

FILING STATUS

Single
 Married Filing Joint
 Married Filing Single
 Head of Household
 Qualifying Widower

ADDRESS

Street & Apt. No.
 City
 State & Zip
 County
 School Code (if app)

TAXPAYER

Social Security Number _____
 First _____ MI ____ Last _____
 Email _____
 Work Ph _____ Cell/Other Ph _____
 Preferred Method of Communication Email Phone Text
 Date of Birth _____ Date of Death _____
 Occupation _____
 Legally Blind? Y N Dependent of Other? Y N

SPOUSE

Social Security Number _____
 First _____ MI ____ Last _____
 Email _____
 Work Ph _____ Cell/Other Ph _____
 Preferred Method of Communication Email Phone Text
 Date of Birth _____ Date of Death _____
 Occupation _____
 Legally Blind? Y N Dependent of Other? Y N

DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS)

<u>First, Middle Initial, Last Name</u>	<u>Student?</u>		<u>D.O.B</u>	<u>Social Security Number</u>	<u>Disabled?</u>		<u>Relationship</u>
_____	Y	N	_____	_____	Y	N	_____
_____	Y	N	_____	_____	Y	N	_____
_____	Y	N	_____	_____	Y	N	_____
_____	Y	N	_____	_____	Y	N	_____
_____	Y	N	_____	_____	Y	N	_____

EMPLOYMENT & RETIREMENT INFORMATION:

A.) Are You Employed? Yes No
 B.) Are you Unemployed? Yes No
 C.) Are you contributing to a 401k, 403b or other pre-tax account? Yes No

STATE & OTHER

A.) Are you requesting state return(s)? Yes No If yes, what State(s): _____
 B.) Are you requesting local, school, RITA or county return(s)? Yes No Please specify: _____

AFFORDABLE CARE ACT

Did **everyone** on this tax return have health insurance coverage **all 12 months** last year? Y N

If **yes**, coverage through (check one) If **no**, were you exempt?

	Employer	Spouse	Ins	Exchange/Marketplace	Direct with Insurer	Medicare	Medicaid	Y	N
Taxpayer:	Employer	Spouse	Ins	Exchange/Marketplace	Direct with Insurer	Medicare	Medicaid	Y	N
Spouse:	Employer	Spouse	Ins	Exchange/Marketplace	Direct with Insurer	Medicare	Medicaid	Y	N
Dep 1:	Employer	Spouse	Ins	Exchange/Marketplace	Direct with Insurer	Medicare	Medicaid	Y	N
Dep 2:	Employer	Spouse	Ins	Exchange/Marketplace	Direct with Insurer	Medicare	Medicaid	Y	N
Dep 3:	Employer	Spouse	Ins	Exchange/Marketplace	Direct with Insurer	Medicare	Medicaid	Y	N
Dep 4:	Employer	Spouse	Ins	Exchange/Marketplace	Direct with Insurer	Medicare	Medicaid	Y	N
Dep 5:	Employer	Spouse	Ins	Exchange/Marketplace	Direct with Insurer	Medicare	Medicaid	Y	N

Tax Client Income and Expense Questions

Please Note: The following Worksheets are to assist the taxpayer in gathering the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back-up provided. There is a "Scan Coversheet" available by separate download that will provide the preparer the list of documents necessary to complete the return. It is very important that the taxpayer provide complete information upon the first submission of these documents.

The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation. Missing information will delay the processing of the return. Please do not leave any Worksheet blank. If not applicable write "N/A" on that page and leave in stacking order. If additional pages are added beneath a Worksheet, write "see next xx pages" and correct "Intake Pg 1 of 10" to the correct total number of pages

BASIC QUESTIONS

Please check the box to the left for any of the following that apply. If not leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)

