

2009 PERSONAL INCOME TAX RETURN DATA

The information required on this form is pertinent to the preparation of your INCOME TAX RETURN and relates to you and your family personally and not your business operations.

Please complete and return to us as soon as possible BUT NO LATER THAN FEBRUARY 15, 2010. WE MUST HAVE THIS COMPLETED AND SIGNED DATA SHEET IN ORDER TO COMPLETE YOUR INCOME TAX RETURN.

Information received after March 31, 2010 will be automatically extended at an additional charge.

You are cautioned that paid bills and cancelled checks claimed by you as deductions herein, must be preserved for a period of five years to comply with Federal and State regulations and audit procedures. Do not claim as deductions any bills that have not been actually paid within the year. If we may be of assistance to you in preparing this form, kindly contact us.

Would you like your Tax Return emailed to you in lieu of a paper copy? YES NO

If YES, please indicate your email address _____

| | |
|---|--|
| <p>Names: Self _____</p> <p>Soc Sec # _____</p> <p>Date of Birth _____</p> <p>Marital Status: <i>Single Married Divorced</i></p> <p>Occupation _____</p> <p>Home Phone () _____</p> <p>Work Phone () _____</p> <p>Cell Phone () _____</p> <p>Email _____</p> <p>Date of Death (if applicable) _____</p> | <p>Spouse _____</p> <p>Soc Sec # _____</p> <p>Date of Birth _____</p> <p>Marital Status: <i>Single Married Divorced</i></p> <p>Occupation _____</p> <p>Home Phone () _____</p> <p>Work Phone () _____</p> <p>Cell Phone () _____</p> <p>Email _____</p> <p>Date of Death (if applicable) _____</p> |
|---|--|

Address: _____

| | | | |
|--------|-----------------------------|--|-----|
| Street | City / Village / Town | State | Zip |
| | <small>(Circle One)</small> | | |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| County | Township/School District | Within City Limits? | |

New Dependents: If you had a new dependent(s) for 2009, please provide the new information.

| Full Name | Social Security # | Date of Birth | Relationship | Months Lived in Home | % of Support | |
|-----------|-------------------|---------------|--------------|----------------------|--------------|-----------|
| | | | | | By You | By Others |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Did you Adopt a child in 2009? Yes No Qualified adoption expenses \$ _____

Are any of last year's dependents no longer dependents? Yes No If yes, please list dependent _____

| | Self | Spouse |
|---|--|--|
| Can you be claimed as a Dependent on someone else's return? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund? <i>(This will not affect the amount of taxes)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you legally blind? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any dependents legally blind? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please list dependent _____ | | |

Do you want to donate to any of the following? *(Please indicate amount)* Yes No

| | | | |
|--------------------------|----------|--------------------------|----------|
| Endangered Resource Fund | \$ _____ | Multiple Sclerosis | \$ _____ |
| Packer Stadium Fund | \$ _____ | Firefighters Memorial | \$ _____ |
| Breast Cancer Research | \$ _____ | Prostate Cancer Research | \$ _____ |
| Veterans Trust Fund | \$ _____ | | |

