Boreman & Babb
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HARRISBURG MAGAZINE Readers' Choice 2008 HARRISBURG MAGAZINE Readers' Choice 2009

January 5, 2010

To Our Loyal Clients:

THANK YOU! Thank you for voting Boreman & Babb, CPAs the Readers' Choice award for the second year in a row. We are truly honored and look forward to meeting and exceeding your expectations again this year. It is that time of year again, time to begin assembling information for the preparation of your 2009 income tax returns. Enclosed are checklists to help you gather your 2009 tax information. You should review the checklists to make sure you did not forget any information. However, please do not feel obligated to complete the checklists as they are only provided to assist you. If you or someone you know needs our "Client Tax Package", you can retrieve this from our website www.boremanbabb.com under resources.

We will need your tax information in our office before April 1, 2010 to ensure completion by April 15, 2010. Please contact our office if you wish us to prepare the automatic extensions.

We have enclosed a Client Information Worksheet along with the two checklists. When you drop off your tax information at our office please include a completed copy of the Client Information Worksheet with your information. Please be sure that this worksheet correctly updates your address, telephone numbers, and bank information for direct depositing of any refunds. Also, as a reminder, we do require payment (cash or check, no credit cards accepted) of our tax preparation fees when you pick up your return from our office.

We are always hopeful that you might tell other people about the great service we provide to our clients. We are confident that your friends and family will find our tax preparation work quick, efficient, and very reasonably priced. As a small appreciation for telling your friends and family, we will be offering a dining gift certificate, valued at $15 for each referral. Thank you so much for your loyalty and for spreading the word. It is our greatest advertisement. We will always strive to give you the best service possible and we will always be willing to go the extra mile.

We look forward to assisting you in the upcoming year. We trust you have had a wonderful Holiday and a Happy New Year. Thank you for your loyalty and friendship.

Sincerely,
Daniel and Matthew

TAX CLIENT INFORMATION WORKSHEET

PERSONAL INFORMATION

Taxpayer Name: ______________________________ Spouse's Name: ______________________________

Taxpayer Occupation: __________________________ Spouse's Occupation: ___________________________

Taxpayer Birthdate: ___________________________ Spouse Birthdate: ______________________________

Taxpayer Work Telephone: ______________________ Spouse Work Telephone: ________________________

Home Telephone: ____________________________ E-mail address: _______________________________

Current Address: ______________________________ City: _____________________ State: _____ Zip: ________

School District: ________________________ County: ________________ Twp/Boro/City: _________________

If you are eligible for Social Security, Railroad, or Government Pension benefits, did you receive the $250 Economic Recovery Payment? _________ (yes or no)

ELECTRONIC – FILING INFORMATION

Bank Name: ____________________________ ☐ Checking account ☐ Savings account

Account Number: ________________________ Routing Number: _____________________________

Note: For electronic filing purposes, the self selected Personal Identification Number (PIN) will be the first *five* digits of the *taxpayer's* social security number unless other PIN is given (can only be 5 digits): _______________.

CHECKLIST OF ITEMS TO BRING WITH YOU OR DROP OFF

___ 1. All W-2's and 1099's.

___ 2. All K-1 forms from S Corporations and Partnerships.

___ 3. All 1098's (Mortgage interest statement).

___ 4. Any Escrow statements.

___ 5. 1099 forms which list stock sales (will also need purchase date and cost).

___ 6. 1099 forms which list unemployment compensation, refunds, pension payments, and social security benefits.

___ 7. 1099 forms which report IRA transfers.

___ 8. Social security numbers and birthdates for all dependents born in 2009.

___ 9. Name and social security number of a former spouse to whom you paid alimony.

___ 10. If you moved during the year, we will need the dates, addresses and **school districts** that you moved from and to.

___ 11. Any documents which related to a lump sum pension distribution.

___ 12. Record of estimated tax payments.

___ 13. Names, addresses and identification numbers of all daycare providers.

___ 14. Your 2008 tax return. (For new clients only if you have not already provided it)

___ 15. Settlement sheets (HUD-1) for any real estate purchases or sales.

___ 16. A list of any purchases or improvements to your home involving energy efficient items (ie: certain rated windows, furnaces, larger appliances, etc…)

___ 17. Any other documents you feel may be needed or have questions on.

ITEMIZED DEDUCTION CHECKLIST (PAID IN 2009)

MEDICAL EXPENSES
- Prescription drugs $________
- Health insur. premiums $________
- Medicare premiums $________
- Long-Term Care Ins. $________
- Doctors & dentists $________
- Hospitals/Medical lodging $________
- Med. Mileage (24¢/mile): ________
- Lab. & X-ray $________
- Glasses, hearing aid $________
- ________ $________
- ________ $________

TAXES
- Real estate tax $________
- Other property tax $________
- Occupation taxes $________
- Personal taxes $________
- ________ $________
- ________ $________

INTEREST
- Home mortgage- 1st * $________
- Home mortgage- 2nd * $________
- Student Loan Interest $________
- Investment interest $________

* If paid to individual list name, address, and social security number:

____
____
____

CONTRIBUTIONS
- House of worship $________
- Heart/Cancer $________
- Payroll deductions $________
- United Way $________
- Easter seals $________
- Salvation Army (goods) $________
- Goodwill (goods) $________
- Charity miles (14¢/mile) $________
- ________ $________

MISCELLANEOUS
- Union due $________
- Tax prep. fees $________
- Job seeking costs $________
- Investment expense $________
- Safe deposit box rental $________

NON-REIMBURSED EMPLOYEE EXPENSES
- Professional licenses $________
- Trade/Prof. journals $________
- Educational expenses $________
- Safety equipment $________
- Work tools $________
- Business telephone $________
- Uniform cost $________
- Uniform laundry $________
- Professional societies $________
- Business Miles (55¢/ mile): ________
- Entertainment $________
- ________ $________
- ________ $________

OTHER INFORMATION

Alimony payments $________
Name ....________
SSN ....________
Tradional IRA \ ROTH IRA (circle one) deposits:
Husband.............$________
Wife..................$________
SEP IRA deposits ...$________

529 Plan Contributions: $________

Daycare expenses:
Name:________
Address:________
____
SSN:________ Amount paid:________
Name:________
Address:________
____
SSN:________ Amount paid:________

ESTIMATED TAX PAYMENTS MADE

	FEDERAL		STATE		LOCAL	
	Date	Amount	Date	Amount	Date	Amount
1.						
2.						
3.						
4.						