FILING STATUS
☐ Single
☐ Married Filing Joint
☐ Married Filing Separately
☐ Head of Household
☐ Qualifying Widower

ADDRESS

Street & Apt. No. ____________________________________

City ________________ State ____________ Zip __________

County _________________ School Code (if app) _________

TAXPAYER IRS PIN# (if applicable) _____________

Social Security Number ______________________________

First ______________ MI _____ Last ___________________

Email ____

Work Ph _________________ Cell/Other _______________

Date of Birth _____________ Date of Death _____________

Preferred Method of Contact ☐ Email ☐ Phone ☐ Text

Occupation ____

☐ Yes ☐ No Legally Blind ☐ Yes ☐ No Dependent of Other

SPOUSE IRS PIN# (if applicable) _____________

Social Security Number ______________________________

First ______________ MI _____ Last ___________________

Email ____

Work Ph _________________ Cell/Other _______________

Date of Birth _____________ Date of Death _____________

Preferred Method of Contact ☐ Email ☐ Phone ☐ Text

Occupation ____

☐ Yes ☐ No Legally Blind ☐ Yes ☐ No Dependent of Other

DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS) (*NOTE: Student refers to tuition paying (college/private school)

First, Middle Initial, Last Name	Student?*	D.O.B.	Social Security #	Disabled?	Relationship	Months
____________________________	☐ Yes ☐ No	____________	______________________	☐ Yes ☐ No	________________	_____
____________________________	☐ Yes ☐ No	____________	______________________	☐ Yes ☐ No	________________	_____
____________________________	☐ Yes ☐ No	____________	______________________	☐ Yes ☐ No	________________	_____

EMPLOYMENT & RETIREMENT INFORMATION
1. ☐ Yes ☐ No - Are you employed?
2. ☐ Yes ☐ No - Are you contributing to a 401(k), 403(b), or other pre-tax account?
3. ☐ Yes ☐ No - Have you ever opened any form of pre-tax account in the past?
4. ☐ Yes ☐ No - Have you considered a ROTH conversion of pre-tax accounts?
5. ☐ Yes ☐ No - Would you like a ROTH conversion tax "WHAT-IF" prepared with your return?

STATE & OTHER
1. ☐ Yes ☐ No - Are you requesting state return(s)? If yes, what state(s): ______________________________
2. ☐ Yes ☐ No - RITA/Other (If yes, must provide prior return(s)? Please Specify: ____________________________

E-FILE / FILING INFO **Check ONE:** ☐ Original Return ☐ Superseded Return ☐ Amended return

1. How do you want any **refund** sent to you? MUST CHECK ONE

☐ Direct Deposit (few days) Routing #: __________________________ Acct #: ______________________________

☐ Checking ☐ Savings Name of Bank: ____

☐ Applied to next year's return

☐ Paper check by mail (could take several weeks)

Any **taxes due** may be paid by check or online along with voucher provided by tax preparer or with extension form. *<u>It is the taxpayer's responsibility to make payments before April due date. Filing an extension does NOT extend time to pay.</u>

Please Note: The following worksheets are intended to assist the taxpayer in gathering the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back-up provided. There is a "Scan Coversheet" available by separate download that will provide the preparer the list of documents necessary to complete the return. It is very important that the taxpayer provide complete information upon the first submission of these documents. The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation and avoid delays.

BASIC QUESTIONS

Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check any that apply to you OR your spouse)

01.☐ **Did you receive a subsidy to help purchase health insurance through the Healthcare Marketplace? If yes, include form 1095-A.**
02.☐ Did you change your address from last year?
03.☐ Any change in your dependents from last year?
04.☐ Did you have children under 19 (or 24 if a full-time student) who had more than $2,300 in total unearned income?
05.☐ Are all your dependents either US residents or citizens?
06.☐ Did you pay any adoption expenses?
07.☐ Did you provide over half the support for someone you aren't claiming as a dependent?
08.☐ Are you being claimed or eligible to be claimed as a dependent on someone else's return?
09.☐ Were either you or your spouse in the military or National Guard?
10.☐ Have you been notified by the IRS of changes to a previously submitted tax return, or received any other IRS or state notices?
11.☐ Did you make any gifts over $16,000 to any individuals?
12.☐ Did your marital status change from the prior year?
13.☐ Did you purchase, sell or refinance your primary residence? Sale of residence requires:

Purchase date & price: ____________________________________ Sale date & price: ____________________________________
Include 1099s/Closing Statements with Scan Doc Coversheet

14.☐ Did you spread taxation of a COVID related IRA withdrawal in 2020 and make one of three payments in 2020?

