

**PRIME TAX & CONSULTING, INC.**  
**1301 W. MAGNOLIA BLVD.**  
**BURBANK, CA 91506**  
**TEL (818) 842-0392 FAX (818) 842-7237**

Name: \_\_\_\_\_

Tax Year: \_\_\_\_\_

**SAVE TIME & MONEY BY COMING WELL PREPARED. BRING THIS FORM FILLED OUT!!**  
**THINGS TO BRING:**

- 1. ALL WAGE STATEMENTS (W-2'S), 1099'S & ALL OTHER EVIDENCE OF INCOME SUCH AS INTEREST EARNED, DIVIDENDS, RENTAL, SELF EMPLOYMENT, UNEMPLOYMENT OR CASH INCOME, ETC.**
  - 2. A COPY OF YOUR LAST RETURN FILED (NEW CLIENTS ONLY)**
- NOTE: WE ACCEPT CASH OR CHECK ONLY**

**IMPORTANT:** Current address: \_\_\_\_\_  
 Home # \_\_\_\_\_, Work # \_\_\_\_\_, Cell # \_\_\_\_\_  
 Occupation: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Direct Deposit Information: Bank Name: \_\_\_\_\_  
 Routing # \_\_\_\_\_ Acct # \_\_\_\_\_ **CIRCLE:** Checking or Savings

**\*\*\*CONTINUE TO FILL OUT THE BELOW ITEMIZED DEDUCTIONS AS THEY ARE STILL CONSIDERED BY CALIFORNIA AND OTHER STATES\*\*\***

**HEALTH INSURANCE: YES \_\_\_ NO \_\_\_ Coverage through Covered CA? YES \_\_\_ NO \_\_\_**

**Medical Out of Pocket Expenses:** ..... \$ \_\_\_\_\_

**TAXES:** Real Estate (property tax on home)... \_\_\_\_\_ Auto License \$ \_\_\_\_\_

Sales Tax (Automobiles, Motorcycles & Boats) ..... \$ \_\_\_\_\_

**INTEREST PAID OUT:** NAME OF COMPANY

First home Mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
 Second home Mortgage \_\_\_\_\_ \$ \_\_\_\_\_  
 Third home Mortgage \_\_\_\_\_ \$ \_\_\_\_\_

**DONATIONS :** Church \$ \_\_\_\_\_ Organizations \$ \_\_\_\_\_ Non-Cash/In Kind \$ \_\_\_\_\_

**CHILD AND DEPENDENT CARE EXPENSES:**..... \$ \_\_\_\_\_

**YOU MUST HAVE:** Name, address & Tax ID No. or Social Security No. of caretaker.

\_\_\_\_\_

**UNREIMBURSED MISCELLANEOUS EXPENSES:**

Education Exp	\$ _____	Union Dues	\$ _____	Parking Expense	\$ _____
Supplies Exp (Education)	\$ _____	Tools Exp	\$ _____	Books Expenses	\$ _____
Job Seeking Expenses	\$ _____	Cell Exp %	\$ _____	Supplies (work)	\$ _____
Traditional IRA Contrib	\$ _____	Internet %	\$ _____	Protective Clothing	\$ _____
Roth IRA Contrib	\$ _____	Misc.	\$ _____	Business Mileage	_____ miles

**REMARKS OR COMMENTS** \_\_\_\_\_

**FOR BETTER SERVICE BE SURE TO CALL FOR AN APPOINTMENT & PLEASE COME ON TIME. WE ADVISE YOU TO MAKE NECESSARY ARRANGEMENTS TO PLAN TO BE HERE FOR ABOUT AN HOUR AND A HALF. PLEASE BE SURE TO KEEP ALL RECORDS AND RECEIPTS TO SUBSTANTIATE ALL DEDUCTIBLE EXPENSES YOU WISH TO CLAIM FOR AT LEAST 4 YEARS. ALSO, YOUR REFERRALS ARE APPRECIATED AND WELCOMED. THEY WILL BE TREATED AS OUR FAITHFUL CUSTOMERS. PLEASE KEEP THEM COMING. THANK YOU.**

**SEE REVERSE SIDE FOR SPANISH VERSION**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date