

EXPENSES SUMMARY

202 __

How did you hear about Solu-Sion Corps?

Did we do your Last Year's Taxes? Yes ___ No ___
If your answer is YES, please go to section 2 if your answer is NO; please answer the following questions:

SECTION 1

Did you, your spouse and dependents received the Economic Stimulus Payment?

First Payment? Yes ___ No ___

Second Payment? Yes ___ No ___

Third Payment? Yes ___ No ___

SECTION 2

How would you like to file this year's taxes?

Single ___

Married Filing Jointly ___

Married Filing Separately ___

Divorced ___

Widow ___ tells us the year your spouse past away:

Year ___

Head of Household ___

SECTION 3

Please fill this Section for your personal information:

Name: _____

Address: _____

City: _____

State _____ Zip-Code _____

Home Telephone: (_____) _____

Work Telephone: (_____) _____

Social Security Number: _____ - _____ - _____

Occupation at Work: _____

Date of Birth: _____ / _____ / _____

Is anyone claiming you as their Dependent?

Yes ___ No ___

Were you disabled last year? Yes ___ No ___

Would you like to send \$3.00 dollars for the President Campaign? Yes ___ No ___ doing so will not increase nor decrease the amount of your Return.

SECTION 4

If you are married, please fill the following:

Spouse's Name: _____

Spouse's Social Security # _____ - _____ - _____

Spouse's Job Occupation: _____

Spouse's Date of Birth: _____ / _____ / _____

Spouse's Work Telephone Number: _____

(_____) _____ - _____

Did you both live together the whole year? Yes ___ No ___

If the Answer is NO. How many months did you both live together?: _____ months

Address where your Spouse lived for the rest of the year: _____

City _____ State _____ zip-code _____

SECTION 5

If you are filing State Taxes. Please indicate the name State: _____ County _____

If you received a refund check from last year's tax return please indicate the amount \$ _____ or include Form 1099G sent by the state this year.

If you ended up paying the State on your last year's Taxes please write down the amount: \$ _____

In what State did you live more than 6 months last year?: _____

To received accelerated refund, please indicate if you live at the same address as entered in last year's taxes

Yes ___ No ___

SECTION 6

If you have any Dependents Please enter their info:

Dependent No. 1

Name: _____

Date of Birth: _____ / _____ / _____

Social Security Number: _____ - _____ - _____

How are you related? _____

How many months did you live together? _____ months

Is he or she a Full-Time Student? Yes ___ No ___

If the answer is NO. In order to claim him or her as your Dependent, this person must had earned \$3100.00 or less and be 19 years of age or younger as last year.

Dependent No. 2

Name: _____

Date of Birth: _____ / _____ / _____

Social Security Number: _____ - _____ - _____

How are you related? _____

How many months did you live together? _____ months

Is he or she a Full-Time Student? Yes _____ No _____

If the answer is NO. In order to claim him or her as your Dependent, this person must have earned \$3100.00 or less and be 19 years of age or younger as last year.

Dependent No. 3

Name: _____

Date of Birth: _____/_____/_____

Social Security Number: _____ - _____ - _____

How are you related? _____

How many months did you live together? _____ months

Is he or she a Full-Time Student? Yes _____ No _____

If the answer is NO. In order to claim him or her as your Dependent, this person must have earned \$3100.00 or less and be 19 years of age or younger as last year.

Dependent No. 4

Name: _____

Date of Birth: _____/_____/_____

Social Security Number: _____ - _____ - _____

How are you related? _____

How many months did you live together? _____ months

Is he or she a Full-Time Student? Yes _____ No _____

If the answer is NO. In order to claim him or her as your Dependent, this person must have earned \$3100.00 or less and be 19 years of age or younger as last year.

