



Mobile Tax Associates
Service-Integrity-Educate

Individual Income Tax Preparation Intake Form

Rev December 2019

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return
- Picture ID (such as valid driver's license) for you and your spouse.
- Please complete pages 1-5 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information
- If you have questions, please ask the certified tax preparer

Mobile Tax Associates tax preparers are all certified and approved to prepare your Federal or State tax returns and uphold the highest ethical standards. To report any unethical behavior, please contact Mobile Tax Associates by calling 678-870-7550, or email us at Robert@mobiletaxassociates.com.

Section A – Personal Information (If this is a Joint return, please list names in same order as prior year)

Your First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Your Spouse's First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Mailing Address	Apt #	City	State	Zip
Your Date of Birth	Your Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Your Spouse's Date of Birth	Your Spouse's Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Can anyone claim you as a dependent?	Were You a Victim of ID Theft?	Was Your Spouse a Victim of ID Theft?	Were Any Dependents a Victim of ID Theft?	Did Anyone Apply for an ID Protection Pin Number?

Driver's License / ID Number		State		Class
Issue Date		Expiration Date		Verified

Section B – Marital Status and Household Information

As of December 31, 2019, what was your marital status?

Never Married (Single) ()

Married Did you get married in 2019? (Yes) or (No)

Did you live with your spouse during any part of the last six months of 2019? (Yes) or (No)

Divorced Date of final decree? _____

Legally Separated Date of separate maintenance decree? _____

Widowed Year of spouse's death _____

List the names below of everyone who lived with you last year (other than your spouse, and anyone you supported but did not live with you last year:

First Name	Last Name	Date of Birth	Relationship	# Mo in Home	US Citizen	Resident of Canada/Mexico	Single/Married as of 12.31.19	Ft Student	Totally and Permanently Disabled

To be completed by Tax Preparer:

Are any of the individuals listed above considered a qualifying child/qualifying relative? (yes) (no)

Did any of the individuals above provide more than 50% of their own support? (yes) (no)

Did any of the individuals above have less than \$4,200 of income? (yes) (no)

Did the primary taxpayer provide more than 50% of support for any of the individuals listed above? (yes) (no)

Did the primary taxpayer pay more than half the cost of maintaining a home for any person listed (yes) (no)

Section C – What sources of income did you or your spouse receive last year in 2019?

Wages or Salary from Employer (W-2)	Primary Taxpayer	Taxpayer Spouse
Wages or Salary from 2 nd Employer (W-2)		
Tip Income		
Scholarships (Form W-2 or Form 109-T)		
Interest (Form 1099-INT)		
Dividends (Form 1099-DIV)		
Refund of State of local income tax (Form 1099-G)		
Alimony or Separate Maintenance Payments		
Self-Employment Income (Form 1099 Misc.) cash, virtual currency or 1099-k		
Cash/Check/Virtual Currency/Bitcoin Payments		
Income or Loss from sale or exchange of stocks, bonds, virtual currency or real estate (1099-S or 1099-B)		
Disability Income from insurance, workers compensation (Form 1099-R, W-2)		
Retirement Income, Pension, Annuity, IRA (Form 1099-R)		
Unemployment Compensation (Form 1099-G)		
Social Security Benefits, Railroad Retirement Benefits (Forms SSA-1099, RRB-1099)		
Income/Loss from Rental Property		
Other Income: Gambling, lottery, prizes, awards, jury duty, virtual currency, Schedule K-1 from royalties, foreign income, other property or services		
Schedule K-1 from Partnership		
IRS Form 1099-A Abandonment of Real Property		
IRS Form 1099-C Cancellation of Debt		

Section D – What type of Expenses did you or your spouse have for last year in 2019?

Alimony or Separate Maintenance Payments		
Contributions to Retirement Account (IRA) (Roth)		
Education Expenses		
Medical or Dental Expenses, including insurance		
Child or Dependent Care (have SSAN/EIN)		
Teacher Expenses for supplies		
Student Loan Interest (Form 1098-E)		
Vision Insurance Premiums		
Pharmacy expenses		
Medical/Dental/Vision/Pharmacy Mileage Record		

Section E – Life Events for last year in 2019 for you or your spouse?

