



MCDOWELL CAPITAL GROUP LLC

1517 STUYVESANT AVE. NJ 07083 | PH 908-316-3313 OR 908-378-5429 FX 908-349-3500

Name:		SS / Tax ID:	
DOB: / /	Occupation:		
Spouse:		SS / Tax ID:	
DOB: / /	Occupation:		
Home Phone:() -		Cell Phone: () -	
Street Address:			Apt:
Zip Code:	City:	State:	County:
Email:			

Filing Status: Single Married Joint Married Separate Head of Household

DEPENDANTS YES NO --- If YES input information on 2nd page

Full year Health Coverage: Yes <input type="checkbox"/> or No <input type="checkbox"/>	<u>Unreimbursed Employee Expenses & 2nd Job</u>
Medical/Dental expenses:	Miles – 2nd job or School:
Charitable donations:	Insurance (all except health):
Non-cash donations:	Parking:
Vehicle maintenance:	Tolls:
Taxes and Licenses:	Meals (during work hours):
Home Office expenses:	Fuel:
Union Dues:	Miles used for work purposes:
Cell Phone for work purpose:	Work Supplies:
Work Clothes/Uniform:	School/College Tuition:
Work Uniform Cleaning Cost:	Student Loan Interest:
Legal or Professional services:	College Supplies:
Tax Prep Fee Paid:	Rent:
Other:	Alimony:
Child/Dependent Care Name:	Amount:
Address:	SS or Tax ID#

Date: _____ Signature(s): _____

By signing above, I understand and agree to all the information both listed on this form and on my 2017 tax return that has been prepared by McDowell Capital Group LLC. I understand that the IRS has the right to request written proof of all expenses listed on my tax return, and if proof is requested it is my responsibility to furnish to the IRS with the information requested by the date requested. McDowell Capital Group LLC will assist in furnishing (as needed) or preparing any other documents after my tax return has been prepared and delivered to me. INITIALS _____

Please include:

- **W2, 1099, 1098 AND ANY OTHER TAX FORMS YOU HAVE RECEIVED**
- **COPY OF: DRIVERS LICENSE * SOCIAL SECURITY CARD(S) AND OR TAX ID#’S**
- Driver License # _____ Issue Date# _____ Exp. Date# _____
- Bank Name _____
- Bank Routing Number _____
- Bank Account Number _____
- Or (ATTACH VOIDED CHECK) Checking Savings

Dependents Information:

Name: _____

SS#: _____ - _____ - _____

DOB: _____ / _____ / _____

Relation: _____

Months Lived with you: _____

Name: _____

SS#: _____ - _____ - _____

DOB: _____ / _____ / _____

Relation: _____

Months Lived with you: _____

Name: _____

SS#: _____ - _____ - _____

DOB: _____ / _____ / _____

Relation: _____

Months Lived with you: _____

Name: _____

SS#: _____ - _____ - _____

DOB: _____ / _____ / _____

Relation: _____

Months Lived with you: _____

Please - Add any addition expenses:

NOTES: _____

****HOME OWNERS: Please request Homeowner questionnaire****

****BUSINESS OWNERS: Please request Small business questionnaire****

Thank You,

Walter