

Taxpayer Information

Filing Status: Single _____ Married _____ Head of Household _____ Qualifying Widow _____

Which form do you want to file: 1040EZ _____ 1040A _____ 1040 _____ Schedule A: _____

Do you need state returns filed as well: _____ For Which States: _____

Are you a part year resident: _____

Taxpayer: First Name _____ Middle Initial _____ Last Name _____

Date of Birth: ___/___/___ Social Security Number: _____ Occupation: _____

Best Contact Email Address: _____

Taxpayer Phone: _____ Spouse Phone: _____

Spouse: First Name _____ Middle Initial _____ Last Name _____

Date of Birth: ___/___/___ Social Security Number: _____ Occupation: _____

Address for Tax Return – No PO Box: _____

City: _____ State: _____ Zip Code: _____

Dependent Information

Dependent 1: First Name _____ Middle Initial _____ Last Name _____

Date of Birth: ___/___/___ Social Security Number: _____

Relationship to Taxpayer: _____ Months in Home: _____ Income if any: _____

Dependent 2: First Name _____ Middle Initial _____ Last Name _____

Date of Birth: ___/___/___ Social Security Number: _____

Relationship to Taxpayer: _____ Months in Home: _____ Income if any: _____

Dependent 3: First Name _____ Middle Initial _____ Last Name _____

Date of Birth: ___/___/___ Social Security Number: _____

Relationship to Taxpayer: _____ Months in Home: _____ Income if any: _____

Dependent 4: First Name _____ Middle Initial _____ Last Name _____

Date of Birth: ___/___/___ Social Security Number: _____

Relationship to Taxpayer: _____ Months in Home: _____ Income if any: _____

Dependent 5: First Name _____ Middle Initial _____ Last Name _____

Date of Birth: ___/___/___ Social Security Number: _____

Relationship to Taxpayer: _____ Months in Home: _____ Income if any: _____

Please read the following statements below. We will not file any return without required identification and proof of social security numbers.

For the Taxpayer and Spouse, we must have on file a copy of a valid state/government issued ID or Driver’s License along with a copy of their Social Security Card for verification.

For each Dependent Child we must have on file a copy of a valid social security card along with birth certificate or school enrollment record. A child born in 2017 may provide a birth certificate and copy of Social Security number application. For any other dependents copies of valid Social Security cards are necessary.

Health Insurance Coverage:

You must provide proof of Health Insurance Coverage for yourself and your dependents for the 2017 Tax Year:

1: If you had health care coverage with a government Marketplace (Exchange) during 2017 please provide the Form 1095-A issued by the Marketplace. In some cases you may have more than one.

2: if you are claiming someone on your who was included on another Taxpayers policy with a Marketplace plan you will also need a copy of that Taxpayers 1095-A

3: If a dependent filed a return for 2017 please provide a copy of that return.

4: If you had other compliant health insurance coverage please provide Form 1095-B, 1095-C or other proof of insurance document.

5: If you were issued a hardship exemption by the Marketplace please provide all exemption certificate numbers issued for each tax family member.

6: Complete the information below for any member of your household NOT covered by health insurance for any part of 2017.

Name: _____

Months Not Covered: _____

Name: _____

Months Not Covered: _____

Name: _____

Months Not Covered: _____

Name: _____

Months Not Covered: _____

Name: _____

Months Not Covered: _____

Name: _____

Months Not Covered: _____

INCOME SECTION

W-2 Income

How many W-2's for Taxpayer: _____ How many W-2's for Spouse: _____

Any Dependent W-2's: _____ If yes how Many: _____

Please send a copy of each W-2 with this form.

Did you receive any Unemployment Benefits? _____

Taxpayer _____ Spouse _____ Which State: _____

Are you Self Employed: _____

Is this income reported on a 1099 Misc.? _____

How Many 1099 Misc. have you received: _____

Please see the Self-Employed Worksheet and fill out the best of your ability.

Did you receive any 1099 Int forms? _____

How many: Taxpayer _____ Spouse _____ Joint _____

Did you receive any interest from a seller financed mortgage? _____

If yes, please provide the following:

Name of Payor: _____

Social Security Number: _____ Amount Received: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Did you receive any 1099 Div forms: _____

How many: Taxpayer _____ Spouse _____ Joint _____

Did you receive any 1099 R forms: _____

How many: Taxpayer _____ Spouse _____

Did you receive any 1099 B forms: _____

How many: Taxpayer _____ Spouse _____ Joint _____

Any other gains or losses or sale of investment property: _____

Did you receive any SSA-1099 Forms: _____ **Taxpayer:** _____ **Spouse:** _____

CLIENT INTAKE FORM – PERSONAL RETURN

Did you receive any income from the following:

Royalties, Partnerships, S-Corporations, Estates or Trusts: _____ Taxpayer: _____ Spouse: _____

Please provide a copy of each K-1.

Rental Property Income: _____ Taxpayer: _____ Spouse: _____ Joint: _____

Please See Rental Property Worksheet and fill out to the best of your ability.

Did you sell your Principal Residence during 2017: _____ If yes please review the statements below.

