

NEW CLIENT INFORMATION

NAME: _____

SSN: _____

ADDRESS: _____

DOB: _____

PHONE NUMBER: _____ HOME

_____ CELL

_____ WORK

OCCUPATION: YOUR: _____

SPOUSE: _____

DEPENDENTS: NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

DID YOU MAKE A CONTRIBUTION TO AN IRA?

ROTH _____ TRADITIONAL _____

DID YOU SELL A HOME? _____

IF YES, WE WILL NEED CLOSING STATEMENT

DID YOU PURCHASE A HOME? _____

IF YES, WE WILL NEED CLOSING STATEMENT

CAN YOU BE CLAIMED AS A DEPENDENT ON ANOTHER RETURN?

YES NO

DID YOU RECEIVE SOCIAL SECURITY? _____

IF YES, PLEASE PROVIDE 1099 FROM SOCIAL SECURITY

WE NEED THE FOLLOWING TO COMPLETE YOUR TAX RETURN:

- DATES OF BIRTH AND OCCUPATIONS OF ALL ON RETURN
- W2's
- 1099's
- INTEREST INCOME / DIVIDEND INCOME
- ITEMIZE OR STANDARD DEDUCTION PRIOR YEAR
- REFUNDS FROM PRIOR YEAR – CITY AND STATE TAX
- SALES OF STOCKS PROCEEDS
 - MUST HAVE COST BASIS: DATE BOUGHT & AMOUNT PAID
- LOSS CARRY FORWARDS FROM PRIOR YEAR
- SELF EMPLOYED INCOME
- SELF EMPLOYED EXPENSES
- ALIMONY RECEIVED
- ALIMONY PAID
- IRA DISTRIBUTIONS AND PENSION DISTRIBUTIONS
 - IS YOUR IRA A PENSION ROLLOVER?
 - IS YOUR IRA OR PENSION FROM A DECEASED SPOUSE?
- RENTAL INCOME
- RENTAL EXPENSES
- UNEMPLOYMENT INCOME
- GAMBLING INCOME AND LOSSES
- ANY OTHER 1099 OR ADDITIONAL INCOME
- STUDENT LOAN INTEREST PAID
- HEALTH INSURANCE COST (NOT PRETAX)
- HSA CONTRIBUTIONS – AFTER TAX
- MEDICAL, DENTAL, EYECARE, RX OUT OF POCKET
- TUITION, BOOKS, FEES PAID : 1ST FOUR YEARS?
- REAL ESTATE TAXES PAID
- MORTGAGE INTEREST
- STATE OR LOCAL TAX PAID PRIOR YEAR
- CHARITY DONATIONS : CASH AND CHECK : GOODS
- OHIO POLITICAL CONTRIBUTIONS
- TUITION SAVINGS CONTRIBUTIONS : 529C PLANS
- RESIDENTIAL ENERGY EXPENSE
 - *ie: ROOF, WINDOWS, DOORS, H2O TANK, INSULATION, SOLAR WINDOWS*
- CHILD CARE AMOUNT & PROVIDER INFORMATION
- ESTIMATED TAXES PAID FOR CURRENT YEAR
- PRIOR YEAR TAX PREP FEE
- DRIVERS LICENSE NUMBER, ISSUE DATE, EXPIRATION DATE