Did you have a Health Savings Account, (Form 5498-SA, 1099-SA, W-2 with code W box 12)		
Did you have credit card/mortgage debt cancelled/forgiven by lender or home foreclosure (Form 1099-C, Form 1099-A)		
Did you adopt a child		
Did you have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? Which year?		
Did you purchase or install energy efficient home items (windows, furnace, insulation?)		
Did you receive the First Time Homebuyer Credit back in 2008 and still make an annual payment?		
Did you make estimated tax payments in 2019 or apply last year's refund to this 2019 tax return?		
Did you file a federal return last year which had a capital loss carryover on Form 1040 Schedule D?		
Did you have health coverage through the marketplace (Form 1095-A?)		

Additional Information and Questions Related to the Preparation of Your Return

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change) Check here if you, or your spouse if filing jointly, want \$3 to go to this fund
You Spouse
3. If you are due a refund, would you like:
 - a. Direct deposit Yes - No Routing Number _____ Account Number _____
 - b. To purchase U.S. Savings Bonds Yes No
 - c. To split your refund between different accounts Yes No
4. If you have a balance due, would you like to make a payment directly from your bank account? Yes or No
5. Live in an area that was declared a Federal disaster area? Yes, No If yes, where?
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? Yes or No

Privacy Act and Paperwork Reduction Act Notice (Sections A-E)

The Privacy Act of 1974 requires that when we ask for information, we tell you our legal right to ask for the information, why we are asking for it, and how it will be used. We must also tell you what could happen if we do not receive it, and whether your response is voluntary, required to obtain a benefit, or mandatory. Our legal right to ask for information is 5 U.S.C. 301. We are asking for this information to assist us in contacting you relative to your interest and/or participation in the individual income tax preparation services we provide.

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8. Would you say you can read a newspaper or book in English? Very well Well Not well Not at all Prefer not to answer
9. Do you or any member of your household have a disability? Yes No Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer
11. Your race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
12. Your spouse's race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
13. Your ethnicity? Hispanic or Latino Not Hispanic or Latino Prefer not to answer
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Can anyone claim you as a dependent?	Were You a Victim of ID Theft?	Was Your Spouse a Victim of ID Theft?	Were Any Dependents a Victim of ID Theft?	Did Anyone Apply for an ID Protection Pin Number?

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Section C – What sources of income did you or your spouse receive last year in 2019?

Wages or Salary from Employer (W-2)	Primary Taxpayer	Taxpayer Spouse
Wages or Salary from 2 nd Employer (W-2)		
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Disability Income from insurance, workers compensation (Form 1099-R, W-2)		
Retirement Income, Pension, Annuity, IRA (Form 1099-R)		
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Income/Loss from Rental Property		
Other Income: Gambling, lottery, prizes, awards, jury duty, virtual currency, Schedule K-1 from royalties, foreign income, other property or services		
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Did you have credit card/mortgage debt cancelled/forgiven by lender or home foreclosure (Form 1099-C, Form 1099-A)		
Did you adopt a child		
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Did you receive the First Time Homebuyer Credit back in 2008 and still make an annual payment?		
Did you make estimated tax payments in 2019 or apply last year's refund to this 2019 tax return?		
Did you file a federal return last year which had a capital loss carryover on Form 1040 Schedule D?		
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2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change) Check here if you, or your spouse if filing jointly, want \$3 to go to this fund
You Spouse
3. If you are due a refund, would you like:
 - a. Direct deposit Yes - No Routing Number _____ Account Number _____
 - b. To purchase U.S. Savings Bonds Yes No
 - c. To split your refund between different accounts Yes No
4. If you have a balance due, would you like to make a payment directly from your bank account? Yes or No
5. Live in an area that was declared a Federal disaster area? Yes, No If yes, where?
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? Yes or No

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10. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer
11. Your race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
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5. Live in an area that was declared a Federal disaster area? Yes, No If yes, where?
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? Yes or No