How did you spread the IRA tax? ☐ Over 3 years ☐ one year ☐ Other:_______________________________________

Other details:____

INCOME

Please check any of the following that you and/or your spouse received:

01.☐ W-2 Income
02.☐ Income from loans, grants or pandemic related programs
03.☐ Interest and/or Dividends ☐ Tax exempt Interest and/or Dividends
04.☐ Taxable refunds, credits or offsets (including prior year state refunds)
05.☐ Business income (self-employment Income)
*If “yes” please fill out Schedule C worksheet and provide financials
06.☐ Stock sales (capital gains)- (**MAKE SURE ALL BASIS INFO IS PROVIDED**)

Amount of any capital loss carryforward from 2021 $_______________

07.☐ Crypto currency activity (**IF YES INCLUDE 1099-B UNDER TAX DOC SCAN COVERSHEET**)
08.☐ Any other assets sold or any other gains or losses
09.☐ Rental real estate income
* If "yes" please fill out Schedule E worksheet
Amount of any passive activity loss carryforward from 2021 $_______________
10.☐ K-1's (1120S, 1065, 1041)
11.☐ Unemployment
12.☐ Social Security income
13.☐ Foreign income
14.☐ **Alimony received (Applies ONLY to divorce decrees effective prior to 1/1/19)**

Alimony received $_______________ (rcvd from whom?)

Name/SS#____

15. ☐ Other income: Please list: ____

ADJUSTMENTS TO INCOME

Please check any that apply to you and/or your spouse and provide supporting documentation:

01.☐ Educator expenses (teaching expenses)
02.☐ Health Savings Account deductions
03.☐ Moving expenses (active military only, service related)
04.☐ Contributions to SEP, SIMPLE, and other qualified plans
05.☐ Self-Employed health insurance
06.☐ IRA contributions
07.☐ Student loan and/or tuition & fees deduction (you or your dependents)
08.☐ **Alimony paid (Applies ONLY to divorce decrees effective prior to 1/1/19)**

Alimony paid $_______________ (paid to whom?)

Name/SS#____

TAX DEDUCTIONS AND CREDITS

Please check any that apply and provide supporting documentation:

01.☐ Itemized deductions
*if "yes" please fill out a Schedule A worksheet
02.☐ Energy efficiency related upgrades/repairs

Product/ID# ____
03.☐ Oil & Gas investments credits
04.☐ Electric/Plug in Hybrid Car Purchase (**DETAILS UNDER SCAN SHEET**)
05.☐ Other tax shelters or credits
06.☐ Child care expenses paid to provider 1 $________________

Provider 1 name:____

Address:____

EIN:____________________________ Phone:________________________

07.☐ Child care expenses paid to provider 2 $________________

Provider 2 name:____

Address:____

EIN:____________________________ Phone:________________________

ESTIMATED PAYMENTS MADE FOR 2022 RETURN (or refunds from a prior year applied to current)

Fed: $___________ Date:_____________ Qtr:_____

Fed: $___________ Date:_____________ Qtr:_____

Fed: $___________ Date:_____________ Qtr:_____

Fed: $___________ Date:_____________ Qtr:_____

State: $___________ Date:_____________ Qtr:_____

State: $___________ Date:_____________ Qtr:_____

State: $___________ Date:_____________ Qtr:_____

State: $___________ Date:_____________ Qtr:_____

Local: $___________ Date:_____________

Photo ID is Required for ALL Returns! Either place here and make a copy, or attach at the end of this document.

PHOTO ID – REQUIRED

(NY LICENSE ALSO COPY BACK)

TAXPAYER

PHOTO ID – REQUIRED

(NY LICENSE ALSO COPY BACK)

SPOUSE

Tax Client Schedule A Info

Fill out COMPLETELY or check ☐ "N/A". Include any back-up documents under Scan Coversheet

Medical Expenses **Current Year**

Medical & Dental Expenses $____________________________

Medical Insurance Premiums Paid $____________________________

Long Term Care Premiums $____________________________

☐ Yes ☐ No Fed Deductible? ☐ Yes ☐ No State Deductible? ☐ Yes ☐ No Not Qualified but Grandfathered Deductible?

