

The purpose of this form is to compile your data and necessary documentation. Please complete to reduce billable time.

TAXPAYER 1: _____ BDAY _____ SS# _____
 PHONE #: _____ OCCUPATION _____ EMAIL _____
 SPOUSE NAME: _____ BDAY _____ SS# _____
 PHONE #: _____ OCCUPATION _____ EMAIL _____

Do you have a different home address from last year's tax filing? _____

HOME ADDRESS: _____

** If you bought, sold and/or refinanced a home, we will need a copy of the closing statement(s).

GENERAL QUESTIONS: Please circle your answer

- YES NO Do you have a drivers' license? We will need a copy via text or Smartvault Portal upload.
- YES NO Do you owe an outstanding debt to the IRS? For what year(s)? _____
- YES NO Did you make any contributions to an IRA or Roth IRA? Conversions? Please provide documentation.
- YES NO Did you make any estimated tax payments to the IRS or the state for the tax year? Provide proof.
- YES NO Do you prefer electronic copies of tax returns and documents via Smartvault Portal?
- YES NO Do you prefer direct deposit of any tax refunds? **Please provide a copy of a voided check.**
- YES NO Do you prefer to pay any tax owed via electronic debit from your bank account?

Bank Name **Bank Routing Number** **Bank Account Number**

INCOME

| | YES | NO | HOW MANY? |
|----------|-----|----|-----------|
| W2's | | | |
| 1099-INT | | | |
| 1099-DIV | | | |
| 1099-R | | | |
| 1099-G | | | |
| 1099-B | | | |
| SS | | | |
| ALIMONY | | | |
| GAMBLING | | | |
| K-1s | | | |
| 1099-B | | | |
| RENTALS | | | |

FINANCIAL CHANGES DURING TAX YEAR

- Please circle all that apply
- 1 Buy or Sell Home?
 - 2 Refinance Home?
 - 3 New Job?
 - 4 New Business?
 - 5 New baby?
 - 6 Adoption?
 - 7 Child in college?
 - 8 Retire?
 - 9 SS income began?
 - 10 Death in the family?

POSSIBLE ABOVE THE LINE DEDUCTIONS

| | YES | NO | NOTES |
|-------------------|-----|----|----------------------------|
| Teacher? | | | Receipts |
| Reservist? | | | |
| H.S.A. Account | | | See page 2 |
| Did you move? | | | |
| Self-Employed? | | | Complete separate form. |
| Pay Alimony? | | | See page 2 |
| Student Loan? | | | Include 1098E forms |
| Taxpayer Tuition? | | | Include 1098T AND receipts |

SELF-EMPLOYED or RENTALS?
 Please complete additional checklists (see our website).

*You MUST provide appropriate documentation and/or receipts for any deductions that apply.
 Dependent child tuition will be reported on page 3.



AFFORDABLE CARE ACT QUESTIONS

Did everyone in your household have medical insurance for the entire year?

Yes or No? _____

If not, explain: _____

What months were you uninsured? Circle. J F M A M J J A S O N D

How did you procure insurance? Circle.

Marketplace Employer Private None

***Please turn in any forms 1095 upon receipt. If no 1095s are provided, please provide proof of insurance (paystub, etc).**

HEALTH CARE SAVINGS ACCOUNTS OR FLEX SPENDING ACCOUNTS (HSA OR FSA)

Please include documentation if provided by your bank or account holder.

How much was deposited into the account for the calendar year? _____

Was it deposited pretax or posttax? _____

How much did you withdraw during the calendar year? _____

Were all withdrawals spent on qualified medical expenses? _____

If not, how much was withdrawn for nonmedical expenses? _____

POSSIBLE ITEMIZED DEDUCTIONS ON SCHEDULE A

For the following, please provide tax forms or receipts.

- 1 Mortgage Interest - typically reported on Form 1098
- 2 Real Estate Taxes paid
- 3 Auto/Motor vehicle Purchase Sales Tax

For the following, please provide a list of totals. Maintain all receipts for possible IRS audit purposes.

- 1 Charitable Contributions (attach separate sheet)
 - a. Cash - itemize donees
 - b. Donations - include dates and items donated

* Charitable donations must be made to a federally recognized charity. GoFundMe donations are NOT deductible.
- 2 Medical Expenses Paid This Year, not covered by H.S.A. or FSA
 - a. Prescriptions _____
 - b. Doctor/Dentist Invoices _____
 - c. Glasses _____
 - d. Insurance Premiums (post-tax) _____
 - e. Long Term Health Insur. Premiums _____

ALIMONY (if applicable)

What is the date of the divorce decree? _____

Total payment for the year? _____

Name of Recipient _____

SSN of Recipient _____

SIGNATURES

TAXPAYER 1 SIGNATURE: _____

TAXPAYER 2 SIGNATURE: _____



DEPENDENTS FORM

Complete this page only if you have minor children, children in college or dependent adults.

| DEPENDENT INFORMATION | | | | | | |
|-----------------------|------|-------|------|-------|-----|-------|
| 1 | NAME | _____ | BDAY | _____ | SS# | _____ |
| 2 | NAME | _____ | BDAY | _____ | SS# | _____ |
| 3 | NAME | _____ | BDAY | _____ | SS# | _____ |
| 4 | NAME | _____ | BDAY | _____ | SS# | _____ |

Circle the corresponding number to any child above who did not live with you all year.
 If your child is attending on-campus college, they are still considered to have lived with you all 12 months.

| GENERAL QUESTIONS | | | | Who? |
|-------------------|---|---|---------------------------------------------------------------------------------------------------|-------|
| Y | N | 1 | Are any of the children listed above married? | _____ |
| Y | N | 2 | Can anyone else claim your children? | _____ |
| Y | N | | If so, do they agree that you can claim the child(ren) this year? Documentation may be necessary. | |
| Y | N | 3 | Is there an active Form 8832 Release/Revocation of Claim for Child? | |
| Y | N | 4 | Are any of your children in college full-time? Complete below in College-Attending Children. | |
| Y | N | 5 | Did you pay tuition/fees for any of your college-attending children? (do not include 529 payouts) | |
| Y | N | 6 | Did any of your children attend daycare, after school care, or summer camp while you worked? | |
| Y | N | 7 | Did any of your children have earned income, dividend/gains income, trust income? | |

COLLEGE-ATTENDING CHILDREN

**** You MUST provide Forms 1098-T as well as tuition, fees, and book receipts to claim a deduction or credit.**

| NAME | SCHOOL | FIRST YEAR IN SCHOOL | TOTAL TUITION PAID |
|-------|--------|----------------------|--------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DAYCARE/AFTER SCHOOL CARE/SUMMER CAMP INFORMATION

**** You MUST provide forms from provider or receipts that include the provider's EIN/SSN number and address to claim the credit.**

| NAME | SCHOOL | TOTAL PAID OUT OF POCKET |
|-------|--------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

QUALIFYING RELATIVE INFORMATION

Did you provide primary care to a relative over the age of 24 who had little to no earned income?
 Circle any number below corresponding to a relative who is disabled.

| | | | | | | |
|---|------|-------|------|-------|-----|-------|
| 1 | NAME | _____ | BDAY | _____ | SS# | _____ |
| 2 | NAME | _____ | BDAY | _____ | SS# | _____ |
| 3 | NAME | _____ | BDAY | _____ | SS# | _____ |

SIGNATURES

TAXPAYER 1 SIGNATURE: _____

TAXPAYER 2 SIGNATURE: _____

