



Client Tax Checklist

Name: _____ SS# _____ DOB _____ Occupation _____

Spouse Name: _____ SS# _____ DOB _____ Occupation _____

Dependents this year:

First and Last Name	Date of Birth	SSN#

Can you or your spouse be claimed as a dependent on someone else's tax return this year? ___YES___ NO

Current Year Changes:

Did you have any major changes in income this year, or do you expect any next year? ___YES___ NO

Did any dependent child under 18 receive any investment income this year? ___YES___ NO

Did you reside in or receive income from another state this year? ___YES___ NO

Did you or your spouse sell any assets this year? ___YES___ NO

Did you collect any payments on real estate transactions this year? ___YES___ NO

Did you buy or sell a personal residence this year? ___YES___ NO

(If so please attach a copy of your closing papers) ___YES___ NO

Are you or your spouse disabled? ___YES___ NO
 Are you or your spouse blind? ___YES___ NO

Did you receive a Mortgage Credit Certificate for your mortgage interest this year? ___YES___ NO

Did you refinance your mortgage this year? YES ___NO___ **(If so please attach a copy of your closing papers)**

Do you want to apply this year's refund to next year's tax liability? YES ___NO___



Experience you can Trust.

Income Checklist

Please provide the following documents or information if applicable:

- ___ W2 forms for wages salaries and tips.
- ___ Forms 1099 for interest, dividends, and pensions payments.
- ___ Brokerage statements showing investment transactions.
- ___ K-1 forms partnerships, S corporations, estates, and trust.
- ___ Self-employment income and expense summary.
- ___ Rental income and expense summary.
- ___ Forms showing unemployment compensation and social security benefits received.
- ___ 5498 forms for IRAs
- ___ Attach a list of any other income from any other source.

Child Care Provider Information

Amount paid this year? \$ _____

Name: _____

Address: _____

City/State: _____

Zip: _____

SSN or EIN: _____

Phone: _____

Amount paid this year? \$ _____

Name: _____

Address: _____

City/State: _____

Zip: _____

SSN or EIN: _____

Phone: _____



Date: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Services needed today: (please check all that apply)

___ Business Consultation

- New business
- Current business
- Reconstruction of business

___ Second Look Review

___ Quarterly Taxes

___ Personal Taxes Years: _____

___ Business Taxes

___ Audit and/or Examination

___ Other: _____

Disclaimer: There will be a charge for your services or consultation in today's visit.