



INDIVIDUAL TAXPAYER DOCUMENTATION

*Please complete this entire form and email it to the above address or drop it off to our office.
Appointments will be scheduled on a first come first serve basis once ALL information is received.*

- PERSONAL** Single Married filing jointly Married filing separately
Filing Status Head of household single Head of household married Qualifying Widow(er) Date deceased

	Taxpayer (Official Name: Last, First, MI)	Spouse (if filing jointly)
Name (last, first, MI)		
Street Address		
City, ST Zip		
Email		
Cell Phone		
Home Phone		
Email		
Social Security No		
Date of Birth		
Employer		
Occupation		

DEPENDENTS

Name Last, First MI	Date of Birth	SSN	Relationship to taxpayer*	Number of months lived at this your home	Did you provide over half of their support	College student or disabled in this tax year?

Please use an additional sheet if necessary

* son, daughter, stepchild, foster child, brother, sister, parent...

INCOME

- W-2s (e.g.: W-2G; gambling winnings)
- 1099-Int (Interest statement)
- 1099-Div (Dividend statement)
- 1099-R (Pension/IRA distribution statement)
- 1099-B (Year-end brokerage tax summary reports) e.g.: TD Ameritrade, Merrill Lynch, Wells Fargo...
- 1099-SSA (Social Security Statement)
- 1099-G (State tax refunds and unemployment income)
- Summary of alimony received (date of divorce or separation)
- Summary of rental income and related expenses (e.g.: taxes, insurance, mortgage interest, (1098) all repairs by property
 - o Property address;
 - o percentage of ownership;
 - o number of days held rentable;
 - o number of days of any personal use;
 - o depreciation schedule – including date of disposition
 - o provide all acquisitions – documenting date of acquisition and financing
- Summary of farm income and expenses as well as related depreciation schedule – including disposition or acquisitions during the year as well as any financing.

EXPENSES – IRA, pension, health savings accounts, contributions

- Medical expenses by category (e.g.: insurance (by type), hospitalizations, doctor, dental eye or ear care, prescriptions, travel miles to and from medical visits)
- Education expenses
- Moving expenses by category
- Student loan interest
- Gambling losses

- Purchase hybrid or electric vehicle or an item you could possibly take an energy credit for (e.g.: A/C, refrigeration, door, solar equipment)
- Real Estate Taxes
- Mortgage interest
- Charitable contributions (itemized: cash, clothing, household goods)

MISCELLANEOUS

- Did you conduct any transaction using any type of virtual currency?
- If you purchased health insurance through the marketplace please provide Form 1095
- Are you claimed as a dependent on anyone else's tax return?
- Did you buy or sell a home this year? Bring in closing statements of the original purchase as well as the sale.
- Did you pay estimated or foreign taxes? If so, when and how much?

BANK INFORMATION FOR DIRECT DEPOSIT OR PAYMENT

Bank Name	Bank Routing Number	Account Number	Checking or Savings

CHILD CARE PROVIDER

Name	Address	ID or SSN	Amount Paid

NEW CLIENT

- How did you hear about us?
 Internet Client Referral _____ Other _____
- What basic forms did you file last year? Please indicate Federal (e.g.: 1040, 1120S, 1065...) and State Returns (e.g.: NY)

**IF WE DID NOT FILE YOUR RETURN LAST YEAR,
PLEASE PROVIDE A COPY OF THE LAST 3-YEARS OF FEDERAL AND STATE RETURNS.**

TAX REPRESENTATION

Please explain concisely the problem you are having. (e.g.: non-filing, audit, collection notices...)