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9. Do you or any member of your household have a disability? Yes No Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer
11. Your race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
12. Your spouse's race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
13. Your ethnicity? Hispanic or Latino Not Hispanic or Latino Prefer not to answer
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Your First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Your Spouse's First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Mailing Address	Apt #	City	State	Zip
Your Date of Birth	Your Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Your Spouse's Date of Birth	Your Spouse's Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Can anyone claim you as a dependent?	Were You a Victim of ID Theft?	Was Your Spouse a Victim of ID Theft?	Were Any Dependents a Victim of ID Theft?	Did Anyone Apply for an ID Protection Pin Number?

Driver's License / ID Number		State		Class
Issue Date		Expiration Date		Verified

Section B – Marital Status and Household Information

As of December 31, 2019, what was your marital status?

Never Married (Single) ()

Married Did you get married in 2019? (Yes) or (No)

Did you live with your spouse during any part of the last six months of 2019? (Yes) or (No)

Divorced Date of final decree? _____

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Widowed Year of spouse's death _____

List the names below of everyone who lived with you last year (other than your spouse, and anyone you supported but did not live with you last year:

First Name	Last Name	Date of Birth	Relationship	# Mo in Home	US Citizen	Resident of Canada/Mexico	Single/Married as of 12.31.19	Ft Student	Totally and Permanently Disabled

To be completed by Tax Preparer:

Are any of the individuals listed above considered a qualifying child/qualifying relative? (yes) (no)

Did any of the individuals above provide more than 50% of their own support? (yes) (no)

Did any of the individuals above have less than \$4,200 of income? (yes) (no)

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Section C – What sources of income did you or your spouse receive last year in 2019?

Wages or Salary from Employer (W-2)	Primary Taxpayer	Taxpayer Spouse
Wages or Salary from 2 nd Employer (W-2)		
Tip Income		
Scholarships (Form W-2 or Form 109-T)		
Interest (Form 1099-INT)		
Dividends (Form 1099-DIV)		
Refund of State of local income tax (Form 1099-G)		
Alimony or Separate Maintenance Payments		
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1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change) Check here if you, or your spouse if filing jointly, want \$3 to go to this fund
You Spouse
3. If you are due a refund, would you like:
 - a. Direct deposit Yes - No Routing Number _____ Account Number _____
 - b. To purchase U.S. Savings Bonds Yes No
 - c. To split your refund between different accounts Yes No
4. If you have a balance due, would you like to make a payment directly from your bank account? Yes or No
5. Live in an area that was declared a Federal disaster area? Yes, No If yes, where?
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Mailing Address	Apt #	City	State	Zip
Your Date of Birth	Your Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Your Spouse's Date of Birth	Your Spouse's Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Can anyone claim you as a dependent?	Were You a Victim of ID Theft?	Was Your Spouse a Victim of ID Theft?	Were Any Dependents a Victim of ID Theft?	Did Anyone Apply for an ID Protection Pin Number?

Driver's License / ID Number		State		Class
Issue Date		Expiration Date		Verified

Section B – Marital Status and Household Information

As of December 31, 2019, what was your marital status?

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To be completed by Tax Preparer:

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Did any of the individuals above have less than \$4,200 of income? (yes) (no)

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Section C – What sources of income did you or your spouse receive last year in 2019?

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Wages or Salary from 2 nd Employer (W-2)		
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Scholarships (Form W-2 or Form 109-T)		
Interest (Form 1099-INT)		
Dividends (Form 1099-DIV)		
Refund of State of local income tax (Form 1099-G)		
Alimony or Separate Maintenance Payments		
Self-Employment Income (Form 1099 Misc.) cash, virtual currency or 1099-k		
Cash/Check/Virtual Currency/Bitcoin Payments		
Income or Loss from sale or exchange of stocks, bonds, virtual currency or real estate (1099-S or 1099-B)		
Disability Income from insurance, workers compensation (Form 1099-R, W-2)		
Retirement Income, Pension, Annuity, IRA (Form 1099-R)		
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Social Security Benefits, Railroad Retirement Benefits (Forms SSA-1099, RRB-1099)		
Income/Loss from Rental Property		
Other Income: Gambling, lottery, prizes, awards, jury duty, virtual currency, Schedule K-1 from royalties, foreign income, other property or services		
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You Spouse
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 - a. Direct deposit Yes - No Routing Number _____ Account Number _____
 - b. To purchase U.S. Savings Bonds Yes No
 - c. To split your refund between different accounts Yes No
4. If you have a balance due, would you like to make a payment directly from your bank account? Yes or No
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a. Direct deposit Yes - No Routing Number _____ Account Number _____
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Additional Information and Questions Related to the Preparation of Your Return