SECTION 7

If you made any Material or Cash contributions to charity organizations, Please fill the following:

Organization Name	Amount	Materials
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

SECTION 8

If you pay a Nanny or a Day Care Center to take care of your baby while you were at work. Please fill the following:

Name of Nanny or Day Care Center: _____

Nanny's Social Security Number or Day Care center

EIN SSN _____ - _____ - _____ EIN _____ - _____

Address: _____

City: _____ State: _____ Zip-code _____

Phone No. (_____) _____ - _____

Amount Paid: \$ _____

SECTION 9

If you have any Automobiles please fill the following:

Car No. 1

Model: _____

Year: _____

When did you buy it? _____

How much did you pay for it? \$ _____

If you traded it for a new one. How much did you get for the old one? \$ _____

What is your monthly Payment? \$ _____

How much did you pay for the registration? \$ _____

How much did you pay to your county in property taxes for this auto last year? \$ _____

How much did you pay in auto insurance for this car last year? \$ _____

How much did you spend in repairs on this auto for the whole year? \$ _____

How much did you spend in oil change on this car for the whole year? \$ _____

How much did you pay in replacing the tires on this auto last year? \$ _____

How much gas did you spend on this car the whole year? \$ _____

How many miles did you put in this car for the whole year? _____

From this number. How many miles were Job Related? No. of miles _____

How many miles did you use to commute from home to work and vice versa? _____

How many miles were for personal Use? _____

Car No. 2

Model: _____

Year: _____

When did you buy it? _____

How much did you pay for it? \$ _____

If you traded it for a new one. How much did you get for the old one? \$ _____

What is your monthly Payment? \$ _____

How much did you pay for the registration? \$ _____

How much did you pay to your county in property taxes for this auto last year? \$ _____

How much did you pay in auto insurance for this car last year? \$ _____

How much did you spend in repairs on this auto for the whole year? \$ _____

How much did you spend in oil change on this car for the whole year? \$ _____

How much did you pay in replacing the tires on this auto last year? \$ _____

How much gas did you spend on this car the whole year? \$ _____

How many miles did you put in this car for the whole year? _____

From this number. How many miles were Job Related? No. of miles _____

How many miles did you used to commute from home to work and vice versa? _____

How many miles were for personal Use? _____

How much did you spend on Shoes and Clothing that were Job Related \$ _____

If you don't have a car, please answer the following:

How much did you pay the whole year for commuting to and from work on Bus, Metro, and Taxis? Etc. \$ _____

SECTION 10

If you had any medical Bill for you and your dependents, Please fill the following:

Amount you pay to doctors and dentist? \$ _____

Amount spent on prescribed medicine? \$ _____

Amount spent on prescribed glasses or contact lenses? \$ _____

How much did you spend on Laboratories? \$ _____

Amounts spent on X-Rays? \$ _____

Monies spent on transportation going and coming to and from the doctors and Dentists? \$ _____

Enter the number of miles if you used your vehicle to travel to and from doctor and dentists? Miles _____

Amount paid for medical Insurance? \$ _____

From all your medical expenses paid, how much did you medical insurance refund you? \$ _____

If you had any additional expenses, Please add them in the next section.

SECTION 11

Please keep in mind that you have to add all you spent in the whole year, also WE suggest you to keep your receipts of all you report for at least 5 years just in case the I.R.S. Audit your return.

*Housing: \$ _____ Per year *Food: \$ _____ Per year

*Clothing: \$ _____ per year *Laundry: \$ _____ Per year.

*Utilities: \$ _____ Per year

*Dependent's Expenses

SECTION 12

Do you want a Rapid Refund deposited directly into your checking account (approximately in 2 weeks)

If yes. Please fill the following:

Name of bank or financial Institution: _____

Type of Account: checking _____ savings _____

Routing Number: _____ normally the first 9 digits from your check book

Account Number: _____

Or do you want a Check within 24 hours or less?

Yes: ____ No: ____

All fees will be deducted from your refund.

In case we have any other question. Please give us a number where we can reach right away

TEL: _____

I _____ by this mean attest that all quantities, amounts and social security numbers are true to the best of my knowledge.

Signatura: _____ Date: ____/____/____