

LIST OF DOCUMENTS AND INFORMATION

- CURRENT IDENTIFICATION FOR BOTH AND SOCIAL SECURITY CARDS OR ITIN (TAXPAYER, SPOUSE, AND DEPENDENTS)**

PLEASE CHECK MARK ALL THAT APPLIES

- TAX YEAR:** ___ 2021 ___ 2022 ___ 2023 ___ 2024 ___ **AMENDMENT - IF YES, YEAR** _____ **BUSINESS TAXES**
- IF NEW INFORMATION:** ADDRESS _____ APT NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____
NUMBERS: TAXPAYER HOME _____ CELL _____ TEXT CARRIER _____ SPOUSE:
HOME _____ CELL _____ WORK _____
EMAIL: _____
IF NEW OCCUPATION: TAXPAYER _____ SPOUSE _____
IF NEW DEPENDENTS:
NAME _____ BIRTH DATE _____ SSN _____
RELATIONSHIP _____ STUDENT: YES ___ NO ___ PERM DISABILITY: YES ___ NO ___

- FORM OF REFUND RECEIVAL** **SECURITY QUESTION:** _____ **ANSWER:** _____

___ DIRECT DEPOSIT ___ SAME AS LAST YEAR ___ CHECK PICK-UP ___ ADVANCE LOAN ___ CHECK MAILED HOME

- IF DIRECT DEPOSIT: BANK NAME _____ ROUT# _____ ACCT# _____

- CHECK MAILED HOME, **FEES MUST BE PAID HERE** - CREDIT/DEBT CARD THERE WILL BE A **3.5% FEE ADDED**

- PAYMENT METHOD:** ___ FROM REFUND ___ DEBIT/CREDIT CARD ___ ZELLE ___ ACH ___ CASH ___ CHECK

- DOCUMENTS TO PRESENT**

(NEW CLIENTS) ___ LAST YEARS TAX RETURN PREPARATION FEE \$ _____

- INCOME**

___ W-2 ___ LAST PAY STUB ___ UNEMPLOYMENT ___ SCHEDULE K-1 ___ SELF-EMPLOYED OR OWN A BUSINESS

___ OTHER 1099 FORMS ___ 401 (K) ___ IRA ___ OTHER RETIREMENT ___ RETIREMENT DISTRIBUTION

___ GAMBLING WINNINGS (W-2G) ___ MISC INCOME ___ DIVIDENDS ___ BANK INTEREST

___ RENTAL PROPERTY INCOME AND EXPENSES ___ ALIMONY PAID ___ RECEIVED

___ SOCIAL SECURITY BENEFITS ___ TAXPAYER ___ SPOUSE ___ CHILD

___ PROPERTY TAXES ___ MORTGAGE INTEREST (1098) ___ JANUARY STATEMENT

___ CLOSING DOCUMENTS-HUD-1 ___ PURCHASE ___ REFINANCE ___ SOLD

___ STUDENT LOANS ___ HIGHER EDUCATION COSTS ___ DONATIONS ___ NON-MONETARY DONATIONS

- CHILD CARE INFORMATION -** PLEASE HAVE: PROVIDER NAME, ADDRESS, PHONE#, SOCIAL SECURITY# OR FED ID, AMOUNT

PAID NAME _____

BUSINESS NAME _____

ADDRESS _____

PHONE () _____

SOCIAL SECURITY NUMBER _____ FEIN NUMBER _____

AMOUNT PAID _____

- MEDICAL INSURANCE:** ___ MEDI-CAL/ MEDICARE ___ COVERED CA ___ NO INSURANCE

Checked In by: _____

OTHER SIDE →

Entered By: _____

Time: _____