Individual Tax Preparation Standard Intake Form

www.MobileTax.Pro
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Note: All Names Must Be Written As Shown On Social Security Card

Status: ❑ Never Married ❑ Legally Married ❑ Legally Divorced ❑ Legally Separated by court order
❑ Legally Married, but not living with spouse ❑ Civil Union ❑ Widowed, year of death ________

If separated, enter the date you last lived with Spouse: ____ / ____ / ________ Check here if Married Filing Separately ❑

If Married Filing Separately you MUST also include Spouse's information below.

Taxpayer			Spouse		
SSN:	DOB:	Date of Death:	SSN:	DOB:	Date of Death
First Name:		Middle Initial:	First Name:		Middle Initial:
Last Name:			Last Name:		
❑ ID ❑ Driver's License **and** Enter Number:		License State:	❑ ID ❑ Driver's License **and** Enter Number:		License State:
Date Issued:	Date Expires (must be valid):		Date Issued:	Date Expires (must be valid):	
Job Title:			Job Title:		
Cell Phone:			Cell Phone:		
Email Address:			Email Address:		
Street Address:			Street Address:		
City, State, Zip:			City, State, Zip:		
Residential State:	Residential County:	School District:	Residential State:	Residential County:	School District:
❑ Someone else can claim you	❑ Full-time Student	❑ Blind	❑ Someone else can claim you	❑ Full-time Student	❑ Blind
Health Insurance: ❑ Full Year **OR**	❑ Jan ❑ Feb ❑ Mar ❑ Apr ❑ May ❑ Jun ❑ Jul ❑ Aug ❑ Sep ❑ Oct ❑ Nov ❑ Dec		Health Insurance: ❑ Full Year **OR**	❑ Jan ❑ Feb ❑ Mar ❑ Apr ❑ May ❑ Jun ❑ Jul ❑ Aug ❑ Sep ❑ Oct ❑ Nov ❑ Dec	
Was insurance acquired through the Marketplace (Obamacare)? ❑ No ❑ Yes: Provide 1095-A form from the Marketplace			Was insurance acquired through the Marketplace (Obamacare)? ❑ No ❑ Yes: Provide 1095-A form from the Marketplace		

Documentation Required: Please submit as applies			
❑ Taxpayer ID Card	❑ Spouses ID Card	❑ Health Insurance forms 1095-B or 1095-C	❑ Marketplace Exemption Certificate (ECN)

Additional Documentation Required: IMPORTANT!

The IRS requires that you maintain documentation to prove claims made on your tax return for at least 3 years.

For items on this form indicated by an * (asterisks), although you are not require to be provided said documentation to our office for tax preparation, you should have this documentation and keep it with your 2018 tax records.

Standard Intake Form Taxpayer Name:______________________________

Dependents				
Dependent One				
First Name:	MI:	Last Name:		SSN:
Relationship to Taxpayer/Spouse:	# of Months in Home:	DOB:		# of Months with Health Insurance: ❑ Full Year or # ____
Was dependent in school full-time any 5 months? ❑ Yes ❑ No		Name of school:		
Is this dependent as a disabled adult? ❑ No ❑ Yes: Is there written documentation certifying the disability? ❑ Yes ❑ N/A				
Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? ❑ Yes ❑ No				
Is the custodial parent allowing you to claim this dependent? ❑ N/A ❑ Yes: attached signed form 8867 from custodial parent.				
Was child care paid for this dependent? ❑ Yes ❑ No	Name of Provider:		Amount paid during 2018:	
Dependent Two				
First Name:	MI:	Last Name:		SSN:
Relationship to Taxpayer/Spouse:	# of Months in Home:	DOB:		# of Months with Health Insurance: ❑ Full Year or # ____
Was dependent in school full-time any 5 months? ❑ Yes ❑ No		Name of school:		
Is this dependent as a disabled adult? ❑ No ❑ Yes: Is there written documentation certifying the disability? ❑ Yes ❑ N/A				
Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? ❑ Yes ❑ No				
Is the custodial parent allowing you to claim this dependent? ❑ N/A ❑ Yes: attached signed form 8867 from custodial parent.				
Was child care paid for this dependent? ❑ Yes ❑ No	Name of Provider:		Amount paid during 2018:	
Dependent Three				
First Name:	MI:	Last Name:		SSN:
Relationship to Taxpayer/Spouse:	# of Months in Home:	DOB:		# of Months with Health Insurance: ❑ Full Year or # ____
Was dependent in school full-time any 5 months? ❑ Yes ❑ No		Name of school:		
Is this dependent as a disabled adult? ❑ No ❑ Yes: Is there written documentation certifying the disability? ❑ Yes ❑ N/A				
Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? ❑ Yes ❑ No				
Is the custodial parent allowing you to claim this dependent? ❑ N/A ❑ Yes: attached signed form 8867 from custodial parent.				
Was child care paid for this dependent? ❑ Yes ❑ No	Name of Provider:		Amount paid during 2018:	
Dependent Four				
First Name:	MI:	Last Name:		SSN:
Relationship to Taxpayer/Spouse:	# of Months in Home:	DOB:		# of Months with Health Insurance: ❑ Full Year or # ____
Was dependent in school full-time any 5 months? ❑ Yes ❑ No		Name of school:		
Is this dependent as a disabled adult? ❑ No ❑ Yes: Is there written documentation certifying the disability? ❑ Yes ❑ N/A				
Have you given permission for this dependent be claimed by another taxpayer for 2018 tax year? ❑ Yes ❑ No				
Is the custodial parent allowing you to claim this dependent? ❑ N/A ❑ Yes: attached signed form 8867 from custodial parent.				
Was child care paid for this dependent? ❑ Yes ❑ No	Name of Provider:		Amount paid during 2018:	

