

WOULD YOU LIKE TO GET YOUR ORGANIZER BY MAIL OR EMAIL NEXT YEAR? MAIL / EMAIL

Auto Expense Notes:

Model and Year of Vehicle: _____
 Total business miles driven during the year (do not include commute miles): _____
 Total miles driven during the year: _____
 Total commute miles driven during the year: _____
 Daily R/T commute distance: _____

Travel Expense Notes:

Amounts Spent: _____
 Airfare Taxi, bus etc. Hotels and Lodging Drycleaning other expenses (Describe) Meals and Entertainment

Home Ownership Notes:

Mortgage interest paid: _____ Property tax paid: _____
 1st mortgage 2nd mortgage 3rd mortgage

Do you work from home **Y / N** Do you rent a home that you own? **Y / N***

Sq. ft. of home _____ sq. ft. of home office/rental _____

Home owners insurance _____ Basis of home _____ Land basis _____ (attach w/s)

Gas _____ Elecricity _____ Garbage _____ Other _____

Direct deposit information

Name of Bank _____ I have verified this RTN and account number and it is where I want my federal/state refund to be direct deposited.
 RTN _____
 Account Number _____ Customer signature _____

Name T/P likes to be called _____ Name spouse likes to be called _____

CUSTOMER ACCEPTANCE STATEMENT

Filing Status _____

INCOME STATEMENTS			OTHER INCOME		INFORMATION FORMS	
NO.	DOCUMENT	TOTAL	TYPE	AMOUNT	TYPE	AMOUNT
___	W-2	_____	_____	_____	1098	_____
___	1099 MISC	_____	_____	_____	Interest	_____
___	1099 INT	_____	_____	_____	Property taxes	_____
___	1099 DIV	_____	_____	_____	1098-T	_____
___	1099-R	_____	_____	_____	1098-INT	_____
___	1099-G	_____	_____	_____	_____	_____

By signing this statement I agree that the information I have furnished to In or Out Tax Service to file my income tax return is true and correct to the best of my knowledge and In or Out Tax Service's liability is limited to penalties and interest on any return we file, we are however not responsible for interest or penalties on a return that has inaccurate information provided or not provided by me or my spouse (if applicable). I also agree that if I decline to file a return or choose not to use other services provided by In or Out Tax Service, I will pay a time charge fee of \$100 an hour.

Customer Signature _____ Date _____