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change) Check here if you, or your spouse if filing jointly, want \$3 to go to this fund
You Spouse
3. If you are due a refund, would you like:
 - a. Direct deposit Yes - No Routing Number _____ Account Number _____
 - b. To purchase U.S. Savings Bonds Yes No
 - c. To split your refund between different accounts Yes No
4. If you have a balance due, would you like to make a payment directly from your bank account? Yes or No
5. Live in an area that was declared a Federal disaster area? Yes, No If yes, where?
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? Yes or No

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8. Would you say you can read a newspaper or book in English? Very well Well Not well Not at all Prefer not to answer

9. Do you or any member of your household have a disability? Yes No Prefer not to answer

10. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer

11. Your race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer

12. Your spouse's race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer

13. Your ethnicity? Hispanic or Latino Not Hispanic or Latino Prefer not to answer

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Your First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Your Spouse's First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Mailing Address	Apt #	City	State	Zip
Your Date of Birth	Your Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Your Spouse's Date of Birth	Your Spouse's Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Can anyone claim you as a dependent?	Were You a Victim of ID Theft?	Was Your Spouse a Victim of ID Theft?	Were Any Dependents a Victim of ID Theft?	Did Anyone Apply for an ID Protection Pin Number?

Driver's License / ID Number		State		Class
Issue Date		Expiration Date		Verified

Section B – Marital Status and Household Information

As of December 31, 2019, what was your marital status?

Never Married (Single) ()

Married Did you get married in 2019? (Yes) or (No)

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First Name	Last Name	Date of Birth	Relationship	# Mo in Home	US Citizen	Resident of Canada/Mexico	Single/Married as of 12.31.19	Ft Student	Totally and Permanently Disabled

To be completed by Tax Preparer:

Are any of the individuals listed above considered a qualifying child/qualifying relative? (yes) (no)

Did any of the individuals above provide more than 50% of their own support? (yes) (no)

Did any of the individuals above have less than \$4,200 of income? (yes) (no)

Did the primary taxpayer provide more than 50% of support for any of the individuals listed above? (yes) (no)

Did the primary taxpayer pay more than half the cost of maintaining a home for any person listed (yes) (no)

Section C – What sources of income did you or your spouse receive last year in 2019?

Wages or Salary from Employer (W-2)	Primary Taxpayer	Taxpayer Spouse
Wages or Salary from 2 nd Employer (W-2)		
Tip Income		
Scholarships (Form W-2 or Form 109-T)		
Interest (Form 1099-INT)		
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Alimony or Separate Maintenance Payments		
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Income or Loss from sale or exchange of stocks, bonds, virtual currency or real estate (1099-S or 1099-B)		
Disability Income from insurance, workers compensation (Form 1099-R, W-2)		
Retirement Income, Pension, Annuity, IRA (Form 1099-R)		
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Social Security Benefits, Railroad Retirement Benefits (Forms SSA-1099, RRB-1099)		
Income/Loss from Rental Property		
Other Income: Gambling, lottery, prizes, awards, jury duty, virtual currency, Schedule K-1 from royalties, foreign income, other property or services		
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Your First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Your Spouse's First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Mailing Address	Apt #	City	State	Zip
Your Date of Birth	Your Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Your Spouse's Date of Birth	Your Spouse's Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Can anyone claim you as a dependent?	Were You a Victim of ID Theft?	Was Your Spouse a Victim of ID Theft?	Were Any Dependents a Victim of ID Theft?	Did Anyone Apply for an ID Protection Pin Number?