Yes No

- (1) I owned and used the residence as my principal residence for periods aggregating 2 years or more during the 5-year period ending on the date of the sale or exchange of the residence.
(2) I have not sold or exchanged another principal residence during the 2-year period ending on the date of the sale or exchange of the residence (not taking into account any sale or exchange before May 7, 1997).
(3) I Attest that No portion of the residence has been used for business or rental purposes by me (or any spouse if I am married) after May 6, 1997.
(4) At least one of the following three statements applies:
The sale or exchange is of the entire residence for \$250,000 or less.
OR
I am married, the sale or exchange is of the entire residence for \$500,000 or less, and the gain on the sale or exchange of the entire residence is \$250,000 or less.
OR
I am married, the sale or exchange is of the entire residence for \$500,000 or less, and (a) I intend to file a joint return for the year of the sale or exchange, (b) my spouse also used the residence as his or her principal residence for periods aggregating 2 years or more during the 5-year period ending on the date of the sale or exchange of the residence, and (c) my spouse also has not sold or exchanged another principal residence during the 2-year period ending on the date of the sale or exchange of the residence (not taking into account any sale or exchange before May 7, 1997).

Any other income not listed above:

Adjustments to Income

Teacher or Educator Expenses: _____

Form 2106 Adjustment (Reservists, performing artists, and fee based govt. officials): _____

Health Savings Account Deduction: _____

Did you move during 2017: _____ Was this for work: _____

Did you move to a different city: _____ Were you reimbursed by employer: _____ How Much: _____

Moving Expenses (Please List Separately): _____

If you are Self Employed did you contribute to a Retirement Plan: _____

CLIENT INTAKE FORM – PERSONAL RETURN

Type of Retirement Plan: _____ How much Contributed: _____

If Self Employed how much did you pay for health insurance: _____

Did you incur any fees for early withdrawal from a savings account: _____

Did you pay Alimony to Anyone: _____

If yes Name of Recipient: _____

Social Security Number: _____ Amount Paid: _____

Did you or your spouse make any IRA Contributions: _____

Taxpayer Amount: _____ Spouse Amount: _____

Did you Pay Student Loan Interest: _____ Amount Paid: _____

Tuition and Fees (if not taking education credits below) We will maximize for best refund: _____

Credits

Early Filers should be aware that due to the PATH Act the IRS will not issue a refund on tax returns claiming the Earned Income Tax Credit and the Additional Child Tax Credit until after February 15th.

If eligible do you wish to apply for the Earned Income Tax Credit: _____

Number of Qualifying Individuals (under 19 years of age or 24 if a full-time student): _____

Have you ever been dis-allowed to take this credit: _____

Child Tax Credit is Automatically Calculated if eligible.

Dependent Care Expenses:

Name of Care Provider: _____ EIN or Social Security # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount Paid: _____ For Which Dependent: _____

Name of Care Provider: _____ EIN or Social Security # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount Paid: _____ For Which Dependent: _____

Name of Care Provider: _____ EIN or Social Security # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Amount Paid: _____ For Which Dependent: _____

If payments were to an individual were the services performed in your home: _____

CLIENT INTAKE FORM – PERSONAL RETURN

If "Yes" to question above have payroll reports been filed: _____ If "No" do you wish to file with return: _____

Education Credits:

Was anyone listed on the return enrolled in higher education classes during 2017: _____

Name of Student 1: _____ Was this job related: _____

Was this in pursuit of a degree: _____ Full Time or at least ½ Time Student: _____

If degree seeking what Year (1st, 2nd, 3rd, 4th): _____ Did you receive Form 1098-T: _____

School Name: _____ EIN: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Cost of Tuition: _____ Cost of Books: _____ Supplies: _____

Amount paid to School for Books and Supplies: _____

Has the student ever had a felony drug conviction: _____

Name of Student 2: _____ Was this job related: _____

Was this in pursuit of a degree: _____ Full Time or at least ½ Time Student: _____

If degree seeking what Year (1st, 2nd, 3rd, 4th): _____ Did you receive Form 1098-T: _____

School Name: _____ EIN: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Cost of Tuition: _____ Cost of Books: _____ Supplies: _____

Amount paid to School for Books and Supplies: _____

Has the student ever had a felony drug conviction: _____

Please forward a copy of all 1098 -T's Received.

Did you make any estimated tax payments / quarterly payments in 2017: _____

Federal Payments		State Payments	
Date Payments Made	Amount	Date Payments Made	Amount

Did you have any Foreign Tax Credits: _____

Type of Tax: _____ **Country Tax Paid To:** _____

Was tax withheld: _____ **Paid Direct:** _____ **Amount:** _____

CLIENT INTAKE FORM – PERSONAL RETURN

Did you have any other Retirement Savings Contributions: _____ How Much: _____

For Taxpayer: _____ Spouse: _____

Did you make any Energy Saving Improvements to your home: _____

Please list and how much: _____

Any other Payments or Credits (not for Schedule A Itemized Deductions) please list below:

For Itemized Deductions See Separate Worksheet.