



A & B CONSULTING SPECIALISTS SERVICES, INC.

2200 SW 16th Street, Suite 210

Miami, FL 33145

Phone 786-431-1856 - Fax. 786-464-0851

www.TaxMiami.com

DISCLAIMER & AUTHORIZATION

I hereby give consent to A & B CONSULTING SPECIALISTS SERVICES, INC to use and release any and all information relative to forms which are to be filled out by its staff.

I comprehend that I have to give true and complete information on the form, questioner and personal interview under penalty of perjury or I may be prosecuted by the authorized State and Federal Agencies. I affirm that the information contained in the questionnaire, personal interview and documentation are true and correct to the best of my knowledge. I am aware that A & B CONSULTING SPECIALISTS SERVICES, INC and its staff do not supply any documentation other than the befitting forms. I am further aware that the personnel at A & B CONSULTING SPECIALISTS SERVICES, INC are neither Attorneys nor are they Certified Public Accountants (CPA's). Also, I am conscious that A & B and its staff do not preserve any originals or copies of any documentation or information other than the disclaimer. The information disclosed on the questioner and personal interview is not meant to substitute for professional advice and/or specific, authoritative knowledge and direction (we do not give legal advice as we are not attorneys).

SIGNATURE: _____ DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Personal Information

Name _____
Social Security # _____
Date of Birth _____
Home Address _____
Telephone # _____
Occupation _____

Spouse's Information

Name _____
Social Security # _____
Date of Birth _____
Home Address _____
Telephone # _____
Occupation _____

Filing Status (Check ONLY One Please)

Single Married, Filing Jointly
Married, Filing Separately Head of Household

Exemptions (Dependants)

Dependant's Name _____
Social Security # _____
Relation to you _____
Date of Birth _____

Dependant's Name _____
Social Security # _____
Relation to you _____
Date of Birth _____

Dependant's Name _____
Social Security # _____
Relation to you _____
Date of Birth _____

Dependant's Name _____
Social Security # _____
Relation to you _____
Date of Birth _____

Expenses

Alimony Payments (Child Support Payments Do NOT Qualify) \$ _____

Payee's Name (Former Spouse) _____

Payee's Social Security Number (Cannot Claim Expenses w/out This) \$ _____

After School Care, Daycare, Home Care Attendant per year \$ _____

For Home Care Attendant you will need Name and SSN of care provider:

For Daycare we require the Daycare's Name, Address and FEIN/Tax ID #:

Loss Incurred By Theft (What: _____) \$ _____

Date of Robbery & Items Stolen (Must have filed a Police/Insurance Report in order to legally claim the deduction)? _____

Name of Mortgage Company _____

Amount of Property Taxes Paid \$ _____

Amount of Interest Paid \$ _____

Medical Expenses

Doctor Visit/Insurance Co-Payment \$ _____

Dentist Visit/Insurance Co-Payment \$ _____

Orthopedist Visit/Insurance Co-Payment \$ _____

Optometrist Visit/Insurance Co-Payment \$ _____

Glasses/Contact Lenses/Insurance Co-Payment/Deductible \$ _____

Hospitalization, X-rays, Blood Work, Lab Work \$ _____

Ambulance (Out-of-Pocket Expense) \$ _____

Prescription Medication (Does NOT include over-the counter medication) \$ _____

Health Insurance Premium \$ _____

Life Insurance Premium \$ _____

Hospital/Doctor Visit Parking/Metered Parking \$ _____

Do You have any Health Insurance _____

Name of the Health Insurance _____

Donations (Church, Charitable Organizations or Aid to Third-World Countries)?
\$ _____

If you would like to have your income tax refund direct deposited into your bank/credit union account (for current year taxes only)...

Bank Information

Name of Bank _____

Checking or Savings Account _____

Bank Routing Number _____

Bank Account Number _____

Miscellaneous Expenses

| | |
|--|----------|
| Business Lunch (NOT Covered by Corporate Expenses Account) | \$ _____ |
| Business Cellular Phone/Pager | \$ _____ |
| Occupational Licenses | \$ _____ |
| Union/Professional Dues | \$ _____ |
| Small Tools | \$ _____ |
| Uniforms (Only if required by Employer) | \$ _____ |
| Safety Clothes (If required by Employer) | \$ _____ |
| Safety Shoes | \$ _____ |
| Safety Equipment | \$ _____ |
| Workshops, Training, Classes, Etc | \$ _____ |
| Business Computer | \$ _____ |
| Software | \$ _____ |
| Hardware | \$ _____ |
| Internet Service Provider | \$ _____ |
| Professional Subscriptions (Books, Magazines, Journals) | \$ _____ |
| Dry Cleaning | \$ _____ |
| Job Search/Agencies/Web Sites Posted | \$ _____ |
| License | \$ _____ |

Automobile Information (For Business Purposes ONLY)

| | |
|--|-------|
| Make | _____ |
| Model | _____ |
| Type of Vehicle (i.e. SUV, Van, Compact) | _____ |
| Annual Mileage (Does not include commuter miles) | _____ |
| Do you have evidence to support your deduction | _____ |
| Did you own/lease vehicle or company car | _____ |

| | |
|--|----------|
| Gasoline/Diesel | \$ _____ |
| Oil Change | \$ _____ |
| Tires | \$ _____ |
| Repairs | \$ _____ |
| Insurance Premium (Including Deposit) | \$ _____ |
| Tag/Registration | \$ _____ |
| Parking | \$ _____ |
| Car Wash | \$ _____ |
| Tolls/Bridge/Ferry | \$ _____ |
| Total Cost when Vehicle was acquired/purchased | \$ _____ |