Additional Questions

- Did you have W-2 income? YES NO
If YES, please indicate the number of W-2's enclosed _____
- Was any W-2 income "Military Combat Pay"? YES NO
- Did you purchase items out of state with no sales tax? Amount \$ _____ YES NO
- Do you have any children under age 19, or under 24 if a full time student, with investment income/unearned income more than \$1,900? YES NO
- Did you have any debts cancelled or forgiven during 2009? YES NO
If YES, was any of this related to your primary residence? YES NO
- Did you sell your home in 2009? YES NO
If YES, did you own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? YES NO
If YES, please provide closing statements & 1099's
- Did you purchase a primary residence after December 31, 2008 and before May 1, 2010? YES NO
(A HUD closing statement is required)
- Did you sell, exchange or purchase any real estate other than your primary residence in 2009? YES NO
If YES, please attach closing statements and 1099's.
- Did you withdraw any amounts from your IRA or Roth IRA? YES NO
If YES, for Principal Residence? YES NO
If YES, to pay for higher education? YES NO
- Did you receive grants of stock options from your employer, exercise any stock options granted to you or dispose of any acquired stock under a qualified employee stock purchase plan? YES NO
- Did you or any dependents incur any post secondary education expenses, such as tuition? YES NO
- Did you move to a different home because of a change in the location of your job? YES NO
- Did you or your spouse receive distributions from long-term contracts? YES NO
If YES, please include Form 1099-LTC.
- Did you make gifts of more than \$13,000 to any individual? YES NO
- Did you have any foreign income or pay any foreign taxes during 2009? YES NO
If YES, was this income derived from unreported off-shore or foreign income? YES NO
- Did you purchase a new vehicle after February 16, 2009 and before January 1, 2010? YES NO
Did you purchase a new "clean fuel", electric or advanced lean-burn technology vehicle in 2009? YES NO
If YES to either, please provide purchase paperwork.
- Did you use gasoline or special fuels for business or farm purposes (*other than for a highway vehicle*) during the year? YES NO
- Have you received a punitive damage or award for damages other than physical injuries or illness? YES NO
- Did you engage in any bartering transactions? YES NO
- Were you notified by the IRS or other taxing authority of any changes in prior year returns? If yes, please provide a copy of the notice(s). YES NO
- Did you receive retirement/severance compensation? YES NO
If YES, date received _____
- Did you or your spouse turn age 70 1/2 during the year and have money in an IRA or other retirement account without taking a distribution? YES NO
- Were you covered under COBRA subsidiary insurance at any time during 2009? YES NO
If YES, at any point were you eligible for individual or spousal coverage? YES NO

Please answer items 1-26 YES or NO.

If you check YES to any items 1-26, please complete the corresponding items on pages 5-10 for only those items checked YES.

Once complete, sign the bottom of page 11 and return ALL pages to us by February 15, 2010.

- 1.) Did you have any unreimbursed out-of-pocket medical expense costs that exceed 7.5% of your income during 2009? YES NO
(Do NOT include payments made through your Medical Savings Account, Health Savings Account and/or Flexible Spending Account.)
- 2.) Did you pay real estate taxes? YES NO
- 3.) Did you pay mortgage interest? YES NO
(If any is from Home Equity Line of Credit, please describe the use on Page 5)
Did you refinance any debts during 2009? *(Please provide paperwork)* YES NO
If YES, did you pay any closing points? YES NO
- 4.) Did you make any charitable contributions? YES NO
- 5.) Did you have any casualty losses? *(including flood damage)* YES NO
- 6.) Did you make any estimated tax payments? YES NO
- 7.) Did you have any higher education expenses for you or a dependent? YES NO
Did you have any student loan interest? YES NO
- 8.) Did you contribute, or do you plan to contribute, to an IRA, Roth IRA or Pension Plan for 2009? YES NO
(Do NOT include employer sponsored retirement plans)
Did you convert IRA proceeds into a Roth IRA during 2009? YES NO
- 9.) Did you contribute to, or start, a Medical Savings Account or Health Savings Account? YES NO
- 10.) Did you pay for any Class Room Expenses? *(K-12 Teachers only)* YES NO
- 11.) Did you make any contributions to a Wisconsin sponsored EdVest Account/Section 529 Plan? YES NO
- 12.) Did you have a personal vehicle used for business? *(not reimbursed by employer)* YES NO
- 13.) Did you have any child care expenses? YES NO
- 14.) Did you have any interest income? YES NO
- 15.) Did you have any dividend or capital gain income? YES NO
- 16.) Did you have any sale of stocks, bonds, real estate, personal property, etc.? YES NO
- 17.) Did you pay Alimony? YES NO

(Questions continued from page 3)

18.) Did you have Business Income and Expenses not prepared by EWH? (*Schedule C*) YES NO

19.) Did you have any rental income and expenses? YES NO

20.) Did you have any of the following miscellaneous expenses? (*Not already included in business expenses*)

- | | | | |
|-----------------------------------|--|---|--|
| A. Tax Preparation | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | I. Adoption Expenses | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| B. Uniforms | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | J. Business Expenses Incurred as an Employee (<i>Not reimbursed</i>) | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| C. Tools | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | K. Investment Expenses | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| D. Telephone Used for Business | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | L. Moving Expenses | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| E. Professional Books & Magazines | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | M. Gambling Losses | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| F. IRA Maintenance Fee | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | N. Union & Professional Dues | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| G. Job Related Education Fees | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | | |
| H. Safe Deposit Box Fee | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | | |

21.) Did you have any other income from the following sources?

