

Kaminski & Co.



Client Tax Checklist

TAX INFORMATION ORGANIZER

Client # _____

Tax Year _____

BASIC INFORMATION

TAXPAYER

SPOUSE

First name, middle initial _____

Last name _____

(if different)

Social Security # _____ - _____ - _____

_____ - _____ - _____

Primary occupation _____

Date of birth _____ / _____ / _____

_____ / _____ / _____

Date of death _____ / _____ / _____
(if applicable)

_____ / _____ / _____

Citizenship, if not US _____

Check if dependent of another taxpayer

Name of taxpayer _____

Relationship _____

Check if legally blind

ADDRESS

Mailing address

Address _____

Address _____

City _____ State _____ Zipcode _____

Primary residence

If different from mailing address:

Address _____

Address _____

City _____ State _____ Zipcode _____

Other address

Address _____

Address _____

City _____ State _____ Zipcode _____

Comments:

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COMMUNICATIONS

TAXPAYER

SPOUSE

Home Phone #	() _____	() _____
Work Phone #	() _____ Ext _____	() _____ Ext _____
Fax Phone #	() _____	() _____
Email address:	_____	_____
Mobile Phone #	() _____	() _____
Pager/beeper #	() _____	() _____

If you will be out of town during the period February 15th through April 15th, please provide mailing and phone instructions:

Period away from: _____
to: _____

Mailing address

Address _____
Address _____
City _____ State _____ Zipcode _____

Phone # () _____

Any Comments that may be helpful?

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DEPENDENTS

	<u>Last name, first name, middle initial</u>	<u>Date of birth</u>	<u>Social Security #</u>
1.	_____	___ / ___ / ___	____ - ____ - ____
2.	_____	___ / ___ / ___	____ - ____ - ____
3.	_____	___ / ___ / ___	____ - ____ - ____
4.	_____	___ / ___ / ___	____ - ____ - ____
5.	_____	___ / ___ / ___	____ - ____ - ____
6.	_____	___ / ___ / ___	____ - ____ - ____

	<u>Relationship</u>	<u>Months lived in your home</u>	<u>Gross income</u>	<u>% of total support provided if less than 100%</u>	<u>Code(s)</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

NOTE: Temporary absences (e.g., illness, education, business, vacation, military service) are considered time living in your home.

CODES

- A Dependent was not a US citizen or resident, or a resident of Canada or Mexico for any part of the year.
- B Dependent filed a joint return for the year (please supply details).
- C You provided more than half the person's total support for the year.
- D Child did not live with you due to divorce or separation.

Date of agreement ___ / ___ / ___

- E Copy of Form 8332, Release of Claim to Exemption for Child of Divorced or Separated Parents, or similar statement.

Form enclosed

Needs to be prepared

Other parent:

Name _____

Address _____

SS# _____ - ____ - _____

- F Form 2120, Multiple Support Declaration, or data to prepare same, since no one provided more than half of the individual's support.

G Death of dependent. Date of death ___ / ___ / ___

H Taxpayer is not custodial parent.

I No Social Security number. Provide Form SS-5 to apply for one.

J Non-dependent - Earned Income Credit only.

K Child of qualifying widower.

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