

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

Number of overtime days worked	days	Continued education	\$
Union dues	\$	Cell phone	\$
Fire house dues	\$	Internet	\$
Safety equipment & tools	\$	Professional association	\$
Uniforms & laundry	\$	Other	\$
	\$		\$
	\$		\$

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)	

Vehicle Expenses

Vehicle year		Total annual miles	\$
Vehicle make		Station Parking fees	\$
Vehicle model		Vehicle registration (attach)	\$

Please attach all supporting documentation*

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.