Prescription Drugs and Medications $____________________________

Medical Miles Driven (1-1 to 6-30/7-1 to 12-31) _____________/_____________

Tax Expenses* **Current Year** * Effective 1/1/2018, Total Tax deduction limited to $10,000

State/Local Income Taxes Paid

(Other Than those on W-2s, 1099s, Etc.) $____________________________

2021 State Income Taxes Paid in 2022 $____________________________

Real Estate Taxes $____________________________

Personal Property Taxes $____________________________

Qualified New Vehicle Taxes $____________________________

Additional State or Local/Taxes $____________________________

Other Taxes: ________________________ $____________________________

Interest Expense **Current Year**

Home Mortgage Interest reported on form 1098 $____________________________ Include Form under Scan Cover Sheet

Date Mortgage Contracted* ___________________ **(Only needed for jumbo mortgages over $750,000)**

Date Mortgage Closed* ___________________ **(Only needed for jumbo mortgages over $750,000)**

Home Mortgage Interest paid to others $____________________________

HELOC Interest Used for Home Improvement $____________________________

Refinancing Points Paid in 2022 $____________________________

Investment Interest (other than K-1) $____________________________

☐ Yes ☐ No Would you like to learn how to pay off your mortgage early?

Contributions **Current Year**

Cash Contributions $____________________________ ☐ Y ☐ N **Includes GoFundMe $?**

If yes, how much of this amount $____________________________

Non-Cash Contributions $____________________________ **over $500 include documentation**

Volunteer Mileage Driven ____________________________

Casualty & Theft Losses – Related to Federally-declared Disaster ONLY

If you had any casualty or theft losses during the year, please provide detail below: Including date, description, amount of casualty or loss, any insurance reimbursement and basis in the property.

____

____

Fill out COMPLETELY or check ☐ "N/A". Use a separate Worksheet for EACH Schedule C.****Please Note: Trial Balance, P&L and Balance Sheet preferred. If available, "see next ______ pages" and stack under this page. If not available, please use the input sheet below.***

Business Info: (Required for all)

☐ Taxpayer or ☐ Spouse or ☐ Both (comm prop state)

Address of Business: ______________________________
____

Name of Business: _______________________________

Business Code: _____________________________

EIN Number (If any): _______________________________

Date Business Started: _____________________________

Accounting Method

☐ Cash
☐ Accrual
☐ Other(Specify): _____________________

☐ Yes ☐ No Do you do your own books/accounting
☐ Yes ☐ No Would you consider outsourcing to us?
☐ Yes ☐ No Are you a specified Service Trade or Business (eg: attorneys, accountants, doctors, etc.)

☐ Yes ☐ No Are you claiming use of a home office? *If yes, please include Home Office Deduction Worksheet*

General Questions: (Required for all)

☐ Yes ☐ No Did you take advantage of the WOTC (Work Opportunity Tax Credit) or did you receive a tax credit for paid sick or family leave under FFCRA (Families First Coronavirus Response Act)?
☐ Yes ☐ No Did you apply for and receive an Economic Injury Disaster Loan (EIDL) through SBA in 2022?
☐ Yes ☐ No Did you include those loan proceeds in your company revenue on Schedule C or E?

Vehicle Information: Year/Make/Model: ___________________________________ Date Placed in Service: _____________

Total miles driven (1-1 to 6-30/7-1 to 12-31): ______/______ Business miles: ______/______ Commuting miles: ______/______

Income Questions: (Required if no P&L or Trial Balance Available)

☐ Yes ☐ No If you received a 1099-K, is it included in this total? If not, you must file form 8949 — Total Sales: $_____________
☐ Yes ☐ No Do you know what your business is worth? ☐ Yes ☐ No Would you like to know? — Other Income: $_____________
☐ Yes ☐ No Was any revenue received from SBA type loans? ☐ Yes ☐ No Included Above? — Amount: $_____________

Cost of Goods Sold: (Required if no P&L or Trial Balance Available)

☐ Yes ☐ No	Do you have employees other than yourself?	Beginning Inventory: $_____________
☐ Yes ☐ No	Do you use subcontractors?	Purchases: $_____________
☐ Yes ☐ No	Do you do your own payroll?	Cost of Labor: $_____________
☐ Yes ☐ No	Would you consider outsourcing payroll to us?	Materials and Supplies: $_____________
☐ Yes ☐ No	If required to, did you issue 1099s to others?	Ending Inventory: $_____________

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising:	$_____________	Depletion:	$_____________	Other Rent/Lease:	$_____________
Auto Expenses:	$_____________	Depreciation:	$_____________	Repairs & Maint:	$_____________
(Other than Mileage):	$_____________	Legal/Professional:	$_____________	Supplies:	$_____________
Commissions:	$_____________	Office Expense:	$_____________	Taxes & Licenses:	$_____________
Contract Labor:	$_____________	Wages to Self:	$_____________	Travel:	$_____________
Employee Ben Programs:	$_____________	Wages to Children:	$_____________	Meals (Client/Prospect):	$_____________
Insurance (NOT Health):	$_____________	Wages to Others:	$_____________	Utilities:	$_____________
Health Insurance:	$_____________	Pension/Prof Sharing:	$_____________	____________________:	$_____________
Mortgage Interest:	$_____________	Vehicle Rent/Lease:	$_____________	____________________:	$_____________
Other Interest:	$_____________	Machinery Rent/Lease:	$_____________	____________________:	$_____________