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	Primary Taxpayer	Taxpayer Spouse
Wages or Salary from Employer (W-2)		
Wages or Salary from 2 nd Employer (W-2)		
Tip Income		
Scholarships (Form W-2 or Form 109-T)		
Interest (Form 1099-INT)		
Dividends (Form 1099-DIV)		
Refund of State of local income tax (Form 1099-G)		
Alimony or Separate Maintenance Payments		
Self-Employment Income (Form 1099 Misc.) cash, virtual currency or 1099-k		
Cash/Check/Virtual Currency/Bitcoin Payments		
Income or Loss from sale or exchange of stocks, bonds, virtual currency or real estate (1099-S or 1099-B)		
Disability Income from insurance, workers compensation (Form 1099-R, W-2)		
Retirement Income, Pension, Annuity, IRA (Form 1099-R)		
Unemployment Compensation (Form 1099-G)		
Social Security Benefits, Railroad Retirement Benefits (Forms SSA-1099, RRB-1099)		
Income/Loss from Rental Property		
Other Income: Gambling, lottery, prizes, awards, jury duty, virtual currency, Schedule K-1 from royalties, foreign income, other property or services		
Schedule K-1 from Partnership		
IRS Form 1099-A Abandonment of Real Property		
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Section D – What type of Expenses did you or your spouse have for last year in 2019?

Alimony or Separate Maintenance Payments		
Contributions to Retirement Account (IRA) (Roth)		
Education Expenses		
Medical or Dental Expenses, including insurance		
Child or Dependent Care (have SSAN/EIN)		
Teacher Expenses for supplies		
Student Loan Interest (Form 1098-E)		
Vision Insurance Premiums		
Pharmacy expenses		
Medical/Dental/Vision/Pharmacy Mileage Record		

Section E – Life Events for last year in 2019 for you or your spouse?

Did you have a Health Savings Account, (Form 5498-SA, 1099-SA, W-2 with code W box 12)		
Did you have credit card/mortgage debt cancelled/forgiven by lender or home foreclosure (Form 1099-C, Form 1099-A)		
Did you adopt a child		
Did you have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? Which year?		
Did you purchase or install energy efficient home items (windows, furnace, insulation?)		
Did you receive the First Time Homebuyer Credit back in 2008 and still make an annual payment?		
Did you make estimated tax payments in 2019 or apply last year's refund to this 2019 tax return?		
Did you file a federal return last year which had a capital loss carryover on Form 1040 Schedule D?		
Did you have health coverage through the marketplace (Form 1095-A?)		

Additional Information and Questions Related to the Preparation of Your Return

1. Provide an email address (optional) (this email address will not be used for contacts from the Internal Revenue Service) _____
2. Presidential Election Campaign Fund (If you check a box, your tax or refund will not change) Check here if you, or your spouse if filing jointly, want \$3 to go to this fund
You Spouse
3. If you are due a refund, would you like:
 - a. Direct deposit Yes - No Routing Number _____ Account Number _____
 - b. To purchase U.S. Savings Bonds Yes No
 - c. To split your refund between different accounts Yes No
4. If you have a balance due, would you like to make a payment directly from your bank account? Yes or No
5. Live in an area that was declared a Federal disaster area? Yes, No If yes, where?
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? Yes or No

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8. Would you say you can read a newspaper or book in English? Very well Well Not well Not at all Prefer not to answer
9. Do you or any member of your household have a disability? Yes No Prefer not to answer
10. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer
11. Your race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
12. Your spouse's race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer
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- Social security cards or ITIN letters for all persons on your tax return
- Picture ID (such as valid driver's license) for you and your spouse.
- Please complete pages 1-5 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information
- If you have questions, please ask the certified tax preparer

Mobile Tax Associates tax preparers are all certified and approved to prepare your Federal or State tax returns and uphold the highest ethical standards. To report any unethical behavior, please contact Mobile Tax Associates by calling 678-870-7550, or email us at Robert@mobiletaxassociates.com.

