

Real Time Bookkeeping
Rosemarie Gettman

When finished with this form follow instructions at bottom of page and e-mail or bring in to our office.

Taxpayer

First Name _____ MI ___ Last Name _____ SSN _____

Spouse

First Name _____ MI ___ Last Name _____ SSN _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

This worksheet is prepared to help us gather the information we need in order to prepare your income tax return for 2009. Please fill out completely and read the instructions. Further worksheets will be required depending on your circumstances. If you answer yes to any of these questions, additional worksheets will come up to be filled out. Print these worksheets off as they are filled out.

	Yes	No
Did you earn income from more than one state?	Yes	
Did you move during the year for a new job?	Yes	
Do you receive a retirement or Social Security?	Yes	
Did you make estimated tax payments?	Yes	
Do you have interest or dividends over \$10?	Yes	
Do you have children?	Yes	
Are you self employed?	Yes	
Did you use your vehicle for business use?	Yes	
Are you a child care provider?	Yes	
Do you have active duty military pay?	Yes	