New Assets Placed in Service:

Description: ________________________________ Date Placed in Service: _____________ Purchase Amount: $_____________

Description: ________________________________ Date Placed in Service: _____________ Purchase Amount: $_____________

Description: ________________________________ Date Placed in Service: _____________ Purchase Amount: $_____________

Tax Client Home Office Deduction Info

Note: Effective 2018, Home Office Deduction is available only to self-employed.
Fill out COMPLETELY or check ☐ "N/A".

General

Date home was first used for business: ________________________

Square Footage of Area Used for Home Business: ________________________

Total Square Footage of the Home: ________________________

Simplified Option

The IRS now allows an optional standard $5 per square foot deduction (maximum 300 square ft)
If you would like to choose this option rather than Standard Option, enter the necessary info below, otherwise, skip this section and complete the Standard Option section below.

☐ Yes ☐ No I would like to use the "Simplified Option" to claim my Home Office Deduction

Total square feet claimed for Home Office (cannot exceed 300 sq ft): _____________________

See: https://www.irs.gov/businesses/small-businesses-self-employed/simplified-option-for-home-office-deduction for further information regarding Home Office Deduction

--OR--

Standard Option – Deduction Expenses	**Current Year**
Casualty Losses:	$______________
Deductible Mortgage Interest:	$______________
Real Estate Taxes:	$______________
Insurance:	$______________
Rent:	$______________
Repairs and Maintenance:	$______________
Utilities:	$______________
Other: _________________	$______________
Other: _________________	$______________
Other: _________________	$______________
Other: _________________	$______________

Depreciation:

☐ Yes ☐ No Do you have depreciable assets?

If yes, describe: ____

Additional Questions/Information

☐ Yes ☐ No Are you being forced to work from home by your employer for pandemic related reasons?

Describe anything unique that the tax preparer should know about your situation: __________________________________

____

____

____

TAX Client Schedule E info-One Page Per Property

Fill out COMPLETELY or check ☐ "N/A". Use a separate worksheet for EACH property

General: (Required for all)

Property Description: ____________________ ☐ Taxpayer ☐ Spouse ☐ Joint - Owner of Property

Address: ________________________________

City: ____________ State: _____ Zip: ________

General Questions:

1.☐ Yes – Check for Active Participant

2.☐ Yes – Check if property was used for personal use by you or your family for more than 14 days or 10% of the total rented days

If checked, enter the number of days for personal use: ____________

If checked, enter the number of days rented: ____________

Questions Related to Rental of Your Personal Dwelling (**Airbnb, VRBO, etc.)**

If only a portion of the dwelling is rented out:

1a. Enter number of rooms, OR square footage of area rented: _________________ ☐ Rooms ☐ Sq Ft (Check one)

1b. Enter total number of rooms OR total square footage of dwelling: _________________ ☐ Rooms ☐ Sq Ft (Check one)

2. Repairs/Supplies* related directly to area being rented (can deduct all): $ _____________

*Do NOT include these again in Repairs/Supplies below

3. Rent you paid (if you rent rather than own the dwelling you're renting out): $_____________

Income:	**Current Year**	
Rents Received	$ _____________	
Royalties	$ _____________	
Income received from SBA type loans	$ _____________	☐ Yes ☐ No Included Above?

Property Expense: **Current Year**

Note: IF printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below.

Advertising	$ _____________
Cleaning/Maintenance	$ _____________
Commissions	$ _____________
Insurance	$ _____________
Legal and Other Professional	$ _____________
Management Fees	$ _____________
Qualified Mortgage Interest	$ _____________
Other Interest	$ _____________
Repairs	$ _____________
Supplies	$ _____________
Real Estate Taxes	$ _____________
Other Taxes	$ _____________
Utilities	$ _____________
Depreciation Carry-forward	$ _____________
New Depreciation Start	$ _____________
Other:___________________________________	$ _____________
Other:___________________________________	$ _____________

New Assets Placed in Service:

Description: ________________________________ Date Placed in Service: ______________ Purchase Amount: $_____________

Description: ________________________________ Date Placed in Service: ______________ Purchase Amount: $_____________

Description: ________________________________ Date Placed in Service: ______________ Purchase Amount: $_____________

Description: ________________________________ Date Placed in Service: ______________ Purchase Amount: $_____________