- | | | | |
|---|--|--|--|
| A. Partnerships (<i>Attach K-1's</i>) | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | H. Installment Sale Income | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| B. State Income Tax Refund | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | I. Other Income _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| C. Pension/Profit Sharing? | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | J. Tips (<i>Not included on W-2</i>) | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| Rollover? (<i>Attach 1099R or W2-P</i>) | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | K. Social Security | Self Spouse |
| D. IRA Distributions | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | Total Benefits | \$ _____ \$ _____ |
| Rollover? (<i>Attach 1099R</i>) | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | Medicare Premiums | \$ _____ \$ _____ |
| E. Farm Income (<i>Attach list</i>) | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | L. Alimony Received | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| F. Unemployment Compensation | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | M. Debt Forgiveness | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| (<i>Attach 1099</i>) | | N. Child Support | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| G. Lottery or Other Winnings | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ | O. Retired Persons Economic Stimulus Rebate | <input type="checkbox"/> YES <input type="checkbox"/> NO \$_____ |
| (<i>Attach 1099</i>) | | | |

22.) Did you have any large purchases subject to State Sales Tax during 2009? (*e.g. vehicle, boat, etc.*) YES NO

23.) Did you pay Rent for housing? YES NO

24.) Did you relocate to a different state during 2009? YES NO

25.) Did you have home improvements made to your primary residence to reduce energy consumption? YES NO

26.) **Do you want any refunds deposited directly into your bank account?** YES NO
Voided Check must be enclosed.

The following numbers relate to questions from Pages 3 & 4 that you have answered YES

1.) Medical/Dental Expense - Unreimbursed & Paid Out of Pocket *(Exclude Medical Saving Account, Flexible Spending Account & Health Savings Account Expenses)*

| | | | |
|--|----------|--|-------------|
| Medical & Dental Insurance Premiums <i>(Exclude pre-tax deductions)</i> | \$ _____ | Medical/Dental Bills | \$ _____ |
| Medicare Supplemental Insurance | \$ _____ | <i>(This includes eyeglasses, hearing aids, lab fees, ambulance fees, hospitals, etc.)</i> | |
| Long Term Care Insurance: | | Other <i>(medical expenses-specify)</i> | \$ _____ |
| Self | \$ _____ | | \$ _____ |
| Spouse | \$ _____ | | |
| Prescription Medicine, Drugs & Insulin <i>(Prescription drugs purchased outside of the US are not eligible for deduction)</i> | \$ _____ | Other Medical Transportation & Lodging | \$ _____ |
| | | Miles Driven for Medical Care | _____ miles |

2.) Taxes Paid *(Enclose copies of real estate tax bill)*

Real Estate Tax- Personal Residence, Land Investment, etc. \$ _____

Other Real Estate Tax *(Please detail)* _____ \$ _____

3.) Interest Paid *(Please include all 1098's & Statements of Mortgage Interest)*

| Name of Financial Institution | Primary Home | PMI (Insurance) | Second Home, Boat | Home Equity Line of Credit |
|-------------------------------|--------------|-----------------|-------------------|----------------------------|
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Please describe what Home Equity Line of Credit proceeds were used for: _____

Closing Points Paid on Purchase or Refinance *(Attach all paperwork)* \$ _____

Interest Paid to Individuals

_____ \$ _____ \$ _____

Name

Street Address City State Zip Social Security #

4.) Charitable Contributions *(IRS regulation requires detailed documentation with receipts of all donations regardless of amount)*

Cash Contributions

| <u>List to Whom Contributed</u> | <u>Amount</u> | <u>Receipts</u> |
|---------------------------------|---------------|--|
| _____ | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Non-Cash Items Given to Charity *(Detailed List Required)*

| <u>List Organization</u> | <u>Value</u> | <u>Receipts</u> |
|--------------------------|--------------|--|
| _____ | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | \$ _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Miles Driven for Charitable Purposes _____

5.) Losses

Attach sheet listing a detailed explanation for each separate loss

\$ _____

Did you file an insurance claim?

YES NO

6.) Estimated Tax Payments You Have Personally Paid (*Important, needed for verification*)

| | Federal Amount Paid | Date Paid | State Amount Paid | Date Paid |
|--|------------------------|--------------|----------------------|--------------|
| Due April 15, 2009 | | | | |
| Due June 15, 2009 | | | | |
| Due Sept. 15, 2009 | | | | |
| Due Jan. 15, 2010 (State 12/31/09) | | | | |

7.) Higher Education Credits (*Hope/Lifetime Learning Credit*)

Please list unreimbursed or out-of-pocket education expenses only!

(Now includes computer purchases/costs and internet charges)

Did you use proceeds from a Section 529 College Sponsored Savings Plan?

YES NO

If YES, enclose 1098Q.

| Student Name | Year in College (1st, 2nd, 3rd, 4th, etc.) | State College Is In | Tuition & Enrollment Fees Paid | Enrollment Status (Full Time, Half Time, Less than 1/2) |
|-----------------|---|------------------------|-----------------------------------|--|
| | | | | |
| | | | | |
| | | | | |

Education Loan Interest Paid \$ _____ (Do Not Include Room & Board)

(Enclose 1098-E and/or 1098-T)

8.) IRA Contributions (*Do not include contributions from W-2 income or employer sponsored retirement plan*)

Traditional IRA and Roth Payments

Traditional IRA

| | | <u>Roth</u> | <u>Deductible</u> | <u>Non-Deductible</u> |
|--------|----------|--------------------------|--------------------------|--------------------------|
| Self | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please include statements from IRA and Roth IRA administrators

9.) Medical Savings Contributions / Health Savings Account (*please enclose year-end statement*)

Health Insurance Deductible \$ _____

Annual Health Insurance Premium \$ _____

Employer Funded? YES NO

Employee Funded? YES NO

Amount Contributed \$ _____

Amount Contributed \$ _____

Total HSA Distributions Taken \$ _____

Qualified Medical Expenses Paid \$ _____

10.) Teacher Class Room Expenses (*K - 12 only*)

Amount \$ _____ (*up to \$250*)

11.) WI State Sponsored College Savings Program (i.e. Section 529 Plan/Edvest - list each child separately)

Name _____ SS# _____ Name _____ SS# _____
 Amount \$ _____ State _____ Amount \$ _____ State _____

12.) Business Use of Personal Automobile (*Not already included in business expenses*)

| | Vehicle #1 | Vehicle #2 |
|--|------------|------------|
| Description of Vehicle | | |
| Date Purchased | | |
| Cost or other basis. If leased, enter yearly lease payment | | |
| Total Miles Driven in 2009 | | |
| • Total Business Miles | | |
| • Total Commuting Miles | | |
| Was the Vehicle for Personal Use? | | |
| Do you have evidence to support the Business Miles? | | |
| • Is evidence in writing? | | |

13.) Child Care (*This information is required for credit to be allowed*)

If you and your spouse worked, did you have child care expenses? YES NO

Did you participate in a Dependent Care Benefit Program with your employer? YES NO

List number of qualifying children cared for in 2009 _____

Expenses paid in 2009 \$ _____

Information of Child Care Provider:

Child's Name _____

Provider Name _____

Amount Paid _____

Name _____

EIN or Social Security # _____

Address _____

Information of Child Care Provider:

Child's Name _____

Provider Name _____

Amount Paid _____

Name _____

EIN or Social Security # _____

Address _____

If payments were made to an individual and they totaled more than \$1400:

Were the services performed in your home? YES NO

If YES, have you filed wage tax returns? YES NO

14.) Interest Income

| From Whom Received | Amount | Check (✓) if non-taxable for: | |
|--------------------|--------|-------------------------------|-------|
| | | Federal | State |
| | | | |
| | | | |
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| | | | |

Total Number of 1099 Forms Enclosed _____

(Should equal above listed)

15.) Dividends Received/Capital Gain Income

| From Whom Received | Ordinary Dividends | Qualified Dividends | Capital Gain Income | Foreign Tax Paid | Check (✓) if Non-Taxable for: | |
|--------------------|--------------------|---------------------|---------------------|------------------|-------------------------------|-------|
| | | | | | Federal | State |
| | | | | | | |
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Total Number of 1099 Forms and Brokerage Forms _____. Attach additional sheet if necessary.

(Should equal above listed)

16.) Sale of Stocks, Bonds, Real Estate and Personal Property

| Item Sold | T -Taxpayer S-Spouse J-Joint | Date Acquired | Date Sold | Selling Price | Cost | Gain (Loss) |
|-----------|------------------------------------|---------------|-----------|---------------|------|-------------|
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Attach closing papers and brokerage reports. Attach additional sheet if necessary.

