



## 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>Uniforms</del>	
<del>Cell Phone</del>		<del>Meals</del>	
<del>Internet/Data</del>		<del>Subscriptions, Books, Publications</del>	
<del>Tax Prep Fees Paid</del>		<del>Travel</del>	
<del>Safe Deposit Box Fee</del>		<del># of Unreimbursed Miles:</del>	

### 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:	