P.O. Box 1853
Des Moines, Iowa 50305
e-mail: support@fuirsa.com

FUIRSA INC.
Friendly • Understanding • Individualized • Respectful • Savvy Accountants

Phone: 515-225-1479
Fax: 515-274-4986
Toll Free: 800-344-5155

Please provide the following information for your tax return*

_________ All W2s for wages, K1 forms for partnerships, Subchapter S Corp.

_________ 1099s for interest and dividends earned

_________ Amount of last year's Federal Refund

_________ Amount of last year's State refund

_________ Any alimony received/alimony paid

_________ Any sales of stocks or bonds, include dates and prices when bought/dates and prices when sold, including a copy of the 1099-B

_________ Sale/purchase of your personal residence – include settlement statement

_________ Any pensions, annuities, or IRA distributions

_________ Social Security received, including the SSA statement

_________ Any rental, royalty or other income and appropriate expenses

_________ Any unemployment income

_________ Any job-related expenses incurred on your job for which you did not receive any reimbursement. Note: For an educational expense to qualify, it must be required by your employer

_________ If you are paying for education for yourself or a family member; include name of institution, amount paid for tuition and fees only, and for whom paid

_________ Any contribution made – please circle the plan:

Keogh IRA ROTH IRA SEP

_________ Any disability income

_________ Any penalty for early withdrawal on savings or CD

_________ Any other income received

_________ State estimated payments paid for the tax year

_________ Federal estimated payments paid for the tax year

_________ Sales tax paid on large items

* Please provide only the information that pertains to your particular situation.

Please provide the following information for your tax return (cont.)

________ Total paid and not reimbursed for all medical services

________ After tax medical insurance payments made, including long term care

________ State and local income taxes paid for previous year

________ Real estate taxes for all properties actually paid this year

________ Amount paid for license plates for your vehicles

________ Interest paid to a financial institution for a home mortgage, home equity loan, or second home

________ Mortgage Insurance paid on any new or refinanced mortgage in current tax year

________ Mortgage interest paid to an individual

________ Student loan interest paid

________ Cash or check contributions - you must have a receipt for all contributions. List separately any organization to which you gave more than $3000

________ Non-cash contributions including food, clothing, old books, paper, mileage driven for organizations – you must have an itemized receipt

________ Union and professional dues paid

________ Tax preparation fees paid in this year

________ Investment consultation fees paid in this year

________ Any energy saving improvements to your home this year

________ Safe deposit box fee

________ Purchase of a new hybrid car

________ Any change in marital status

________ Any new children in the household or whose support you pay. Date of birth and Social Security number for all household members if not previously provided

________ Any child care paid in this year. You must have the provider's Social Security number or Federal ID number in order to claim the deduction, even if this was a payroll deduction

________ Any other information which you would like us to see or which you have questions about

________ Copy of last year's tax return if you are a new client

________ Copy of current pay stub as well as final pay stub for last year