



180 E 5th Street  
 Garner, IA 50438  
 641-923-2262  
 Fax: 641-923-2627

215 N. Main Street  
 P.O. Box 540  
 Clarion, IA 50525  
 515-532-6661  
 1-800-348-4419  
 Fax: 515-532-6547



[bradfordgroups.com](http://bradfordgroups.com)

Taxpayer: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Health Care Coverage: Yes No  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 School District: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Photo ID: DL Passport Military Other Gov Issued ID: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
 ID Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Taxpayer: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Health Care Coverage: Yes No  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 School District: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Photo ID: DL Passport Military Other Gov Issued ID: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
 ID Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Please indicate if any of the following information has changed since last year.

Yes No Name change: \_\_\_\_\_  
 Yes No Any dependent changes: \_\_\_\_\_  
 Yes No Daytime phone update: \_\_\_\_\_  
 Yes No Email update: \_\_\_\_\_  
 Yes No Legal address update: \_\_\_\_\_  
 Yes No Mailing address update: \_\_\_\_\_

Dependent (s) Social Security Card required for each dependent.

Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Health Care Coverage: Yes No  
 Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Health Care Coverage: Yes No  
 Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Health Care Coverage: Yes No  
 Dependent: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Health Care Coverage: Yes No

### Child & Dependent Care Expenses

All of the information below is required in order to claim the Child Care Credit.

Number of Qualifying Children: \_\_\_\_\_ Amount of Qualified Expenses: \_\_\_\_\_  
 Person/Organization Who Provided Care: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 SSN/EIN: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 SSN/EIN: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Mission Statement: To work together as a team of qualified professionals dedicated to the financial and personal growth of our clients and organization.



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## Check List for Source Documents

- Yes No W-2(s)
- Yes No SSA-1099 (Social Security)
- Yes No 1099NEC/1099MISC
- Yes No 1099R (Pension/Annuities/ IRA Distributions)
- Yes No 1099B/1099DIV
- Yes No 1099-INT (Interest Income)
- Yes No 1099-DIV (Dividend Income)
- Yes No HSA
- Yes No Student Loan, Tuition & Fee deduction& Education Credits
  - Tuition Fees & Books (Iowa ONLY)
  - School (K-12 ONLY) \$ \_\_\_\_\_
  - Child development materials (Age 3-5) \$ \_\_\_\_\_
- Yes No Child Care Credit
- Yes No Estimated Taxes/State/ Local Taxes Paid
 

Paid to: _____	Date: _____	Amount\$ _____
Paid to: _____	Date: _____	Amount\$ _____
Paid to: _____	Date: _____	Amount\$ _____
Paid to: _____	Date: _____	Amount\$ _____
- Yes No Business Income & Expense
- Yes No Rental Income & Expenses
- Yes No Farm Income & Expenses (including 1099 PTRN & Cash Rent)
- Yes No Any information for Sale of Real Estate
- Yes No K-1's

**Itemized Deduction Expenses** IMPORTANT: You may qualify to itemize deductions on your state tax return, even though you do not itemize on your federal.

- Yes No Health/Accident Insurance
- Yes No Long Term Care Insurance
- Yes No Medicine/drugs (prescription)
- Yes No Medical Transportation/Lodging
  - # of miles: \_\_\_\_\_ Lodging: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Summarize all other doctor, dental and medical expenses:

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Yes No Insurance reimbursement to offset above: (\$ \_\_\_\_\_)

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## Check List for Source Documents

### Charitable Donations:

Contribution to a Charity

Yes No Cash Contributions \$ \_\_\_\_\_

Yes No Check Contributions \$ \_\_\_\_\_

Other (Donation of Clothes, Furniture, etc.)

Yes No Contribution Amount \$ \_\_\_\_\_

# of miles: \_\_\_\_\_ Lodging: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

### Direct Deposit Bank Account Information

Name on the account: \_\_\_\_\_

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

Account Type:      Checking      Savings

ABA Routing Number: \_\_\_\_\_

(9 digit number on the left side of the check or savings slip)

Account Number: \_\_\_\_\_

(the middle set of numbers after the routing number before the check number)

Please list any additional information that may be useful for your tax professional to be aware of.

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### Tax Planning/Goals

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