- 1 Did your marital status change from the prior year?
- 2 Did you change your address from last year?
- 3 Any change in your dependents from last year?
- 4 Did you have children under 19 (or 24 if a full time student) who had more than \$2,200 in total unearned income?
- 5 Are all your dependents either US Residents or Citizens?
- 6 Did you pay any adoption expenses?
- 7 Did you provide over half the support for someone you aren't claiming as a dependent?
- 8 Are you being claimed or eligible to be claimed as a dependent on someone else's return
- 9 Were either you or your spouse in the military or National Guard?
- 10 Did you purchase or sell your primary residence? Or did you refinance your primary residence?
- 11 Have you been notified by the IRS of changes to a previously submitted tax return? Or have you received any other IRS or State Notices
- 12 Did you make any gifts over \$15,000 to any individuals?
- 13 If you are over 70.5yrs old, did you make any charitable contributions from your retirement accounts? Y N How Much?
- 14 Did you buy and/or sell any virtual currency (ie Bitcoin, Ether, Roblox, etc.)? If so, please provide all transaction details to prepare

Comments/Description: _____

INCOME

Please check any of the following that you and/or your spouse received

- 1 W-2 Income
- 2 Interest and/or Dividends
- 3 Tax Exempt Interest and/or Dividends
- 4 Taxable refunds, credits or offsets? (including prior year State refunds)
- 5 Business income (Self Employment Income)
* If "yes" please fill out Schedule C Worksheet and provide financials
- 6 Stock Sales (Capital Gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**
Amount of any Capital Loss Carryforward from 2019 \$ _____
- 7 Any other Assets Sold or any other Gains or Losses
- 8 Rental Real Estate Income
* If "yes" please fill out Schedule E Worksheet
Amount of Passive Activity Loss Carryfwd from 2019 \$ _____
- 9 K-1's (1120S, 1065, 1041)
- 10 Unemployment
- 11 Social Security Income
- 12 Foreign Income
- 13 **Alimony (Applies ONLY to Divorce Decrees Effective Prior to 1/1/19)**
Alimony Received \$ _____ (rcvd from whom?)
Name/SS# _____
- 14 Other Income: Please list: _____

ADJUSTMENTS TO INCOME

Please check any of the following that apply to you and/or your spouse

- 1 Educator Expenses (Teaching Expenses)
- 2 Health Savings Account Deductions
- 3 Moving Expenses (active military only, service related)
- 4 Contributions to SEP, SIMPLE and other Qualified Plans
- 5 Self Employed Health Insurance
- 6 IRA Contributions.
Roth Contributions \$ _____ Traditional Contributions \$ _____
- 7 Student Loan and/or Tuition & Fees Deduction (you or your dependents)
- 8 **Alimony (Applies ONLY to Divorce Decrees Effective Prior to 1/1/19)**
Alimony Paid \$ _____ (paid to whom?)
Name/SS# _____

TAX DEDUCTIONS AND CREDITS

For the following, please check any of the following that apply

- 1 Itemized Deductions
* If "yes" please fill out Schedule A Worksheet
- 2 Energy Efficiency Related Upgrades/Repairs
- 3 Oil & Gas Investment credits
- 4 Other tax shelters or credits
- 5 Child Care Expenses Paid \$ _____
Provider Name: _____
Address: _____
Provider EIN: _____

ESTIMATED PAYMENTS

- 1 Estimated Payments made for 2020 Return
Did you apply last years refund to this year? Y N
Were estimated payment made? Y N
- | | | | | | |
|----------|---------|-------|------|-------|-----|
| \$ _____ | Federal | _____ | Date | _____ | Qtr |
| \$ _____ | Federal | _____ | Date | _____ | Qtr |
| \$ _____ | Federal | _____ | Date | _____ | Qtr |
| \$ _____ | Federal | _____ | Date | _____ | Qtr |
| \$ _____ | State | _____ | Date | _____ | Qtr |
| \$ _____ | State | _____ | Date | _____ | Qtr |
| \$ _____ | State | _____ | Date | _____ | Qtr |

E-FILE / FILING INFO -- REFUND / PMT INFO

- 1 Any refund will be sent to you via Direct Deposit from the check you provided unless you select one of these:
Applied to Next Year's Return
Paper Check in the Mail (could take several weeks)
- 2 Any taxes due will be paid by check along with Voucher provided by tax preparer. It is the taxpayer's responsibility to mail payments before tax due dates.

