**D R TAX SERVICE**

**Tax Payer UBER/LYFT Deduction Information**

 **Business Name/DBA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Tax Payer Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Federal Refund \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owe Federal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State Refund \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owe State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Information Needed For Tax Preparation****\*\*CURRENT COLOR COPY OF DRIVERS LICENSE** | ***Amount*** | ***Comments*** |
|  | **Gross Receipts *(1099M, Cash or Checks Received)***  |  |  |
|  | **Car Cleanings** |  |  |
|  | **Car or Truck ( Mileage Log) from Uber or Lyft** |  |  |
|  | **Office Expense** |  |  |
|  | **Lease/Rental of Car**  |  |  |
|  | **Repairs and Maintenance ( Oil Changes, Tire Rotation..etc** |  |  |
|  | **Supplies for Clients ( Candy, Chips, Bottle Water/ Soda)** |  |  |
|  | **Taxes or License** |  |  |
|  | **Meals** |  |  |
|  | **GPS Charges** |  |  |
|  | **Service Fee Charges** |  |  |
|  | **Internet Services** |  |  |
|  | **Mobile Phone Services** |  |  |
|  | **Tolls Fees/ Parking Fees** |  |  |
|  | **Required Protective Clothing** |  |  |
|  | **Other** |  |  |
|  | **Other** |  |  |
|  | **Miscellaneous Fees:** |  |  |
|  | **Additional Info or Forms Needed:** |  |  |
|  | ***Verify Bank Account Information******Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Routing#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Account#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | ***Would you like fees taken out of refund?******( If yes, please verify Drivers License and provide current copy of driver’s license)******State \_\_\_\_\_ No# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
|  | ***Additional Comments or Questions:*** |  |
| ***X*** |
| ***By signing this form you agree that all information submitted is true and accurate to the best of your knowledge and corresponds with verified documents.*** |

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**D R TAX SERVICE**

**Tax Payer Deduction Information**

 **Tax Payer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Tax Payer Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Federal Refund \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owe Federal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State Refund \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owe State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Information Needed For Tax Preparation****\*\*CURRENT COLOR COPY OF DRIVERS LICENSE** | ***Amount*** | ***Comments*** |
|  | **Medical Insurance** |  |  |
|  | **Medical Mileage** |  |  |
|  | **Medical Bills/Co Payments/Prescriptions** |  |  |  |
|  | **Dental Bills/Co Payments** |  |  |  |
|  | **Vision Bills/Co Payments** |  |  |  |
|  | **Real Estate Taxes/Property Taxes** |  |  |
|  | **Mortgage Insurance Paid** |  |  |
|  | **Mortgage Interest** |  |  |
|  | **House/Hazard Insurance (*eg. AllState, Farmers,CottonState*)** |  |  |
|  | **Home Association Fees** |  |  |
|  | **Last Year’s Tax Prep** |  |  |
|  | **Ad Valorem Taxes/Car Tags** |  |  |
|  | **Emission Fees** |  |  |
|  | **Tithes, Churches & School (Name Of Place)** |  |  |
|  | **Charity Donations (Name Of Place)** |  |  |
|  | **Child Care: 13yrs & Under (Name of Place, Address, EIN)** |  |  |
|  | **Hobbies Expenses /with Hobby Income/Moving Expenses** |  |  |
|  | **Union Dues/Professional Fees** |  |  |
|  | **Employee Gift/Lunch/ Incentives (Out of Pocket)** |  |  |
|  | **Uniforms: (Purchased, Dry-cleaned, Protective Clothing)** |  |  |
|  | **Miscellaneous Fees:** |  |  |
|  | **Additional Forms Needed:*****1099G, 1098T, 1095HC or 1098E Student loan Interest*** |  |  |
|  | ***Verify Bank Account Information******Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Routing#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Account#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type\_\_\_\_\_\_\_\_\_\_\_*** | ***Would you like fees taken out of refund?******( If yes, please verify Drivers License and provide copy of drivers license)******State \_\_\_\_\_ No# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
|  | ***Additional Comments or Questions:*** |  |
| ***X*** |
| ***By signing this form you agree that all information submitted is true and accurate to the best of your knowledge and corresponds with verified documents.*** |

**For office use only----🡪 TOTAL FEES PAYABLE TO US $\_\_\_\_\_\_\_\_\_\_\_\_**