

## Tax Prep Worksheet

**Client Status:**  Prior Client  New

Referred By:

### Section 1: Tax Payer Information – All names MUST match name on Social Security Card

Full Name:

Occupation:

SS#:

DOB:

Spouse Name:

Occupation:

SS#:

DOB:

Address:

City:

State:

Zip:

Email:

Phone:

Cell:

### Section 2: Health Insurance

Did you have health insurance all 12-months last year?

Yes  No

If no, how many months?

Did your spouse have health insurance all 12-months last year?

Yes  No

If no, how many months?

### Section 3: Dependents

#### Dependent #1

#### Dependent #2

#### Dependent #3

**Name:**

**SS#:**

**Date of Birth:**

**Relationship:**

**Proof of Relationship:** We must have one of these documents on file. Which one can you provide?

Birth Certificate  
 Court Documents  
 Other:

Birth Certificate  
 Court Documents  
 Other:

Birth Certificate  
 Court Documents  
 Other:

**# months lived in household**

**Proof of Residency:** We must have one of these documents on file. Which one can you provide?

Daycare Records  
 Medical Records  
 School Records  
 Leases  
 Court Order  
 Social Service Records  
 Other:

Daycare Records  
 Medical Records  
 School Records  
 Leases  
 Court Order  
 Social Service Records  
 Other:

Daycare Records  
 Medical Records  
 School Records  
 Leases  
 Court Order  
 Social Service Records  
 Other:

**Disabled?**

Yes  No

Yes  No

Yes  No

**Full Time Student:**

Yes  No

Yes  No

Yes  No

**Amount Paid for Daycare**

\$

\$

\$

Name of Daycare

**# months with Health Ins.:**

**If last name is different, why?**

**If not son or daughter, why is natural parent not claiming?**

## Section 4: Common Adjustments & Itemized Deductions

### Total Out of Pocket Medical Expenses for Taxpayer, Spouse, and Dependents

|             |                    |                            |  |
|-------------|--------------------|----------------------------|--|
| Medical: \$ | Dental: \$         | Prescriptions: \$          |  |
| Vision: \$  | Other Expenses: \$ | # of Medical Miles Driven: |  |

### Taxes Paid

|               |    |         |  |
|---------------|----|---------|--|
| Property Tax: | \$ | County: |  |
| Property Tax: | \$ | County: |  |
| Ad Valorem:   | \$ |         |  |

### Home Ownership

|                    |    |                   |  |
|--------------------|----|-------------------|--|
| Mortgage Interest: | \$ | Mortgage Company: |  |
| Mortgage Interest: | \$ | Mortgage Company: |  |
| PMI:               | \$ |                   |  |

### Gifts to Charity

|            |     |            |     |
|------------|-----|------------|-----|
| Amount: \$ | To: | Amount: \$ | To: |
| Amount: \$ | To: | Amount: \$ | To: |

### Unreimbursed Employee Expenses

|                                 |  |                                       |               |
|---------------------------------|--|---------------------------------------|---------------|
| <del>Dues:</del>                |  | <del>Teacher Expenses</del>           |               |
| <del>Tools</del>                |  | <del>U #</del>                        | <del>\$</del> |
| <del>Cell Phone</del>           |  | <del>Meals</del>                      |               |
| <del>Internet/Data</del>        |  | <del>Subscriptions, Books, Pubs</del> |               |
| <del>Tax Prep Fees Paid</del>   |  | <del>Et, n, m, nt</del>               |               |
| <del>Safe Deposit Box Fee</del> |  | <del># of Unreimbursed Miles:</del>   |               |

Eliminated under Tax Cuts & Job Act of 2017

### Other Common Adjustments/Deductions

|                       |    |  |  |
|-----------------------|----|--|--|
| Student Loan Interest | \$ |  |  |
| Student Loan Interest | \$ |  |  |

## Section 5: Tax Prep Fees & Refund Option

- Option 1: I'm going to pay my prep fee at time of service and I elect to receive my refund:  Check  Direct Deposit
- Option 2 **← Most Popular**: I want prep fees withheld directly from your refund and I elect to receive my refund:  Check  Direct Deposit  Money Card

### Direct Deposit Information:

|            |  |
|------------|--|
| Routing #  |  |
| Account #  |  |
| Bank Name: |  |