Personal Information

Your Full Name____ DOB___________

Occupation______________________________ Social Security #________________________________

Spouse's Full Name____ DOB___________

Occupation______________________________ Social Security #________________________________

Address: ____ City_________________________

State___________________________________ Zip_______________________

Home Phone_________________________ Cell Phone________________________

E-Mail____

Filing Status (check one)

_____Single

_____Married Filing Jointly

_____Married Filing Separately

_____Head of Household (Single and not married with a dependent)

_____Qualifying Widow (Spouse died in the last three tax years, you were not remarried and have at least one dependent child. If spouse died this year, claim Married Filing Jointly)

DEPENDENTS TO CLAIM (That cannot be on someone else's return.)

Full Name	DOB	Social Security #	Relationship to Taxpayer	Current age

Checklist

______ Employee Documents W-2's

______ Self-Employment/Business Info 1099's, or K1

______ Child Care Expenses (Include the Name, Address and Providers Tax ID #)

______ Education Credits Form 1098T or 1098E /Student Loan Interest Deduction and other documents (tuition, room & board, books, other expenses, scholarship, financial aid documents)

______ Rental Income (Date Placed in Service, Cost, Rental Income, Expenses, Prior Depreciation)

______ Retirement Income (1099R, RRB-1099)

______ Disability or Social Security Income

______ Savings and Investments (1099-INT, 1099-OID, 1099-DIV, 1099-B, 1099-S)

______ Unemployment Compensation (1099-G)

______ IRA Contributions last year and thus far within this year

______ Gambling Winnings (W-2G include expenses related)

______ Alimony Received or Paid (Need from Name)

______ Health Care Reimbursements (1099-SA, 1099-LTC)

______ Jury Duty Records

______ Other 1099's include all expenses related

Direct Deposit (can be divided in up to 3 accounts)

Routing #____ Account #____

Notes

Itemized Deductions

______ Forms 1098 or other Mortgage Documents & Property Tax Paid

______ Amount of Sales Tax Paid on large items, local tax, and state income taxes paid.

______ Purchase or Sale of a Home Documents

______ Amounts of cash contributions (church, schools, or other charitable organization)
Miles to deliver cash contributions________________________

______ Amounts of non-cash contributions (should be limited to under $500)

______ Amount paid for health insurance (not payroll deducted)

______ Amounts paid to doctors, dentists, and hospitals including co-pays

______ Amounts paid for prescriptions including co-pays

______ Miles driven for health services, to pick up prescriptions, to specialists, and any paid parking

______ Expenses for any investments

______ Amount paid for last year's taxes (only applies if you have a business)

______ Copy of Last Year's Tax Return (if you are a new client or need amendment)

______ Job Hunting Expenses

______ Declared Disaster Area (City, County, Records of Property Loss, Records for Rebuilding, Insurance Reimbursements, any FEMA Assistance, Katrina, Irma, etc.)

______ Did you receive a Homebuyers Credit in 2008?

______ Energy Credits (windows, insulation, roofing, and exterior doors. Need manufactures information, cost of all repairs and labor)

______ Did you purchase plug in vehicle or hybrid?

______ Did you buy Build America bonds after 2009?

Business Checklist

_____ Mileage Total Miles driven ____

_____ Total Business Miles driven ______________________________________

_____ Personal/Medical Miles ____

_____ Parking Fees and Tolls ____

_____ Car Registration/Taxes and Fees ______________________________________

_____ Inventory in $'s   Beginning ________________ Ending ________________

_____ Business use of your home

- Market value of home ____
- Total square feet of home ____
- Area used for business or office size ________________________________
- Total electric bills and water bills __________________________________
- Total other expenses (trash pickup, security, repairs to office area, internet) __________________
- Mortgage Interest Statement Including:

  Interest _____________________________________

  Mortgage Insurance _________________________

  Property Taxes ______________________________

  Home Owners Insurance______________________

_____ Business Use Assets for depreciation (new clients MUST provide prior depreciation)

Date in Service **Description/Name of Asset** **Market Value**

______ Business Expenses (check bank statements, credit card statements, receipts)

Advertising ____

Contract Labor____

Commission and Fees ______________________________________

Insurance (not health)_____________________________________

Legal and Professional Fees_________________________________

Office Expenses ____

Rent ____

Rental Equipment ____

Repairs and Maintenance ____________________________________

Supplies/Materials ____

Travel ____

Meals ____

Cell/Work Phone ____

Taxi/Uber/Lyft/Bus/ect. ______________________________________

Uniforms ____

Dues and Subscriptions ______________________________________

Postage____

Bank Fees ____

Internet ____

Security ____

Wellness ____

Parking Fees and Tolls _______________________________________

Continued Education ____

License, Taxes, and Fees ______________________________________

Website and Hosting Fees _____________________________________

Other Expenses ____