CARES Act PL116-136, March 27, 2020 & Tax Cuts and Jobs Act PL115-97 December 22, 2017

1. Yes No: For W-2 employees, were you mandated to work from home by your employer due to COVID?

If Yes:

- Yes No: Is/was your home in a different state than your normal workplace?
- Yes No: Did your state withholding change on your W-2 after you started working from home?
- Yes No: Did you start new withholding in your state of residence after being sent home to work?
- Yes No: Do you intend to file tax returns in multiple states?

2. Yes No: Did you contribute to a Qualified Opportunity Zone Fund between January 1st and July 15th, 2023?

3. Yes No: Did you take money from a 401(k), IRA or other pre-tax account in 2023?

If Yes, was the withdrawal related to one of these qualifying events:

- Yes No: You, your spouse or your dependent had COVID
- Yes No: You were furloughed, laid off, hours reduced or you were unable to work due to daycare closure as a result of COVID

4. Over 3 years one year other: How do you want the income recognized?

5. Did you make charitable contributions in 2023? If yes, how much? \$_____ (up to \$300 may be deducted even if you don't itemize)

6. Yes No: Did you contribute more than 60% of your income to a qualified charity in the form of cash in 2023?

If Yes, you may elect to eliminate the 60% limitation for cash contributions in 2023, and may deduct up to 100% of your Adjusted Gross Income.

Yes No: I would like to eliminate the 60% limitation and deduct up to _____% of my Adjusted Gross Income

7. Yes No: If you did not receive either the first (Spring 2020) or second (January 2021) Economic Impact (Stimulus) payment from the government, would you like to apply for a tax credit for those amounts on your return (doing so may increase tax return processing time and delay all of your refund)? If yes, how much do you believe you qualified for and did not receive? \$_____ and why do you believe you qualified? _____

Complete this section if you own a business (use separate sheets if you own more than one):

Name of Business: _____

7. Yes No : Did you apply for and receive a Paycheck Protection Program (PPP) Loan?

If No:

Yes No: Did you use or do you intend to use the Employee Retention Tax Credit to offset wages and healthcare paid between 3/12/20 and 12/31/20?

8. Yes No : Did you use or take advantage of the WOTC (Work Opportunity Tax Credit) or did you receive a tax credit for paid sick and family leave under FFCRA (Families First Coronavirus Response Act)?

9. If you did receive a PPP loan, how much did you receive? \$_____

10. Yes No : Did you include those loan proceeds in your company revenue?

11. Yes No : Did you apply for and receive loan forgiveness in 2023?

If Yes, amount forgiven? \$_____

12. Yes No : Did you apply for and receive an Economic Injury Disaster Loan (EIDL) through SBA?

If Yes, amount forgiven? \$_____

13. Yes No : Did you include those loan proceeds in your company revenue?

14. Yes No : Did you apply for and receive loan forgiveness in 2023?

If Yes, amount forgiven? \$_____

15. Yes No : Did your business experience a net operating loss for 2021, 2022 or 2023?

16. Yes No : Did you elect to defer payments to the IRS of the ER side of FICA in 2023?

17. Yes No : Did you experience full or partial shutdown of your business or have a significant decline in gross receipts due to government orders related to COVID?

Tax Client Schedule A Info

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Include any back-up documents under Scan Coversheet.

Medical Expenses*	Current Year
Medical & Dental Expenses	\$ _____
Medical Insurance Premiums Paid	\$ _____
Long Term Care Premiums	\$ _____
Fed Deductible Q or NQ? Y N State Deductible Q or NQ? Y N NQ but Grandfathered Deductible	
Prescription Drugs and Medications	\$ _____
Medical Miles Driven	_____

Tax Expenses*	Current Year	* Effective 1/1/2018, total tax deduction limited to \$10,000 (SALT limitatiuon)
State and Local Income Taxes Paid (Other than those on W-2s, 1099s, etc...)	\$ _____	
2022 State Income Taxes Paid in 2023	\$ _____	
Real Estate Taxes	\$ _____	
Personal Property Taxes	\$ _____	
Other Taxes: _____	\$ _____	
_____	\$ _____	
Qualified New Vehicle Taxes	\$ _____	
Additional State or Local/Taxes	\$ _____	

