

Ford Scenario

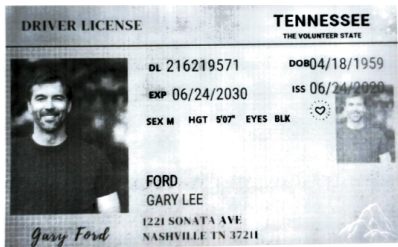
Gary works in landscaping and yard maintenance.

Handwritten note for his business info for the year:

Total annual lawn maintenance jobs at \$5000 each x2

Total other lawn mowing \$7150

Pool openings and closings 16 times @ \$200 each



Date: 03/10/20XX

This form is to assist you in gathering your business-related tax information. All income must be reported, including cash and bartering.

General Business Information

Business name Gary FORD
 Last four (4) digits of SSN # _____
 Fed EIN # _____
 Business owner _____
 Business phone _____ Cell _____
 Address _____
 City _____ ST _____ Zip _____
 Accounting Method Cash Accrual Other
 If Other, specify: _____

Gross receipts \$ 20 350
 Inventory at beginning of year \$ _____
 Inventory at end of year \$ _____
 Total expenses \$ _____
 Net Income \$ _____
 Did you purchase equipment? Yes No
 Specify _____
 First time filing Schedule C? Yes No
 Did you use your home in connection with business? _____

General Expenses

	Amount	Have receipts (initial)	Have check, credit card statement or documentation
Advertising			
Commission			
Employee benefits program			
Insurance			
Mortgage Interest			
Other interest (except vehicle)			
Legal and professional			
Office expenses			
Phone	<u>80/month</u>		<u>80% usage</u>
Pension and profit sharing plans			
Rent			

	Amount	Have receipts (initial)	Have check, credit card statement or documentation
Vehicle, machinery & equipment			
Maintenance			
Supplies			
Taxes - real estate			
Taxes - other			
Travel			
Total meals & entertainment			
Sub-contract labor			
Wages			
Other expenses			
Materials			

Vehicle Expenses

Description of vehicle _____
 Cost of vehicle \$ _____
 Date placed in service _____
 Do you have a mileage log or other written records to support your miles driven? Yes No
 Total miles driven _____
 Business miles driven _____

Commuting miles _____
 Parking fees and tolls \$ _____
 Gasoline, lube, oil \$ _____
 Tires, repairs \$ _____
 Insurance \$ _____
 License plate fees/property tax \$ _____
 Interest (car loan) \$ _____

Based on tax law, you are required to claim all expenses for your self-employment income.

If there are no expenses for the Schedule C, explain why: _____

We prepare the returns from the information you furnished us, without verification. Upon examination of the returns by taxing authorities, request may be made for underlying data. We therefore recommend that you preserve all records, which you may be called upon to produce in connection with such an examination.

I certify that the information on this and any other form submitted is complete and correct.

Client Signature: [Signature] Secondary Taxpayer Signature: _____ Date: 03/10/20XX

Note: The new Qualified Business Deduction (QBI or 199A) that is part of Tax Reform is determined based on the net profit from your business(es).

Primary Name (as shown on SS Card) Gary Ford		Spouse Name (as shown on SS Card)			
Social Security # 409-00-1128	Date of Birth (MM/DD/YYYY) 04/18/1959	Social Security #	Date of Birth (MM/DD/YYYY)		
Can anyone claim you as a dependent? YES or NO Were you married as of Dec 31st? Yes or NO		If married, Live together? Y or N If no when did you separate?(MM/DD/YYYY)			
Occupation: self employed		Occupation:			
Email Address: handymanford@noemail.com		Email Address:			
Address IRS can send notices to: 1221 Sonata Ave		City: Nashville	State: TN	Zip: 37208	
Phone: Primary 615-555-1023		Phone: Spouse			
Dependents:					
Name	DOB	SS#	SS Card (Y or N)	Relationship	Months in Home in 2022
DEPENDENTS ***Can anyone else claim your dependent(s) listed above? YES or NO. ***					
Did you, any dependents, or Anyone on your behalf Purchase HEALTH INSURANCE FROM THE MARKETPLACE? YES OR NO ?					
Do you or you spouse owe the IRS or have Student Loan debt? no Who owes the debt?					
<p>Incorrect information will delay your refund. This Jackson Hewitt office will never knowingly assist you in filing a fraudulent return. If you cannot provide all your income or expenses at the this time, you should not file this return. If you file and later find you have additional information you will need to AMEND at a cost of \$100 in additional fees and could possibly owe additional tax to the IRS. Always file any additional information prior to April 15th.</p>					

DIRECT DEPOSIT AUTHORIZATION FORM

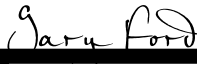
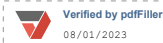
Name of Financial Institution _____
Routing # _____
Account # _____
Type of Account: Checking/ Prepaid Card/ Savings _____

DRIVERS LICENSE INFORMATION

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

By signing below you certify that all the information is true, correct, and complete:

 
 Primary _____ Date _____
 Spouse _____ Date _____