Hupp Tax Service
32341 Vine Street, Willowick, OH 44095 Phone (440) 944-4343 Fax (440) 944-4341

WHAT TO BRING (or mail, fax, email)

Tax year 2008

- **W2's**
- **1099's** (1099R, 1099MISC, 1099INT, 1099DIV, 1099B, 1099G, 1099B, etc.)
- **1098's** (mortgage interest, student loans, tuition, etc.)
- Anything marked **"Important Tax Document"**

Name ___________________________

Contact information (we will confirm at check in):

Phone # _________________

What dependents should be on your return?

____

Did you move? If so, date? __________
New address ___________________________

If you're new to Hupp Tax Service, bring:
- Prior year tax returns (Federal State & City).
- Social Security numbers & birthdates for everyone included in your return.

Section 1 – All clients please complete.

Stimulus check – How much did you receive (or applied to a prior tax liability)?
taxpayer $___________ spouse $_____________ (if filed separately)

Quarterly estimate payments

p None / Not applicable

	Date Paid	Federal	State	City
1st qtr	_______	_______	_______	_______
2nd qtr	_______	_______	_______	_______
3rd qtr	_______	_______	_______	_______
4th qtr	_______	_______	_______	_______
Total		_______	_______	_______

College tuition
Various tax incentives are available. Include the 1098T you received from the educational institution. Please indicate if student was a freshman or sophomore as of 1/1/08.

p None / Not applicable

Child Care
Expenses for child care in order for you to work.

Child ________________ Amt Paid $ __________

p None / Not applicable

Provider Name ________________________________
Address _______________________________________
Tax ID or SS number ___________________________

IRA contributions. Please note the amount and type of IRA contributions for tax year 2008.

Taxpayer amount _________ type (Roth or Traditional) Spouse amount _________ type (Roth or Traditional)

p None / Not applicable

Self-Employed or Rental Property
Include name, address and type of each business or rental property.

p None / Not applicable

Summarize on a separate sheet or request a worksheet from us:
- Income
- Expenses (phone, licenses, business miles*, etc.)
- Please list equipment and capital improvements individually

Home office
An area used regularly and exclusively for business.

p None / Not applicable

Summarize on a separate sheet:
- Square feet of office *and* home, cost of house, dates used.
- Annual household expenses for utilities, insurance, mortgage interest, property taxes, office remodeling or improvements, etc.

Section 2 - ITEMIZED DEDUCTIONS - Complete this section only if you itemize. When in doubt, fill it out. It may help us save you money. The list below is not all-inclusive, but includes examples of items that are commonly deductible.

¨ **Mortgage Interest and Property Taxes** Please fill in unless summarized on your mortgage statement(s) Form 1098. p None / Not applicable	Mortgage Int. / Property Tax Primary residence $ __________ $__________ Second residence $ __________ $__________ p Taxes are included in my mortgage payment
¨ **Charitable Deductions** Cash p None / Not applicable Church $__________ Red Cross $__________ United Way $__________ Heart Association $__________ Others $__________ NOTE: IRS requires receipts or cancelled checks for ALL donations.	Non-cash (e.g., clothes, furniture, etc.) p None / Not applicable **Please indicate value of donation:** Purple Heart $__________ Goodwill $__________ Salvation Army $__________ Others $__________ Note: If non-cash donations are more than $500, detailed information about donation will be needed – dates, recipients, how acquired, etc.
¨ **Medical Deductions** You can deduct medical expenses paid in 2008. NOTE: Medical expenses are deductible once they are over 7.5% of your adjusted gross income. That means if you earn $30,000 at your job, medical expenses only start being deductible after you've spent approximately $2,250. p None / Not applicable	Health insurance premiums not paid thru employer $ __________ Doctors $ __________ Dentists $ __________ Prescriptions $ __________ Long-term care insurance $ __________ Contacts, eyeglasses $ __________ Other $ __________ Miles driven for year __________ (office visits, pharmacy, therapy, etc.)
¨ **Miscellaneous Deductions** Work related expenses that are not reimbursed by your employer. Miscellaneous deductions are deductible if they are more than 2% of your adjusted gross income. p None / Not applicable Note: **Gambling losses** are deductible to the extent of your gambling winnings. If you won something this year, your gambling losses might help you if you itemize your deductions.	Union Dues $ ________ Uniforms, safety equipment $ ________ Licenses, permits $ ________ Cell phone expenses (for work) $ ________ Other $ ________ Non-commuting work miles* ________ Safe deposit box $ ________ Investment advisory fees $ ________ Tax preparation $ ________ Other $ ________

*** NOTE: IRS mileage rate changed during 2008. The 1/1 – 6/30 rate was $.505, and 7/1 – 12/31 rate increased to $.585. Please keep a written log and indicate the dates the miles were driven.**