Childcare Provider(s) Additional Information (complete or attach documentation)

	a. Enter name of provider:	a1	a2
	b. Enter Address of provider:	b1	b2
	c. Enter City, Sate & Zip of provider:	c1	c2
	d. Enter SSN or EIN of provider:	d1	d2
	e. Enter amount paid to this provider:	e1	e2

Income ❑=Documents/Information to Submit

Did you or your spouse at any time during the year:	Circle:		If YES, please provide:
1. Receive wages, salaries, or any other employer compensation?	Yes	No	❑ All W2 forms
a. Have you ever received W-2 forms for ALL employers?	Yes	No	
2. Receive winnings from gambling? (lottery, casinos, raffles, etc.)	Yes	No	❑ All W2-G forms
3. Receive pension, annuity, IRA or retirement income?	Yes	No	❑ All 1099-R forms
4. Receive dividend income?	Yes	No	❑ All 1099-DIV form
5. Receive interest on savings, cash, US bonds or stock dividends?	Yes	No	❑ All 1099-INT forms
6. Have ownership of or signature authority over a Foreign bank accounts?	Yes	No	❑ See the next line.
a. Report the Bank name, location, account number, and the highest amount held in the account during the year.			
7. Receive unemployment or government payments?	Yes	No	❑ All 1099-G forms & 6a
a. Enter any unemployment repaid in 2017:			
8. Receive miscellaneous income? (prizes, awards, jury duty)	Yes	No	❑ All 1099-MISC form & 7a-b
a. Enter miscellaneous income amount: $______________________ b. Enter description of miscellaneous income: __________________			
9. Receive railroad retirement?	Yes	No	❑ All RRB 1099-R forms
10. Receive Social Security benefits?	Yes	No	❑ All SSA-1099 forms
11. Receive alimony?	Yes	No	❑ Answers for 10a-b
a. Enter the amount of alimony received: $_____________________ b. Enter the date of the order/agreement: _____________________			
12. Receive ABLE distributions?	Yes	No	❑ All 1099-QA forms
13. Receive any 1099-C Cancellation of Debt forms?	Yes	No	❑ All 1099-C forms

Adjustments

Did you or your spouse at any time during the year:	Circle:		If YES, please provide:
14. Pay educator expenses (as a teacher, aide, counselor, or principal)*	Yes	No	❑ Answer for 13a
a. Enter the amount spent: $_________________________________			
15. Contribute to self-employed retirement? Enter amount $____________	Yes	No	❑ Answer for 14a
a. Check the type of contribution: ❑ SEP ❑ SIMPLE ❑ KEOGH defined-contribution ❑ KEOGH defined-benefit			
16. Buy Health Insurance as a self-employed person?*	Yes	No	❑ Answer for 15a
a. Enter the premium amount paid: $ _________________________			
17. Pay alimony?*	Yes	No	❑ Answers for 16a-c
a. Enter name of recipient(s): ______________________________			
b. Enter SSN of recipient(s): ______________________________			
c. Enter amount(s) paid:			
18. Make contributions to an IRA?	Yes	No	❑ Answers for 17a-b
a. Enter taxpayer's contribution amount: $_______________ b. Enter spouse's contribution amount: $_______________			
19. Pay interest on student loans?	Yes	No	❑ All 1098-E forms
20. Pay tuition for college? Provide a list of expenses not on the 1098-T.*	Yes	No	❑ All 1098-T forms & 19a-d

a. Has the American Opportunity credit been claimed a total of 4 times prior to this tax return? ❑ No ❑ Yes
b. Was the student enrolled at least half-time? ❑ Yes ❑ No
c. Did the student complete the first 4 years of college before 2019? ❑ Yes ❑ No
d. Has the student been convicted of a felony for possession or distribution of a controlled substance? ❑ No ❑ Yes

Standard Intake Form Taxpayer Name:______________________________

Estimated Tax Payments			
Did you or your spouse at any time during the year:	**Circle:**		**If YES, please provide:**
21. Make estimated tax payments to the IRS? If yes, enter the amount below:	Yes	No	❑ Enter on the next line
1st Qtr $ 2nd Qtr $ 3rd Qtr $ 4th Qtr $			
22. Make other estimated tax payments? If yes, enter the amount below:	Yes	No	❑ Enter on the next line
1st Qtr $ 2nd Qtr $ 3rd Qtr $ 4th Qtr $			

