

Please provide copy of social security card(s) for new dependent(s) or if new client.

If you were a victim of identity theft, please provide the Notice from the IRS showing the Pin #.

Are you a current tax client? Yes No

Please complete only if information has changed or you are a new client.

Client Information:

Primary Taxpayer Name: _____	Spouse Name: _____
Date of Birth: _____	Spouse Date of Birth: _____
(1) Social Security # or ITIN : _____	(1) Spouse Social Security # or ITIN #: _____
Driver's License # & State _____	Expiration Date _____
Driver's License # & State _____	Expiration Date _____
Marital Status: (Circle) Single Married Widowed	Occupation: _____
Occupation: _____	Address (If Different): _____
Address: _____	_____
City, State, Zip: _____	Best Phone Number: _____
Preferred Contact Method: (Circle) Email Phone	Email Address: _____
Best Phone Number: _____	
Email Address: _____	
Date of Death: _____	

Can you be claimed as a dependent by someone else? Yes No

Are you an active member or the spouse / dependent of an active member of the military? Yes No

Did you live and work the entire year in this state? Yes No

If not please provide dates and states resided in: _____

***If any dependents listed did not live at the primary taxpayers address the entire year, please discuss this with your tax professional. This is critical to help us help you accurately report your residency and dependency to the tax authorities.**

Dependents* (or person living in your household).

Name	Relationship	Date of Birth & Age	(1) Social Security # or ITIN	Full Time Student?	Disabled?

Bank Information PLEASE PROVIDE A VOIDED CHECK

Name of financial institution _____

Routing transit number _____

Depositor account number _____

Type of Account (1= Checking, 2 = Savings) _____

**** This Question MUST be Answered**** Do you have any type of foreign Bank Account? Yes No

Health Insurance

Were you and your dependents covered by health insurance? Yes No Entire Year? Yes No

Through Market Place? Yes No

Please provide either forms 1095A , 1095B, and or 1095C in regards to health insurance coverage.

Document Checklist

Income: Check all that apply and include requested documentation.

Income from:	Yes <input type="checkbox"/>	Schedule K-1	Yes <input type="checkbox"/>
Employer (W-2)	<input type="checkbox"/>	Self-Employment*	<input type="checkbox"/>
Interest (1099-Int)	<input type="checkbox"/>	Social Security / Retirement	<input type="checkbox"/>
Dividends (1099-Div)	<input type="checkbox"/>	Rental Property*	<input type="checkbox"/>
Stock or Mutual Fund Sale (1099-B)	<input type="checkbox"/>	Unemployment	<input type="checkbox"/>

Expenses: Check all that apply and include requested documentation.

Expenses From:	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>
Self-Employment*	<input type="checkbox"/>	Un-reimbursed By Your Employer	<input type="checkbox"/>
Education - *1098-T	<input type="checkbox"/>	Rental Property*	<input type="checkbox"/>
Medical / Dental Care	<input type="checkbox"/>	Union Dues	<input type="checkbox"/>

Credits and Deductions: Check all that apply and include requested documentation.

NOTE: Please ensure you have attached support for all charitable contributions.

Did You or Your Spouse:	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>
Donate Cash or Goods to a Charity?*	<input type="checkbox"/>	Pay Student Loan Interest	<input type="checkbox"/>
Pay Child / Dependent Care Expense?	<input type="checkbox"/>	Have a Mortgage Payment? (1098)	<input type="checkbox"/>
Make a IRA Contribution or Other Retirement Plan	<input type="checkbox"/>	Pay Sales Tax on a Vehicle, boat or etc?*	<input type="checkbox"/>
Pay Property Taxes?	<input type="checkbox"/>	Teacher Education Expenses*	<input type="checkbox"/>
		Energy Credit*	<input type="checkbox"/>

Miscellaneous: Check all that apply and include requested documentation.

Did You or Your Spouse:	Yes <input type="checkbox"/>		Yes <input type="checkbox"/>
Sell a Home? - NEED CLOSING STATEMENT	<input type="checkbox"/>	Did You Convert an IRA or ROTH?	<input type="checkbox"/>
Pay / Receive Alimony?	<input type="checkbox"/>	Take an IRA or 401(k) Distribution?	<input type="checkbox"/>
Suffer Casualty Loss?	<input type="checkbox"/>	Adopt a Child?	<input type="checkbox"/>
Did You Receive an Inheritance?	<input type="checkbox"/>	Have Gambling Winnings / Losses? - *W2-G	<input type="checkbox"/>

Did you make any estimated tax payments?*

<u>Federal</u>	<u>Amount</u>	<u>State</u>	<u>Amount</u>
April		April	
June		June	
September		September	
January		January	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** If this applies please include supporting documentation**

Any Additional Information or Comments:
