

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						\$	\$
2						\$	\$
3						\$	\$
4						\$	\$

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

*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 cost amount)	<input type="checkbox"/> Other: Jury Duty Pay / Prizes / Barter / 1099 A,C,Q

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)
<input type="checkbox"/> Purchase, Refi or Sold home (Provide settlement statement)	

OTHER TAXES AND CREDITS If apply - Must include documentation

*First Time Homebuyer Repayment Program (@ \$500/yr) (Circle One) YES / NO Residential energy efficient home improvements

New or previously owned clean vehicle Higher Education (1098T, receipts for books and supplies)

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

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

ID % of AGI _____ Plans for next year: _____

Compare prior ITR: _____