

The purpose of this worksheet is to identify all possible tax deductions that can reduce your tax liability.

If you are married, did your spouse live with you the last 6 months of the year?

Yes

No

Last Name	First Name	Social Security	D.O.B.	Tax Year
Spouse Last Name	Spouse First Name	Social Security	D.O.B.	
Current Address	City	State	Zip	
e-mail address	Home Phone	Cell Phone		

- First time Clients-** Provide the following: **a)** last two years tax return. **b)** Drivers Licenses, **c)** SS card of dependent or prior year tax return listing dependents.
- Did any dependent file (or will file) a tax return? Yes No
- If we prepared last year's tax return do not fill out dependent section unless adding new dependent(s).
- If deleting a dependent fill in their information and enter "remove" under relationship

Dependents Last Name	Dependents First Name	Social Security #	D.O.B.	Relationship

Summary of engagement highlights:

- We will depend on you to provide the information we need to prepare a complete and accurate tax return. We may ask you to clarify some items but will not audit/verify the data you submit.
- Our fees are based on the number of forms used. Payment is due on completion. Our engagement to prepare your tax return will conclude with delivery of returns to you and/or e-file.
- Review all tax documents carefully before signing them.

√	Form	Qty	Description
<input type="checkbox"/>	W-2		Wages received from employer
<input type="checkbox"/>	W-2G		Gambling winnings
<input type="checkbox"/>	1099 - Misc		Self-employment and miscellaneous income
<input type="checkbox"/>	1099 - G		Unemployment wages or state income tax refund
<input type="checkbox"/>	1099 - R		Distribution from IRA, 401(K), 403b, 457, Pensions or Annuity income
<input type="checkbox"/>	1099 - INT		Interest income from CDs, savings account etc.
<input type="checkbox"/>	1099 - DIV		Dividend from Mutual Funds, Stocks, REITS, etc.
<input type="checkbox"/>	1099- A		Acquisition or Abandonment of Secured Property
<input type="checkbox"/>	1099 - B		Sale of Stocks, Bonds, Mutual Funds, etc.
<input type="checkbox"/>	1099 - C		Cancelled Debt (NOTE: treated as income by IRS, may have to pay tax)
<input type="checkbox"/>	1099 - S		Sale of Real Estate
<input type="checkbox"/>	1099 - SA		HAS, MSA Distribution
<input type="checkbox"/>	1099 - SSA		Social Security Benefit

<input type="checkbox"/>	1095 - A	Health Insurance Marketplace Statement
<input type="checkbox"/>	1098	Mortgage interest Real estate tax, if not on statement \$ _____
<input type="checkbox"/>	K-1	Income from Partnership, Trust, S Corp, LLC
<input type="checkbox"/>		

QUESTIONS (FOR TAXPAYER & SPOUSE)

- | | | |
|---|--------------------------------|-----------------------------|
| 1. Received any notice from the IRS or state taxing agency this past year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Received ID Protection PIN from IRS? TP# _____ spouse# _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you owe bac | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Did your name, address or marital status change during the year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Were there any births, adoptions, or deaths in the family? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you own rental property? (If yes request Rental income/expense form) | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 7. Are you self-employed part time or full time? (provide Income/expenses) | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 8. Are you a shareholder in a corporation/LLC? (if yes. Provide Form K-1) | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 9. Is your name on any foreign bank account or assets? amount \$ _____ U.S. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Lived or work in a foreign country OR receive foreign income? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Did you receive any distribution from IRA, 401(K), 403 (b), 457 or pension? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Did you make contributions to a Traditional or Roth IRA? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Purchased <u>OR</u> sold real estate? (provide closing documents) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Qualify for residential or auto energy credit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Did you or a dependent attend higher education classes? (provide 1098-T) | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 16. Did you pay interest on a student loan for you or a dependent? | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 17. Had Child & Dependent Care Expense? (Child Care Provider tax information) | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 18. Did dependent(s) (if any) live with you the entire year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Gave cash/check donations to charitable organization? \$ _____ | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 20. Gave goods (clothing, etc) to charitable organization? (provide receipts) | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 21. Out-of-pocket medical premium & expenses exceeding 10% of income? | Yes <input type="checkbox"/> * | No <input type="checkbox"/> |
| 22. Did you receive any income that is not listed in this questionnaire? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Had health insurance coverage for you and dependents for the entire year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, indicate source Employer Medicare Marketplace(Exchange) Medicaid Other

Initial	CHECKLIST AND CERTIFICATION	
	* Provide supporting documentation or request specific worksheet(s).	
	If a refund is due, and you want direct deposit provide banking information or a VOID check.	
	Bank Routing Number	Account Number
	<input type="text"/>	<input type="text"/>
	I have reviewed the information contained in this questionnaire and to the best of my knowledge it is true, correct and complete. <u>If submitting electronically, enter your e-mail address on signature line to signify approval of the information.</u>	
	Signature _____	Date _____