

Client Information

General Information

Filing Status: (check one)

- ☐ Single
- ☐ Married filing joint
- ☐ Married filing separate
- ☐ Head of household
- ☐ Qualifying surviving spouse

Returning Clients please provide any updated information*

Taxpayer	First name and Initial	
	Last name	
	Title/ suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
Spouse	First name and Initial	
	Last name	
	Title/ suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
Address	Street address	
	Apartment/unit number	
	City	
	State	
	ZIP code	

Contact Information

Returning Clients please provide any updated information*

Taxpayer Contact Information	Mobile phone*	
	Home phone	
	Work phone	
	E-mail address*	
Spouse Contact Information	Mobile phone*	
	Home phone	
	Work phone	
	E-mail address*	

Dependents

Returning Clients please provide any updated information*

Dependent No.1	First name	
	Last name	
	Title/ suffix	
	Date of birth (m/d/y)	
	Date of adoption	
	Social security number	
	Relationship (daughter, son)	
	Months lived at home	
Dependent No.2	First name	
	Last name	
	Title/ suffix	
	Date of birth (m/d/y)	
	Date of adoption	
	Social security number	
	Relationship (daughter, son)	
	Months lived at home	
Dependent No.3	First name	
	Last name	
	Title/ suffix	
	Date of birth (m/d/y)	
	Date of adoption	
	Social security number	
	Relationship (daughter, son)	
	Months lived at home	

Medical and Dental Expenses

Prescription medicine	\$
Doctors, dentists	\$
Hospital and nursing homes	\$
Long-term care premiums taxpayer	\$
Long-term care premiums spouse	\$
Medical miles driven	mi.
Medical lodging and transportation	\$

Please attach all supporting documentation*

Taxes Paid

Real estate property taxes	\$
Sales tax on autos	\$
Sales tax on boats, motorcycle, etc.	\$

Please attach all supporting documentation*

Interest Paid

Home mortgage interest (form 1098)	\$
Mortgage interest points paid	\$
Mortgage insurance premiums	\$

Please attach all supporting documentation*

Donations

Cash contributions	\$
Noncash contributions	\$

Please attach all supporting documentation*

Other Miscellaneous Deductions

	\$
	\$
	\$
	\$
	\$
	\$

Please attach all supporting documentation*

Previous Tax Preparation Fee

Prior year tax preparation fee	\$
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Direct Deposit / Electronic Payment

Name of financial institute	
Routing number	
Account number	
Type of account (checking, savings)	

Dependent Care Expenses

Dependent	Name (last, first)	
Dependent Care	Name of provider	
	Street address	
	City	
	State	
	ZIP code	
	Identification number (SSN or EIN)	
	Dependent Care expense	\$
Dependent	Name (last, first)	
Dependent Care	Name of provider	
	Street address	
	City	
	State	
	ZIP code	
	Identification number (SSN or EIN)	
	Dependent Care expense	\$
Dependent	Name (last, first)	
Dependent Care	Name of provider	
	Street address	
	City	
	State	
	ZIP code	
	Identification number (SSN or EIN)	
	Dependent Care expense	\$

Please attach all supporting documentation*

Education Credits / Tuition Deduction

Student	Name (last, first)	
Educational Institution Attended	Name of Institution	
	Street address	
	City	
	State	
	ZIP code	
	Qualified tuition & fees paid	\$
	Books & supplies	\$
	Form 1098-T attach*	Please attach all supporting documentation*
Student	Name (last, first)	
Educational Institution Attended	Name of Institution	
	Street address	
	City	
	State	
	ZIP code	
	Qualified tuition & fees paid	\$
	Books & supplies	\$
	Form 1098-T attach*	Please attach all supporting documentation*
Student	Name (last, first)	
Educational Institution Attended	Name of Institution	
	Street address	
	City	
	State	
	ZIP code	
	Qualified tuition & fees paid	\$
	Books & supplies	\$
	Form 1098-T attach*	Please attach all supporting documentation*
Student	Name (last, first)	
Educational Institution Attended	Name of Institution	
	Street address	
	City	
	State	
	ZIP code	
	Qualified tuition & fees paid	\$
	Books & supplies	\$
	Form 1098-T attach*	Please attach all supporting documentation*

Additional Attachments

Please attach all supporting documentation for any of the following pertaining to you or your spouse.

- ☐ Wages, Salaries, Tips – Form W-2
- ☐ Pensions – Form 1099-R
- ☐ IRA Distributions – Form 1099-R
- ☐ Gambling Losses & Winnings – Form W-2G
- ☐ Interest Income – Form 1099-INT
- ☐ Dividend Income – Form 1099-DIV
- ☐ Social Security Benefits – Form SSA- 1099
- ☐ Other Income – Forms 1099-MISC & 1099-NEC
- ☐ Unemployment Compensation – Form 1099-G
- ☐ Capital Gains & Losses – 1099-B
- ☐ Proof of Medical Coverage – Form 1095

Miscellaneous Questions

If any of the following items pertain to you or your spouse, please check the appropriate box and provide additional information if necessary.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? |
- If so, please attach.

Miscellaneous Questions Continued**YES NO**

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investments property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401 (K), IRA, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to Attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency? |

Please advise your tax professional at A and J'S Investments with any questions.