Interest Expense	Current Year
Home Mortgage Interest reported on Form 1098	\$ _____ Include Form under Scan Coversheet
Date Mortgage Contracted* ____/____/____ (only needed for jumbo mortgages over \$750,000)	
Date Mortgage Closed* ____/____/____ (only needed for jumbo mortgages over \$750,000)	
Home Mortgage Interest paid to others	\$ _____
HELOC Interest Used for Home Improvement	\$ _____
Refinancing Points Paid in 2023	\$ _____
Investment Interest (other than K-1)	\$ _____

Contributions	Current Year
Cash Contributions	\$ _____
Non Cash Contributions	\$ _____
Volunteer Mileage Driven _____	

Casualty & Theft Losses - Related to Federally-declared Disaster ONLY

If you had any casualty or theft losses during the year, please provide detail below, including date, description, amount of casualty or loss, any insurance reimbursement & basis in the property.

Tax Client Schedule C Info-One Form Per Business

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH Sch C

** Please Note: If possible, it is preferred a Trial Balance, P&L and Balance Sheet be provided by the client. If available, write "See next xx pages" below and stack under this page. If not available, please use the input sheet below.

Business Info: (Required for all)

Taxpayer _____ or Spouse _____	Address of Business _____
Name of Business _____	Business Code _____
EIN Number (If any) _____	Date Business Started _____
Accounting Method	
Cash	
Accrual	
Other _____ (Specify)	
	Do you do your own books/accounting? Y N
	Would you consider outsourcing to us? Y N
	Are you a Specified Service Trade or Business? Y N (eg: attorneys, accountants, doctors, financial advisors)

General Questions: (Required for all)

1.) Are you claiming use of a home office?	Yes	No	If yes...please include Home Office Deduction Worksheet
2.) Do you have depreciable assets?	Yes	No	If yes...please provide a detailed depreciation schedule.
<i>The schedule should include: (Prior year detail is preferred)</i>			
a. Asset Description			d. Accumulated Depreciation
b. Date Placed in Service			e. Method of Depreciation and Years
c. Cost			
3.) Vehicle Information	Year/Make/Model: _____		Date Placed in Service: _____
	Total Miles Driven: _____	Business Miles: _____	Commuting Miles: _____
4.) Self Insured Health Insurance Deduction?	Yes	No	If yes...how much did you pay? \$ _____

Income Questions: (Required if no P&L or Trial Balance Available)

Total Sales _____	Do you know what your business is worth if sold?	Y	N
Other Income _____	Would you like to know?	Y	N

Cost of Goods Sold: (Required if no P&L or Trial Balance Available)

Beginning Inventory _____	Do you have employees other than yourself?	Y	N
Purchases _____	Do you use subcontractors?	Y	N
Cost of Labor _____	Do you do your own payroll?	Y	N
Materials and Supplies _____	Would you consider outsourcing payroll to us?	Y	N
Ending Inventory _____			

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising	\$ _____	Rent or Lease	\$ _____
Auto Expenses	\$ _____	a.) Vehicles, Machinery	\$ _____
(other than Mileage)	\$ _____	b.) Other	\$ _____
Commissions	\$ _____	Repairs & Maintenance	\$ _____
Contract Labor	\$ _____	Supplies	\$ _____
Depletion	\$ _____	Taxes & Licenses	\$ _____
Depreciation (Need Sched)	\$ _____	Travel	\$ _____
Employee Benefit Programs	\$ _____	Meals (Client/Prospect)	\$ _____
Insurance (Other than Health)	\$ _____	Utilities	\$ _____
Interest	\$ _____	Other:	\$ _____
a.) Mortgage	\$ _____	_____	\$ _____
b.) Other	\$ _____	_____	\$ _____
Legal & Professional	\$ _____	_____	\$ _____
Office Expense	\$ _____	_____	\$ _____
Wages to Self	\$ _____	_____	\$ _____
Wages to Children	\$ _____	_____	\$ _____
Wages to Others	\$ _____	_____	\$ _____
Pension & Profit Sharing Plans	\$ _____	_____	\$ _____

Tax Client Home Office Deduction Info

Note: Effective 2018, Home Office Deduction is available only to self-employed

Fill out COMPLETELY or mark "N/A". DO NOT leave blank.

