

# Crystal Thompson, CPA

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## New Client –

### Individual

Taxpayer's Name: \_\_\_\_\_ Social Sec. # \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Social Sec. # \_\_\_\_\_  
Taxpayer's Occupation: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Blind?   
Spouse's Occupation: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Blind?   
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Taxpayer's Email: \_\_\_\_\_  
Spouse's Email: \_\_\_\_\_  
Taxpayer Driver's License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp : \_\_\_\_\_ State: \_\_\_\_\_  
Spouse Drivers' License # : \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp : \_\_\_\_\_ State: \_\_\_\_\_  
Direct Deposit Account # : \_\_\_\_\_ Routing: \_\_\_\_\_ C/S: \_\_\_\_\_

New Residents: \_\_\_\_\_ Date Moved to NM: \_\_\_\_\_  
Previous Residence: \_\_\_\_\_

#### Dependents:

Name	Birthdate	Social Security #	Student?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

### Business

Business Name: \_\_\_\_\_ EIN # : \_\_\_\_\_  
Entity Type  S-Corp  C-Corp  Partnership  Sole Proprietor  Non-Profit  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
NM CRS # \_\_\_\_\_

## **What services are you looking for?**

### **Individual Income Tax**

- Current tax year
- Prior years Tax Year(s) Needed

### **Business Income Tax**

- Partnership
- S-Corp
- C-Corp
- Sole Proprietor
- Non-Profit

### **Accounting Services**

- Bookkeeping
- Gross Receipts Tax  
Frequency Filing frequency
- Payroll Preparation  
Frequency Payroll frequency
- Payroll Tax Filings
- Financial Statement Compilation

### **Other Services**

- Financial Audit
- S-Election
- Accounting System Setup
- County Assessor Property Tax Reports
- IRS / State Tax notices

## **Do you have past years unfiled returns or specific issues you need dealt with such as amended returns, audit, divorce, mortgage applications, new or changing business types ?**

Click or tap here to enter notes for preparer.

### **Office personnel only**

#### **Projects to setup**

#### **Quote**

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## Individual Tax Questions

Please check the appropriate box and include all necessary details and documentation.

(Not applicable for business only clients)

	No	Yes
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>

	<b>No</b>	<b>Yes</b>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?	<input type="checkbox"/>	<input type="checkbox"/>

### **Retirement Information**

Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>

### **Education Information**

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account? If yes, were any of these withdrawals rolled over into a ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

### **Health Care Information**

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any contributions or distributions from a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>

### **Itemized Deduction Information**

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

	<b>No</b>	<b>Yes</b>
Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due? What years : _____	<input type="checkbox"/>	<input type="checkbox"/>