

# LEAD Tax & Accounting Services LLC

## Client Tax Information Checklist

Please complete the checklist and gather all applicable tax documents.

### PERSONAL INFORMATION (New Client Only)

Name		Social Security No.	Date of Birth	Cell Phone	E-mail
Taxpayer:					
Spouse:					
Street Address		City	State	Zip	County

Dependent Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

### REQUIRED INFORMATION (All clients)

1. Copy of your **Driver's License** or state identification. (Provide a copy front and back for each taxpayer)
2. **Bank Account**– Would you like direct deposit? ☐ No ☐ Yes - Provide a voided check  
If you have tax due, would you like direct payment from your account? ☐ No ☐ Yes - Provide a voided check
3. Provide a copy of the last Two Years Tax Returns (**new clients only**)
4. **Marital Status** - ☐ Single ☐ Married ☐ Widow (Date \_\_\_\_\_) ☐ Divorced (Date \_\_\_\_\_) ☐ Same Sex Marriage
5. Did the IRS or State send you any notifications or do you have an Identity Protection PIN? ☐ No ☐ Yes (Attach documents)
6. Did you receive, sell, send, exchange, or acquire any financial interest in **virtual currency**? ☐ No ☐ Yes (If yes, provide details)
7. Do you have a **Foreign Bank Account** with a balance over \$10,000 any time during the year? ☐ No ☐ Yes (Provide Details)
8. Did you receive **Health Savings Account (HSA) Distributions**? ☐ No ☐ Yes (If YES, Attach 1099SA)
9. List amount contributed to a Health Savings Account (HSA) that is NOT through your employer? \$ \_\_\_\_\_
10. Are you or your spouse blind? Taxpayer ☐ Yes Spouse ☐ Yes
11. Did you or your family member enroll in the healthcare market place during the year? Yes\_\_ No\_\_ If yes please provide form 1095A received

# New Client Tax Information Checklist

## INCOME INFORMATION (Please attach all applicable forms)

- |  |  |
|--|--|
| <input type="checkbox"/> Income Statements (Form W-2)                      | <input type="checkbox"/> Foreclosure or Abandonment of Residence (Form 1099-A) |
| <input type="checkbox"/> Interest (Form 1099-Int or 1099-OID)              | <input type="checkbox"/> Sale of Real Estate (Provide closing statements)      |
| <input type="checkbox"/> Dividends (Form 1099-Div)                         | <input type="checkbox"/> Received Installment Payments for Property Sold       |
| <input type="checkbox"/> Stock or Mutual Fund Sales (Form 1099-B)          | <input type="checkbox"/> Disability Income (Provide Documents)                 |
| <input type="checkbox"/> Unemployment Compensation (Form 1099-G)           | <input type="checkbox"/> Income in a Foreign Country (Provide Documents)       |
| <input type="checkbox"/> 401k or IRA Distributions/Rollovers (Form 1099-R) | <input type="checkbox"/> Gambling (Form W-2G)                                  |
| <input type="checkbox"/> Social Security (Form 1099-SSA)                   | <input type="checkbox"/> Trust or Estate Beneficiary (Form 1041 K-1)           |
| <input type="checkbox"/> Education Distributions (Form 1099-Q)             | <input type="checkbox"/> Cancellation of debt (Form 1099-C)                    |
|  | <input type="checkbox"/> Alimony Received \$ _____ Date of agreement _____     |

Are you a **Shareholder, Partner or Member of an S-Corp, LLC or Partnership?**

- ☐ Shareholder (Include Form 1120-S K-1)
- ☐ Partner (Include Form 1065 K-1)
- ☐ Beneficiary (Include Form 1041 K-1)

Did you receive **other income** during the year?

- ☐ Business Income (Please refer to Schedule C Worksheet\* or Provide details)
- ☐ Rental Income (Please refer to Schedule E Worksheet\* or Provide details)

## Tax Credits Checklist

- \_\_\_ Adoption Expense Information
- \_\_\_ Child Care Provider Address, I.D. Number and Amounts Paid
- \_\_\_ College tuition and related education expenses (1098-T)
- \_\_\_ Electric vehicle purchased during the year
- \_\_\_ Home Solar panel installed in purchased during the year
- \_\_\_ Energy efficient replacement done to primary resident( HVAC,water heater, heat pump, windows,doors, water heater etc)

## Expense and Tax Deduction Checklist

- \_\_\_ Charitable Cash Contributions
- \_\_\_ Fair Market Value of Non-cash Contributions to Charities
- \_\_\_ Home Mortgage Interest from Form 1098
- \_\_\_ Home Second Mortgage Interest Paid
- \_\_\_ Investment Expenses.
- \_\_\_ IRA Contributions
- \_\_\_ Medical Expenses for the Family
- \_\_\_ Miles Traveled for Volunteer Purposes
- \_\_\_ Miles Traveled for Medical Purposes
- \_\_\_ Student interest paid (1098-E)
- \_\_\_ Real Estate Taxes Paid
- \_\_\_ State Taxes Paid with Last Year's Return (if itemized)