



636-573-1250  
1000 Fairgrounds Rd Suite 200  
St. Charles, MO 63301

Tax Pre- Checklist

Please provide a 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 your 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's Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Social Security # or ITIN: \_\_\_\_\_ Spouse's Social Security # or ITIN: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Spouse's Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Marital Status: (Circle) Single Married Widowed Married Filing Separately

Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Preferred Contact Method: (Circle) Email Phone Email Address: \_\_\_\_\_

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

Are you or your spouse/dependent an active member of the Military? Yes \_\_\_ No \_\_\_

Did you live and work the entire year in this State? Yes \_\_\_ No \_\_\_

If no, please provide dates and states you resided in: \_\_\_\_\_

\_\_\_\_\_

Dependents\* (or person living in your household).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Full Time Student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Full Time Student: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Full Time Student: \_\_\_\_\_

\*If any dependents did not live at the primary taxpayer's address for 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.

**Bank Information - PLEASE PROVIDE A VOIDED CHECK**

Name of Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type- Checking or Savings \_\_\_\_\_

Do you have any type of foreign Bank Account?

**Health Insurance**

Where 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 regarding health insurance coverage.

Wamhoff Accounting Services

Tax Pre-Checklist

Income: Please check all that applies and include documentation.

|                                   |  |                             |  |
|-----------------------------------|--|-----------------------------|--|
| Income from:                      |  | Schedule K-1                |  |
| Employer W-2                      |  | Self Employment*            |  |
| Interest 1099-INT                 |  | Social Security/ Retirement |  |
| Dividends 1099                    |  | Rental Property*            |  |
| Stock or Mutual Funds Sale 1099-B |  | Unemployment                |  |

Expenses: Please check all that applies and include documentation.

|                      |  |                               |  |
|----------------------|--|-------------------------------|--|
| Expenses from:       |  |                               |  |
| Self-Employment*     |  | Unreimbursed by your Employer |  |
| Education- * 1098-T  |  | Rental Property               |  |
| Medical/ Dental care |  | Union Dues                    |  |
|                      |  |                               |  |

Credits and Deductions: Please check all that applies and include documentation. Please make sure you have attached support for all charitable contributions.

|                                    |  |  |  |
|------------------------------------|--|--|--|
| Did you or your Spouse:            |  |  |  |
| Donate Cash or goods to a Charity? |  | Have Mortgage Payment? (1098)            |  |
| Pay Child/ Dependent Care Expense? |  | Pay Sales Tax on a Vehicle, boat etc.? * |  |
| Pay Property Taxes?                |  | Teacher Education Expense                |  |
| Student Loan Interest              |  | Energy Credit*                           |  |

Miscellaneous: Please check all that applies and include documentation.

|   |  |   |  |
|---|--|---|--|
| Did you or your Spouse:                           |  | Did you receive an Inheritance?           |  |
| Sell a home? <b>IF SO, NEED CLOSING STATEMENT</b> |  | Did you convert an IRA or ROTH?           |  |
| Pay /Receive Alimony?                             |  | Did you take an IRA or 401K distribution? |  |
| Suffer Casualty Loss?                             |  | Adopt a Child?                            |  |
| Did you receive an Inheritance?                   |  | Have Gambling Winnings/ Losses? W-2-G     |  |

Child tax credit:

|   |  |  |  |
|---|--|--|--|
| Have you Received the Advance on the Child tax credit? If so, please provide copy of Letter 6419. |  |  |  |
|---|--|--|--|

Did you make any estimated tax payments?

| <b>Federal</b> | <b>Amount</b> | <b>State</b> | <b>Amount</b> |
|----------------|---------------|--------------|---------------|
| April          |               | April        |               |
| June           |               | June         |               |
| September      |               | September    |               |
| January        |               | January      |               |

\*If this applies, please include supporting documentation.

Any additional Information or Comments:

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