Day trades MUST be summarized by taxpayer or our offices will bill an additional hourly charge of \$95 per hour.

17.) Alimony

Amount Paid \$ _____ Recipient's Social Security # _____

18.) Schedule C Business Income and Expenses (NOT prepared by EWH)

Business Name _____

FEIN Number _____

Entity Type: Sole Proprietorship Single Member LLC

Description of Business Activity _____

Of 1099's Enclosed _____

| | Amount |
|--|--------|
| INCOME | |
| Gross Receipts or Sales | |
| Less: | |
| Returns & Allowances | |
| Cost of Goods Sold | |
| | |
| EXPENSES | |
| Advertising | |
| Commissions & Fees | |
| Contract Labor | |
| Employee Benefit Programs | |
| Insurance (<i>Other than health</i>) | |
| Interest (<i>Mortgage to banks, etc.</i>) | |
| Interest (<i>Other</i>) | |
| Legal & Professional Services | |
| Office Expense | |
| Pension & Profit Sharing Plans | |
| Rent or Lease | |
| Repairs & Maintenance | |
| Vehicle (<i>Actual costs</i>) For Mileage | |
| (<i>Vehicle mileage - complete Page 7 item # 12</i>) | |
| Supplies | |
| Taxes & Licenses | |
| Travel, Meals & Entertainment | |
| Utilities | |
| Wages | |
| Other (<i>Please list</i>) | |
| | |
| | |
| | |
| Business Assets Purchase (<i>Please list</i>) | |
| | |
| | |
| | |

19.) Rent and Royalty Income

| | <i>Property #1</i> | <i>Property #2</i> | <i>Property #3</i> | <i>Property #4</i> |
|--|--------------------|--------------------|--------------------|--------------------|
| Description of Property | | | | |
| Gross Rents & Royalties | | | | |
| EXPENSES: | | | | |
| Advertising | | | | |
| Auto & Travel | | | | |
| Cleaning & Maintenance | | | | |
| Commissions | | | | |
| Depreciation | | | | |
| Insurance | | | | |
| Legal & Other Prof. Fees | | | | |
| Mortgage Interest (<i>Form 1098</i>) | | | | |
| Other Interest | | | | |
| Repairs | | | | |
| Supplies | | | | |
| Taxes | | | | |
| Utilities | | | | |
| Wages & Salaries | | | | |
| Other | | | | |

What % of the property did you occupy during 2009? _____% _____% _____% _____%

If property was a vacation home or condo, how many days was it occupied by you? _____

Were you active in the management of the rental property? YES NO YES NO YES NO YES NO

20.) Items are already listed on page 4

21.) Items are already listed on page 4

22.) Wisconsin State Sales Tax

List large purchases in which you paid State Sales Tax not already included in Business Expenses.

| Date | Description | Total Paid | Sales Tax Paid | <i>Please check one</i> | |
|------|-------------|------------|----------------|-------------------------|----------|
| | | | | Lease | Purchase |
| | | | | | |
| | | | | | |
| | | | | | |

23.) Rental Housing

Amount of rent paid in 2009 \$ _____

Heat included? YES NO

24.) State Residency Change

Moved From _____ / /09 - / /09
State Dates

Moved To _____ / /09 - / /09
State Dates

25.) Home Owner Energy Credits (List home improvements made to reduce energy consumption)

| Date Installed | Description | Amount Paid |
|----------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

26.) Direct Deposit (Voided check required)

Bank Account No. _____

Checking Account Savings Account

Name of Financial Institution _____

Bank Routing No.

DECLARATION

I HAVE REVIEWED THE INFORMATION GIVEN TO YOU ON THIS FORM AND, TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT AND COMPLETE. I HAVE MAINTAINED THE UNDERLYING RECORDS REQUIRED BY LAW TO SUPPORT THIS INFORMATION AND IT IS READY FOR PREPARATION OF MY INCOME TAX RETURN. I AUTHORIZE YOU/YOUR COMPANY TO PREPARE MY INCOME TAX RETURN AND RETAIN COPIES OF APPROPRIATE DOCUMENTS.

SIGNATURE _____ **DATE** _____

PLEASE DO NOT FORGET YOUR SIGNATURE