last year? Yes \_\_\_ No \_\_\_ If yes, then you do not need to fill out all the information for the dependents. If there are any changes, such as adding a dependent, we will need for you to please fill in all the dependent information. If No is checked, and there are names not shown that were on last years tax return, we will assume that dependent is no longer a dependent. Enter only dependents, not taxpayer or spouse.

\_\_\_\_\_  
List Dependents first name,  
Middle initial, & Last name

\_\_\_\_\_  
Social Security Number  
& relationship-Son, Daughter, etc.

\_\_\_\_\_  
Date of Birth  
MM/DD/YEAR

\_\_\_\_\_  
Number of months  
Lived in your home

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Please submit all W-2 forms & all 1099 forms for all income. This includes income for Social Security, Unemployment Compensation, Retirement & Pension, State Tax Refund, etc.**

## **Child Care Expenses:**

\_\_\_\_\_  
Child care providers name

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Social Security Number or E.I.N.

\_\_\_\_\_  
Child's name

\$ \_\_\_\_\_  
Amount paid for this child

\_\_\_\_\_  
Child's name

\$ \_\_\_\_\_  
Amount paid for this child

## **Education Credit:**

(Post high school)

## **Be Sure to Bring in 1098-T Form From College or University** (Must Have)

\_\_\_\_\_  
Student's name

\$ \_\_\_\_\_  
Tuition, books, Etc.

Are you working towards a bachelors degree or masters degree? \_\_\_\_\_

\_\_\_\_\_  
Student's name

\$ \_\_\_\_\_  
Tuition, books, etc.

Are you working towards a bachelors degree or masters degree? \_\_\_\_\_

## **Student Loan Interest:**

Amount paid for student loan interest: \$ \_\_\_\_\_

**Do you have any bank accounts outside the United States?** \_\_\_ Yes \_\_\_ No If yes, we will need to know the details on these accounts..

**If you have a rental property or a business we now have tax organizers for each. They are on our web site or you can call our office and we will mail them to you.**

**Medical Expenses:**

Prescription medications:	\$ _____	Health Insurance Premiums:	\$ _____
Doctors & dentists:	\$ _____	Hospital & clinics:	\$ _____
Lab & x-rays fees:	\$ _____	Eyeglasses-Contact lens:	\$ _____
Nursing care:	\$ _____	Hearing aids & batteries:	\$ _____
Physical therapy:	\$ _____	Canes, crutches, braces, etc.:	\$ _____
Wheel chair:	\$ _____	Lodging for medical purposes:	\$ _____
Medical transportation: Taxi-bus-airplane-train	\$ _____	Medical miles driven: To doctor, drug store, hospital, etc.	_____

**Taxes You Paid:**

Real estate taxes-Your home:	\$ _____	Taxes on vacation home:	\$ _____
Sales tax on car, truck, Boat, motorcycle	\$ _____	Sales tax on motor home:	\$ _____

**Interest You Paid:**

Home mortgage Interest:	\$ _____	Vacation home mortgage interest:	\$ _____
Home equity loan interest:	\$ _____	Loan origination fee or points paid: New home purchase _____	\$ _____
Qualified mortgage Insurance-on 1098 form	\$ _____	Refinance _____	
		Investment interest:	\$ _____

**Gifts to Charity-Donations-Gifts by Cash or Checks:**

Church:	\$ _____	United Way:	\$ _____
March of Dimes:	\$ _____	American Heart Association:	\$ _____
Easter Seal Association:	\$ _____	American Cancer Society:	\$ _____
American Red Cross:	\$ _____	Focus on the Family:	\$ _____
U.S.O.:	\$ _____	Other Misc. Cash donations:	\$ _____

**Gifts to Charity-Donations-Non cash gifts-Clothing & Household Goods:**

Salvation Army:	\$ _____	Goodwill Industries, Inc.	\$ _____
Cancer Federation, Inc.:	\$ _____	Amvets, Purple Hearts, Etc.:	\$ _____

**Miscellaneous & Job Related Deductions:**

Uniforms:	\$ _____	Union Dues:	\$ _____
Work boots:	\$ _____	Tools for work:	\$ _____
Work Gloves:	\$ _____	Safety shoes (steel toed shoes)	\$ _____
Certificates for work:	\$ _____	Job related books & magazines:	\$ _____
Professional dues:	\$ _____	Safety equipment for work:	\$ _____
Bank safe deposit box:	\$ _____	Continuing education expense:	\$ _____
Alimony:	\$ _____	Miscellaneous job related expenses:	\$ _____

**Please remember, if you are audited, you will be expected to substantiate all deductions.**