2021 New Client Intake

IP Last Name		FIRST	Name	IVII
SSN	DOB		Occupation	
SP Last Name		First	Name	MI
SSN	DOB		Occupation	
Home Address:				
Phone Numbers: Home:_				
TP Cell:		_ SP Cell:_		
TP Email:				
SP Email:				
Dependents:				
Full Name			SSN	
DOB		School		
Full Name			SSN	
DOB		School		
Full Name			SSN	
DOB		School		
Full Name			SSN	
DOB		School		

Income (che	ck those being submitted and indicate how many of each will be submitted)
(Copy of the last 2 years tax returns
(Original form(s): W-2
9	Schedule(s) K-1: Income from Partnership, S-Corp, Estate or Trust
(Original form(s): 1099-R (retirement) and/or 1099-Misc (Self-employment)
	Original form(s): 1099-INT (interest) and/or 1099-DIV (dividend)
	Brokerage statement(s): Sales of Stocks, Bonds, etc (include date of purchase and purchase price)
	Original form(s): SSA (Social Security) and RRB (Railroad Benefits)
	Original form(s): W-2G (gambling winning) If there are gambling winnings, include gambling losses:
	Alimony Received
	Unemployment Benefits
	Any other income not reported on an original form
<u>Adjustment</u>	<u>s</u> (check those that apply)
	Teacher expenses
	Self-Employed Health Insurance
	Alimony Paid: Amount paid
	Name & SSN of recipient:
	Date Divorce was finalized
	Contributions to an IRA (Traditional or Roth Contributions to a Health Savings Account
	Contributions to a realth savings Account

Education:
American Opportunity (# years taken) or Lifetime Credit
Did the Student complete the first FOUR years of college Yes No
Original form(s): 1098-T Education & Tuition Fees Cost of Books and Supplies Student Loan Interest Paid Amount contributed to BrightStart or Bright Directions 529 plan
<u>Credits:</u>
Child Care Expenses:
Provider Name, Address, Amount Paid, and SSN or EIN
Deductions:
Medical & Dental:
Health Insurance Premiums: post -tax paidNumber of Medial Miles DrivenLong-term care premiumsTotal amounts paid for Co-pays to doctor, dentist, prescriptions, labs x-rays, glasses.
Taxes paid:
Real Estate on primary residenceProperty Tax PINReal Estate on secondary residence and/or landProperty Tax PINPersonal Property taxes: Cars, boats, RV, etc.
Interest Paid:
Original form(s): 1098 Mortgage Interest Paid Closing statement on purchase or sale of home
Cash Contributions:
List amount paid by Check, Cash, or Credit Card (Must be to Non-Prof Organization) Non-Cash Donation: Receipt from Non-Profit Organization, List donated goods and thrift store value

Estimated Tax	Payments:
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Quarter	Federal	State	Date Paid
1st			
2nd			
3rd			
4th			

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Direct Deposit:				
If you'd like any refur the following informa		eposited into y	our accou	nt, please provide
Bank Name:		_		
Routing #:		Account #:		
Account Type (check of	ne) Checking:	Savings:	Other:	
Health Insurance Cov	verage:			
	form(s): 1095-A,	•		
	each family cov	ered with Hea	alth Insurai	nce
Indicate months cove	ered (Y or N)	1		
January	February	March		April
May	June	July		August
September	October	Novembe	r	December
Stimulus Payments:				
Please provide the ex		• •		
Please note that stimulus 2021 tax credit and need	s payments are not	taxable income	to you. They	
Advanced Child Tax (Credit:			
Total amount of Adva	anced Child Tax (Credit received	d:	

In July 2021, monthly payments of the Advanced Child Tax Credit began for qualifying taxpayers with dependents. The total amount of these payments needs to be included on your return. This is not taxable income to you; however, it does reduce the amount of Child Tax Credit received on the tax return. This can reduce refunds and, in some cases, will result in a balance due.