Section A – Personal Information (If this is a Joint return, please list names in same order as prior year)

Your First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Your Spouse's First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Mailing Address	Apt #	City	State	Zip
Your Date of Birth	Your Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Your Spouse's Date of Birth	Your Spouse's Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Can anyone claim you as a dependent?	Were You a Victim of ID Theft?	Was Your Spouse a Victim of ID Theft?	Were Any Dependents a Victim of ID Theft?	Did Anyone Apply for an ID Protection Pin Number?

Driver's License / ID Number		State		Class
Issue Date		Expiration Date		Verified

Section B – Marital Status and Household Information

As of December 31, 2019, what was your marital status?

Never Married (Single) ()

Married Did you get married in 2019? (Yes) or (No)

Did you live with your spouse during any part of the last six months of 2019? (Yes) or (No)

Divorced Date of final decree? _____

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List the names below of everyone who lived with you last year (other than your spouse, and anyone you supported but did not live with you last year:

First Name	Last Name	Date of Birth	Relationship	# Mo in Home	US Citizen	Resident of Canada/Mexico	Single/Married as of 12.31.19	Ft Student	Totally and Permanently Disabled

To be completed by Tax Preparer:

Are any of the individuals listed above considered a qualifying child/qualifying relative? (yes) (no)

Did any of the individuals above provide more than 50% of their own support? (yes) (no)

Did any of the individuals above have less than \$4,200 of income? (yes) (no)

Did the primary taxpayer provide more than 50% of support for any of the individuals listed above? (yes) (no)

Did the primary taxpayer pay more than half the cost of maintaining a home for any person listed (yes) (no)

Section C – What sources of income did you or your spouse receive last year in 2019?

	Primary Taxpayer	Taxpayer Spouse
Wages or Salary from Employer (W-2)		
Wages or Salary from 2 nd Employer (W-2)		
Tip Income		
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Education Expenses		
Medical or Dental Expenses, including insurance		
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Teacher Expenses for supplies		
Student Loan Interest (Form 1098-E)		
Vision Insurance Premiums		
Pharmacy expenses		
Medical/Dental/Vision/Pharmacy Mileage Record		

Section E – Life Events for last year in 2019 for you or your spouse?

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Did you have credit card/mortgage debt cancelled/forgiven by lender or home foreclosure (Form 1099-C, Form 1099-A)		
Did you adopt a child		
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 - a. Direct deposit Yes - No Routing Number _____ Account Number _____
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5. Live in an area that was declared a Federal disaster area? Yes, No If yes, where?
6. Did you, or your spouse if filing jointly, receive a letter from the IRS? Yes or No

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8. Would you say you can read a newspaper or book in English? Very well Well Not well Not at all Prefer not to answer

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10. Are you or your spouse a Veteran from the U.S. Armed Forces? Yes No Prefer not to answer

11. Your race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer

12. Your spouse's race? American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Prefer not to answer

13. Your ethnicity? Hispanic or Latino Not Hispanic or Latino Prefer not to answer

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Section A – Personal Information (If this is a Joint return, please list names in same order as prior year)

Your First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Your Spouse's First Name	Middle Initial	Last Name	Daytime Telephone Number	Are You a US Citizen
Mailing Address	Apt #	City	State	Zip
Your Date of Birth	Your Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Your Spouse's Date of Birth	Your Spouse's Job Title	Totally and Permanently Disabled	Full-Time Student	Legally Blind
Can anyone claim you as a dependent?	Were You a Victim of ID Theft?	Was Your Spouse a Victim of ID Theft?	Were Any Dependents a Victim of ID Theft?	Did Anyone Apply for an ID Protection Pin Number?

Driver's License / ID Number		State		Class
Issue Date		Expiration Date		Verified

Section B – Marital Status and Household Information

As of December 31, 2019, what was your marital status?

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To be completed by Tax Preparer:

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Section C – What sources of income did you or your spouse receive last year in 2019?

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Mailing Address	Apt #	City	State	Zip
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