

TAXPAYER INFORMATION (Information must match Social Security Card)

new client only
Birth Date

***Taxpayer Name:** Occupation:

Spouse Name: Occupation:

Phone Numbers: (Day) (Cell)

Mailing Address: County:

Contact's email address: Date Moved last year:

***Filing Status:** (S, HH, MJF, MFS, QSS) *if MFS, # of Months lived with spouse this year (12 or less):

S-Single, HH-Head of Household, MFJ-Married Filing Joint, MFS-Married Filing Separate, QSS-Qualified Surviving Spouse

DEPENDENTS (Information must match Social Security Card)

***** Provide proof of residence for each*****
Months lived

	Name: (first and last)	<small>new child only</small> Social Security #	<small>new child only</small> Birth Date	with you (1-12)	Relationship	Income	Dependent / Child Care
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Form 8332 for noncustodial parent, signed by custodial parent Relationship: Son, Daughter, Parent, Relative, Other

***Do you have health insurance through the marketplace? (Circle One) YES / NO**

***Virtual Currency (receive, sell, send, exchange, or otherwise acquire) (Circle One) YES / NO**

INCOME If received - Must include documentation

- Wages (W 2)
- Interest / Dividend (1099 INT / 1099 DIV)
- IRA / Pension Distribution (1099R)
- Social Security Benefits (1099 SSA)
- Stock Sales (1099 B and Please provide purchase date and cost amount)
- Business / Rental Activity (1099 NEC, MISC, K, **see worksheet**)
- Schedule K-1
- Unemployment Compensation (1099 G)
- Gambling / Lottery Winnings (W-2 G)
- Other: Jury Duty Pay / Prizes / Barter / 1099 A,C,Q

ADJUSTMENTS TO INCOME If paid - Must include documentation

- Educator Expenses (receipts with grand total)
- Self Employed Health Insurance Premiums / HSA (1099 SA)
- Moving Expenses (Military only)
- IRA / ROTH / SEP Contributions (annual statement, 5498)
- Student Loan Interest (1098 E)

ITEMIZED DEDUCTIONS If paid - Must include documentation

- Medical & Dental (paid out of pocket only, **see worksheet**)
- Real Estate Taxes (1098 or Tax statement)
- Ad Valorem Taxes (Vehicle Registration)
- Mortgage Interest / Points (1098)
- Purchase, Refi or Sold home (Provide settlement statement)
- Cash Charitable Donations (letter from organization)
- Non Cash Charitable Donations (receipts from org with list of items)
- Charitable Miles Driven: (provide total)
- Gambling (Lottery) losses / Casualty (theft) Losses (receipts)

OTHER TAXES AND CREDITS If apply - Must include documentation

- Alternative motor/qualified plug-in motor/electric vehicle
- Residential energy efficient home improvements
- Higher Education (1098T, receipts for books and supplies)

***First Time Homebuyer Repayment Program (@ \$500/yr) (Circle One) YES / NO**

Banking Information: Routing Transit #: Depositor Account #:

Type of Account (Circle one): Checking / Savings

***Do you owe IRS, State Govt, Student Loans, Child Support? (Circle all that apply or NONE)**

***Did you receive any letters/notices? (Circle One) YES / NO** if YES, attach documents

***Did you make any payments to the IRS? (Circle One) YES / NO**

***Did you make any payments for State Income taxes? If yes, enter total** \$

***Did you receive any refunds from: Federal? (Circle One) YES / NO State? (Circle One) YES / NO**

QUESTIONS / CONCERNS YOU HAVE: _____

By signature below, I acknowledge that the enclosed information is correct and includes all income and expenditures necessary for preparing an accurate return.

***Taxpayer:** _____ **Date:** _____ **Spouse:** _____ **Date:** _____

OFFICE USE ONLY

Copy of last 2 tax return filed (new clients only) Referred By: Date In / Via

ID % of AGI _____ Plans for next year: _____ Recommendations: EST payments Missing items / Questionable items (?)

Compare prior ITR: