

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-Qualifying Surviving Spouse with dependent child

DEPENDENTS (Information must match Social Security Card) *** Provide proof of residence for each***
Months lived

	Name: (first and last)	*new child only Social Security #	*new child only 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, spouse or dependent(s) require an IP PIN? (Circle one) YES / NO (letter/notification from IRS)
- *Did you have health insurance through the marketplace? (Circle One) YES / NO
- *Did you receive, sell, exchange, or otherwise dispose of a digital asset? (Circle One) YES / NO

INCOME If received - Must include documentation

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

*Did you sale a home? (Circle one) YES / NO (1099S, settlement statement & adjusted cost basis)

ADJUSTMENTS TO INCOME If paid - Must include documentation

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

ITEMIZED DEDUCTIONS If paid - Must include documentation

- | | |
|--|---|
| <input type="checkbox"/> Medical & Dental (paid out of pocket only, see worksheet) | <input type="checkbox"/> Cash Charitable Donations (letter from organization) |
| <input type="checkbox"/> Real Estate Taxes (1098 or Tax statement) | <input type="checkbox"/> Non Cash Charitable Donations (receipts from org with list of items) |
| <input type="checkbox"/> Ad Valorem Taxes (Vehicle Registration) | <input type="checkbox"/> Charitable Miles Driven: <input type="text"/> (provide total) |
| <input type="checkbox"/> Mortgage Interest / Points (1098) | <input type="checkbox"/> Gambling (Lottery) losses / Casualty (theft) Losses (receipts) |

*Did you purchase or refinance your home? (Circle one) YES / NO (settlement statement)

OTHER TAXES AND CREDITS If apply - Must include documentation

- | | |
|--|--|
| *First Time Homebuyer Repayment Program (@ \$500/yr) (Circle One) YES / NO | <input type="checkbox"/> Residential energy efficient home improvements |
| <input type="checkbox"/> New or previously owned clean vehicle | <input type="checkbox"/> Higher Education (1098T, receipts for books and supplies) |

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

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

*Did you make any payments for Federal Income Taxes? (Circle One) YES / NO / N/A

*Did you make any payments for State Income Taxes? (Circle One) YES / NO / N/A If YES, enter total \$

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

Banking Information: Routing Transit #: Depositor Account #:

Type of Account (Circle one): Checking / Savings

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

Recommendations: EST payments Missing items / Questionable items (?)

ID % of AGI: _____ Plans for next year: _____

Compare prior ITR: _____