



The Tax Office

101 W Hillside Rd Ste 3
Laredo, TX 78041
(956) 679-4560

Name: _____ Date : _____

Occupation: _____ Phone/ Cell: _____

() Attorney Fees: _____

() Automobile monthly payment: _____

() Auto Registration: _____

() Cellular Phone: _____

() Charitable Contributions: _____

() Child Care: _____

() Clothing Donation: _____

() Clothing & Uniforms (Including work boots): _____

() Computer: _____

() Education (Interests/ Tuition): _____

() Farm Expenses: _____

() Health Insurance: Yes / No Did you have insurance coverage all year ? Yes / No

() Home Office: _____

() Home Owners Assoc Dues: _____ Home Owners Insurance: _____

() Internet Expenses: _____

() Job Expenses (*Unreimbursed employee expenses*) : _____

() Licenses (*Hunting, fishing, drivers license, and or Professional license*): _____

() Meals (*Work Related Meals*): _____

() Medical Expenses (*Including Dental, Optometrist, Deductibles, Co pays & Prescribed Medications*): _____

() Mortgage Interest (*Please provide 1098*): _____

() Moving Expenses: _____

() Property Taxes: _____

() Safety Equipment: _____

() Self Employment Tax Paid: _____

() Student Loan Interests: _____

() Tax Preparation Fees: _____

() Telephone: _____

() Tools: _____

() Travel Expenses (*Work related*): _____

() Tuition Payments (*Including books*): _____

() Vehicle Maintenance: _____



Do you currently have an outstanding balance and/or issue with the IRS? Yes No

Other Deductions not mentioned above:

Questions: _____

Referred By: _____

I hereby, understand that I may be required to provide proof of these expenses to the Internal Revenue Service upon request. In the event that you are required to provide proof The Tax Office, LLC., is not responsible/liable for the information you have disclosed.

Taxpayer

Date _____

Taxpayer

Date _____