



3418 Tweedy Blvd. South Gate CA
 Tel: 323-357-0850
 Cel: 323-793-1988
 www.taxeslegalservice.com

Taxpayer information

Single ___ Married filing separately ___ Married filing jointly ___ Head of household ___ Widow ___

Name: _____ Social Security No. _____

Date of Birth _____ Occupation: _____

Address: _____

Spouse name: _____ Social Security No. _____

Date of Birth: _____ Occupation: _____

Home phone # _____ Cell # _____

Income

W2 _____ # _____

1099 Miscellaneous _____

Gambling _____

1098 Mortgage _____

Pension _____

SSI _____

Student Loan _____

Dividends: _____

Interest 1099 _____

State/Refunds: _____

Unemployment _____

401K _____

Lottery _____

Other 1099 _____

Others _____

Explain: _____





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Did you pay for babysitter?

Name: _____

S.S. _____

Address: _____

How much did you pay? \$ _____

Dependants:

1. Name: _____ DOB: _____ SS: _____
Relationship: _____ How many months lived with you on previous year? _____

2. Name: _____ DOB: _____ SS: _____
Relationship: _____ How many months lived with you on previous year? _____

3. Name: _____ DOB: _____ SS: _____
Relationship: _____ How many months lived with you on previous year? _____

4. Name: _____ DOB: _____ SS: _____
Relationship: _____ How many months lived with you on previous year? _____

5. Name: _____ DOB: _____ SS: _____
Relationship: _____ How many months lived with you on previous year? _____

I declare that I have given the preparer all the information listed above, is true and correct to best of my knowledge

Taxpayer signature: _____ Date: _____

Spouse Signature: _____ Date: _____



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Self Employments

I, _____ declare the following:

I'm a self employed and my main profession/product is: _____

The name if my business is: _____

I did not start my business on (year) _____ Initials _____

I keep records of my business income and expenses. Initials _____

My gross sales/receipts for (year) _____ were \$ _____

My business total expenses for (year) _____ were \$ _____

My business net profit or loss for (year) _____ were \$ _____

By signing this form, I confirm the information I'm providing is accurate and supported by the necessary documents, canceled checks and other data.

Declaration of Expenses for Self-Employment Income

Advertising \$ _____

Car and Truck \$ _____

Commissions/Fees \$ _____

Insurance \$ _____

Legal/Professional \$ _____

Office Expenses \$ _____

Rent or Lease \$ _____

Repair \$ _____

Supplies \$ _____



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Taxes and Licenses \$ _____
Travel/Meals \$ _____
Utilities \$ _____
Wages \$ _____
Other \$ _____

Description:

I declare under penalty of perjury that foregoing is true and correct

Name: _____ Signature: _____ Date _____