General	
Date home was first used for Business?	_____
Square Footage of Area Used for Home Business	_____
Total Square Footage of the Home	_____

Simplified Option	
The IRS now allows an optional standard \$5 per square foot deduction (maximum 300 square ft)	
If you would like to choose this option rather than the Standard Option, enter the necessary info below	
Otherwise, skip this section and complete the Standard Option section below.	
Y	N
I would like to use the "Simplified Option" to claim my Home Office Deduction	
_____	Total square feet claimed for Home Office (cannot exceed 300 sq ft)
See: https://www.irs.gov/businesses/small-businesses-self-employed/simplified-option-for-home-office-deduction	
for further information regarding Home Office Deduction	

--- OR ---

Standard Option - Deduction Expenses:	Current Year
Casualty Losses	\$ _____
Deductible Mortgage Interest	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Rent	\$ _____
Repairs and Maintenance	\$ _____
Utilities	\$ _____
Other:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Depreciation:	
Do you have depreciable assets?	Yes No
If yes, describe:	

Special Information for the Tax Preparer		
Is there something "unique" that the preparer should pay special attention to or know?	YES	NO

Tax Client Schedule E Info-One Page Per Property

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH property

Taxpayer Name _____ Social Security Number _____
 Spouse Name _____ Social Security Number _____

General: (Required for all)

Property Description _____
 Address _____ Owner of Property _____ Taxpayer _____
 City _____ State _____ Zip _____ Joint

General Questions:

1. Enter "X" for Active Participant.
2. Enter "X" if Property was used for personal use by you or your family for more than 14 days or 10% of the total rented days.
 If Checked, enter the number of days for personal use _____
 If Checked, enter the number of days rented _____

Questions Related to Rental of Your Personal Dwelling (**Airbnb, VRBO, etc**)

If only a portion of the dwelling is rented out:

- 1a. Enter number of rooms, OR square footage of area, rented _____ Rooms Sq Ft (check one)
- 1b. Enter total number of rooms OR total square footage of dwelling _____ Rooms Sq Ft (circle one)
2. Repairs/Supplies related directly to area being rented (can deduct all) \$ _____
 (Do NOT include these again in Repairs/Supplies below)
3. Rent you paid (if you rent rather than own the dwelling you're renting out) \$ _____

Income:	Current Year
Rents Received	\$ _____
Royalties	\$ _____

Property Expense:	Current Year	Note: If printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below. No need to re-write here as long as info is easily readable by tax preparer
Advertising	\$ _____	
Cleaning/Maintenance	\$ _____	
Commissions	\$ _____	
Insurance	\$ _____	
Legal and Other Professional	\$ _____	
Management Fees	\$ _____	
Qualified Mortgage Interest	\$ _____	
Other Interest	\$ _____	
Repairs	\$ _____	
Supplies	\$ _____	
Real Estate Taxes	\$ _____	
Other Taxes	\$ _____	
Utilities	\$ _____	
Other:	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

Assets

Existing Assets: *Please provide a detailed depreciation schedule*
 The schedule should include: a) Asset Description, b) Date Placed in Service, c) Cost
 d) Accumulated Depreciation, e) Method of Depreciation and Years

New Assets Placed in Service This Year:	Date Placed in Service	Purchase Amount
Description		
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____
4 _____	_____	\$ _____

General Engagement Letter for Individual Tax Return Preparation

This letter is to inform you, the taxpayer, of the services we will provide you, and the responsibilities you have for preparation of your tax return.

Tax Return Preparation

- We will prepare your 2023 federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- The tax return preparation fee does not include bookkeeping.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do cover limited assistance and consultation during the year.
- The engagement to prepare your 2023 tax returns terminates upon delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

Taxpayer Responsibilities

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we will ask to review your documentation.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.
- You must review the return carefully before signing to make sure the information is correct.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed. A retainer is required for preparation of late returns.

Signatures. By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above. For a joint return, both taxpayers must sign.

- You should keep a copy of your tax return and any related tax documents. You may be assessed a fee if you request a copy in the future.

Taxpayer

Spouse

Date

Privacy Policy. The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please contact us with any questions regarding our privacy policy.