

REALITY CHECK TAX PREPARATION
2101 BEATTIES FORD ROAD
CHARLOTTE, N.C. 28216

PERSONAL DATA

CLIENT NAME: _____

SPOUSE: _____

ADDRESS: _____ **EMAIL:** _____

INSTAGRAM: _____ **FACEBOOK:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

DOB: CLIENT _____ **SPOUSE** _____

SOCIAL SECURITY: CLIENT _____ **SPOUSE** _____

DID YOU RECEIVE YOUR CHILD TAX CREDIT?: YES ___ NO ___

HOW MUCH? _____ DO YOU HAVE IRS FORM 6419? YES ___ NO ___

OTHER INCOME

EMPLOYER: _____

CHILDREN(S) NAMES	SOCIAL SECURITY NUMBER	DOB	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

W2'S _____	SCH B _____	DDL _____	SCH A _____
1098 _____	SCH C _____	SS CARD _____	SCH D _____
1099 _____	TRAVEL LOG _____	SCH E _____	

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DEPENDENT INFORMATION : PLEASE COMPLETE ALL QUESTIONS!!!

1.WHO IS THE DEPENDENT RELATED TO?

2.WHO LIVED IN THE HOUSEHOLD?

3.WHY ARE YOU CLAIMING THE DEPENDENT(S)?

4. ANY INFORMATION ON DEPENDENTS PARENTS TO SEE IF YOU WERE ELIGIBLE TO CLAIM DEPENDENT?

5. WHY IS THE OTHER PARENT NOT CLAIMING THE DEPENDENT?

6. WHAT TYPE OF DOCUMENTATION DO YOU HAVE THAT SHOW YOU SUPPORTED THE DEPENDENT?

7. WHO CARES FOR THE DEPENDENT(S) WHILE YOU ARE AT WORK?

8. WHAT TYPE OF DOCUMENTATION DO YOU HAVE TO PROVE RELATIONSHIP STATUS?

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HEALTHCARE COVERAGE

1. DO YOU HAVE HEALTH INSURANCE? IS IT THROUGH YOUR JOB?
2. DO YOU HAVE UNIVERSAL HEALTHCARE OR OBAMACARE?
 - a. IF SO, WHAT IS THE MARKET PLACE NUMBER?
 - b. PLEASE PROVIDE THE YEAR END STATEMENT. **1095A**
4. DO YOU HAVE MEDICAID OR MEDICARE?

SCHEDULE A EXPENSES

MEDICAL EXPENSES:	_____
CONTRIBUTIONS:	_____
CASH, DONATIONS,GOODWILL:	_____
HOME MORTGAGE:	_____
PROPERTY TAXES:	_____
TAX PREPARATION FEE:	_____
UNREIMBURSED EXPENSES:	_____

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SCHEDULE C INCOME

TYPE OF BUSINESS _____

HOW LONG HAVE YOU OWNED? _____

WHERE DO YOU CONDUCT BUSINESS? _____

WHAT SERVICES DO YOU PROVIDE? _____

HOW MUCH DO YOU CHARGE? _____

HOW MANY CLIENTS DO YOU HAVE? _____

HOW OFTEN DO YOU PROVIDE SVC? _____

WHAT TYPES OF ITEMS DO YOU NEED TO OPERATE? _____

HOW OFTEN DO YOU REPLENISH? _____

DO YOU TRAVEL FOR BUSINESS? IF SO WHEN, WHERE, AND HOW OFTEN? _____

CAN YOU PROVIDE DOCUMENTATION TO SUBSTANTIATE YOUR BUSINESS? IF SO PLEASE CIRCLE APPROPRIATE ANSWER.

BUSINESS CARDS BUSINESS LICENSE BUSINESS STATIONARY
OTHER BUSINESS TAX RETURNS RECEIPTS OR RECEIPT BOOK(MUST
HAVE LETTERHEAD) ADVERTISEMENTS

WHY ARE EXPENSES LOW? _____

WHY ARE EXPENSES HIGH? _____

WE WILL NEED COPIES OF THOSE DOCUMENTS

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IF EXPENSES ARE HIGH HOW ARE YOU ABLE TO PAY THEM AND KEEP
THE BUSINESS OPEN? _____

INCOME: _____

EXPENSES: _____

MILEAGE: _____

HOW DID YOU DETERMINE? _____

TOTAL: _____

**The following statements are true to the best of my knowledge, and I hereby authorize Reality
Check Tax Preparation to contact me, and prepare and process my 2023 tax return.**

Applicant

Date

Spouse

Date