Itemized Deductions			
Did you or your spouse at any time during the year:	**Circle:**		**If YES, please provide:**
23. Pay high medical expenses (more than 7.5% of gross income)?	Yes	No	❑ List of all paid & 24a
a. Enter miles driven for all medical purposes: _________________			
24. Pay for items with high sales tax (new vehicle, home improvements, etc.)?	Yes	No	❑ List of all paid
25. Pay real estate taxes?	Yes	No	❑ All 1098 forms
26. Pay personal property taxes (cars, boats, trailers, singlewides, etc.)	Yes	No	❑ List of all paid
27. Pay home mortgage interest?	Yes	No	❑ All 1098 forms
28. Pay home equity interest?	Yes	No	❑ All 1098 forms & 27a*
a. Amount used to buy, build or improve your home? $ _____________			
29. Pay home equity interest not reported on a form 1098 (at closing, etc.)?	Yes	No	❑ Answer for 28a
a. Amount used to buy, build or improve your home? $ _____________			
30. Pay mortgage points not reported on a form 1098 (at closing, etc.)?	Yes	No	❑ Amount: $____________*
31. Make cash gifts to a charitable organization? You must have receipts for all.	Yes	No	❑ Amount: $____________*
32. Make non cash donations to a charitable organization?	Yes	No	❑ Receipts for all donations.
a. Enter miles driven for all charitable purposes: __________________			
33. Have casualty and theft losses from a federally declared disaster?	Yes	No	❑ Answers for 32a-c
a. ❑ Provide documents to support your property loss. b. ❑ Provide records of repair costs. c. ❑ Provide documents showing insurance reimbursements.			

Note:
- Starting in 2018, home equity interest is not deductible unless funds were used to buy, build or improve your home.
- Starting in 2018, all Miscellaneous Deductions which exceed 2% are no longer deductible. This includes Unreimbursed Employee Business Expenses, Tax Preparation Fees, Investments Expenses, etc.
- Starting in 2018, the Moving Expenses deduction is no longer allowed, except certain military personnel.

I, ____ and ____

Verify that the answers contained in the intake form are true and accurate to the best of my/our knowledge.

Taxpayer Signature: ____ Date: _______________________

Spouse Signature: ____ Date: ________________________

Client Consent to Use of Information

Taxpayer hereby consents to the use by ReVision Financial Solutions LLC of any and all tax return information contained in the taxpayer's federal income tax returns for the purpose of mailing, including electronic transmission, to the taxpayer information pertaining to tax tips, change to tax law, newsletters, upcoming seminars, workshops, podcasts, webinars, webcasts, and promotional announcements

The tax information may not be disclosed or used by ReVision Financial Solutions LLC for any purpose other than that permitted by this consent document.

This consent will be valid for a period of three years beginning on January 1, 2019 and expire on December 31, 2021.

Federal law requires this consent form be provided to you. Unless authorized by law, ReVision Financial Solutions LLC cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage ReVision Financial Solutions LLC's tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

Client Signature: ______________________________________ Date: _______________
Print name here:

Spouse Signature: ____________________________________ Date: _______________
Print name here:

Preparer Signature: ___________________________________ Date: _______________
Print name here: Laurie Johnson

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

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Tax Preparation Engagement

Tax Preparation Engagement
Tax Preparation services provided by ReVision Financial Solutions LLC (hereafter RFS) includes preparing the Client/Spouse (hereafter you/your) 2018 Federal and/or State tax return(s), and/or any prior year returns, based on the information you provide. Services do not include auditing or verification of information.

Taxpayer Return Data
You verify that all information submitted for inclusion on the tax return, including names, social security numbers, date of births, dependent information, and income & expense amounts are accurate to the best of your knowledge.

Return Filing
As the IRS holds you responsible for your tax return, you must review your return carefully for accuracy before signing. RFS will contact you within 24 hours if the electronic filing of your return is rejected. You agree that, in the event of a reject, you will work with RFS to correct the rejected return in a timely manner.

Unpaid/Amended Refund Amount
If, for any reason, your refund is not released by the IRS, your refund amount is amended by the IRS, or your tax return is audited, you are responsible for paying outstanding or additional taxes. In this event, you are further responsible for all yet unpaid tax preparation fees.

Scheduling Fee
You agree to pay a $25.00 registration fee upon the submission of your tax documents for review and processing. You acknowledge that this fee is not refundable. The fee is payable via Cash or Credit Card.

Engagement Termination
Tax Preparation is fulfilled upon the verbal <u>review</u> with you of the information contained on your completed tax return and the full tax preparation fee is considered earned at that time. However, this engagement extends and does not terminate until the delivery of your completed tax return to you, or through your file exchange web portal, either in print or by digital copy. Although RFS provides electronic filing of tax returns at no cost, the completion of electronic filing is not considered a part of this engagement.

Client Consent
I acknowledge the above and authorize ReVision Financial Solutions LLC to prepare and file my tax return.

Client Signature: ____ Date: ________________
Print name here:

Spouse Signature: ______________________________________ Date: ________________
Print name here:

Preparer Signature: _____________________________________ Date: ________________
Print name here: Laurie Johnson

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