Vora Tax Services
22 Stanford Dr, Kendall Park, NJ 08824
@taxesbyvora.com

Vora Tax Services

Individual Tax Return Profile Information

Please fill out this Personal Tax Information and Mail or Email to us along with copies of relevant documents such as: W-2, 1099, 1099INT, 1099DIV, K-1, 1098-Mortgage Int. etc.

RaseshVora@TaxesbyVora.Com

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- **Tax Year 2016**

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Phone:732-821-5001; Fax: 732-821-0791; Email: Info@taxesbyvora.com

Individual Tax Return Information

Personal & Dependent Information

Tax Payer & Spouse name						
Address:						
Phone # (cell#)			**Email Address**			
Name SS # & DOB	**First Name**	**Middle Name (if any)**	**Last Name**	**Social Security # (xxx-xx-xxxx)**	**Date of Birth (MM/DD.YYYY)**	**Relationship (Child, Parent etc.)**
Tax payer						Self
Spouse						Spouse
Child 1						Child
Child 2						Child
Child 3						Child
Parent						Parent
Parent						Parent

Filing Status: Single/Joint/Head of House Hold
State of Residence_________________________
County of Residence_________________________
If **own a property, Block #** _______________ **& Lot #** _____________ **Qualifier** (If Any)_________

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Individual Tax Return Information

Sources of Income

Type of Income	Forms to provide (copies only, do not provide originals)	Nos
Salary/Wages	**W-2**	
Interest Income	**1099-Int**	
Dividend Income	**1099-Div**	
Sale/Exchange of Stocks/Bonds/MF/EFT etc	**1099-B**	
Social Security Income	**1099-SSA**	
Other Gains/Losses	**Form 4797**	
Retirement/Pension/Annuity Income	**1099-R**	
Alimony received (if any)		
Business/Self employment Income	**1099-Misc**	
Rental Income	**1099-Misc**	
Commission Income	**1099-Com**	
Unemployment Income	**1099-G**	
State Tax Refund	**1099-G**	
Gambling	**W-2G**	
Qualified Tuition Earning Program	**1099-Q**	
Share of Profit in S-Corp or partnership	**K-1 (Federal & State0**	
Taxable HSA distribution		

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Individual Tax Return Information

Itemized Deductions

I. Medical & Dental Expenses Incurred/Paid

1. Prescription Medication
   $____________
2. Fees for Doctors, dentists, etc...
   $____________
3. Fees For Hospital, Clinics, etc.
   $____________
4. Lab & X-ray fees
   $____________
5. Medical aids such as eye glasses, contact lenses, hearing aids, braces, crutches, wheel chairs etc.
   $____________
6. Medical equipments & supplies
   $_____________
7. Medical Mileage expenses: Mileage Dirven_____________
8. Parking Fees & toll for Medical
   $____________
9. Qualified Long term care Insurance --
   $____________

   Note: Health Insurance paid from self employment income (will be adjusted against income and not as an itemized deductions-Pl. provide that information separately)

II. Taxes Paid

1. Estimated/Advance state taxes paid (separately show amount and date of payment of each)
2. Real Estate/Property Taxes Paid on self owned & occupied home
   $_____________
3. Personal Property Taxes Paid

III. Interest Paid

1. Home Mortgage Interest and points reported on your form 1098
   $_____________
2. Home Mortgage Interest and points **not** reported on your form 1098
   $_____________
3. Mortgage Insurance Premiums
   $____________
4. Investment Interest paid--
   $_____________

IV. Gifts & Charity

1. **Paid in Cash**
   Name of charity **Tax ID # (if Available)**
   Amount

2. **Paid In kind** ***(Clothes, Household Items, electronics, furniture, Jewelry, stocks etc.)***
   Contact our office to provide details

V. Unreimbursed Job expenses (subject to 2% floor):

1. Job Travel, Union Dues, job education etc (show separately)
   $____________

   $___________

   $__________
2. Tax Return preparation fees
   $___________
3. Other expenses (Safe Deposit Valult fees, Investment fees etc)
   $___________

Other Miscellaneous Deductions (such as, gambling losses, deductions for amortized bond premium (bonds aquired prior to 1996), casualties & thefts, Repayment of income etc.)
$________

Individual Tax Return Information

Adjustments to Gross Income

Type of Expenses	Cross applicable (X) & provide supporting document	$ Amount
Teacher/Educator Expenses		$
HSA account Contributions: Also for Distributions, provide 1099-SA		$
Moving Expenses	Also contact our office for providing specific information	$
Self Employed Pension(SEP or Simple qualified plans		$
Alimony Paid		$
IRA deductions (for Self)		$
IRA deductions (for Spouse)		$
Student Loan Interest		$
Education expenses & Fees		$
		$
		$

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Capital Gains & Losses

Sr. #	Description of Property	Date Acquired	Date Sold	Proceeds	Cost basis	Adjustments	
1.						Adjustment Code Provided	Amount of Adjustments
2.3.							
4.							
5.							
6.							
7.							
8.							
9.							
10							
11.							
12.							
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21							
22.							
23.							
24.							
25.							

Note: Please feel free to provide the above information in Excel

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Student Loan Interest and Education Expenses

Type of Expense	Information Required	Form Required
Interest on Student Loan	Interest amount for the year	1098-E
Tuitions & Fees of Accredited Colleges	• Expense amount • Person whom the expense is being deducted • Year in college (Freshman, Sophomore, Junior, Senior, Master's or graduate degree etc)	1098-T
Other Education Expenses	Nature of education, type and name of educational institute etc.	If 1098-T is not available, total amount of fees
Incidental educational expenses	Aggregate cost of Books, software, hardware or other expenses incurred in pursuit of educational pursuits	

Contact Vora Tax Services to determine specific information required related to the following areas:

- **Business Income**
- **Rental Income**
- **Retirement Distribution,(including Annuity, Pension etc)**
- **Charity in-Kind**
- **Moving Expenses**
- **Casualty Losses**
- **Foreign Income**
- **Foreign Tax Credit**
- **Earned Income Credit for Low Income Earners**
- **FBAR Filing**
- **Gambling Income & allowable Gambling Expenses Deductions**
- **Any other areas not included above**