

**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:**  2020  2021  2022  2023  **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 \_\_\_\_\_

**STIMULUS RECEIVED (EIP)** EIP 3 AMOUNT: \_\_\_\_\_ **CHILD TAX CREDIT ADVANCE AMOUNT:** \_\_\_\_\_

• **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  INSTALLMENTS  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 \_\_\_\_\_  
BUSINES NAM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ FEIN NUMBER \_\_\_\_\_  
AMOUNT PAID \_\_\_\_\_

• **MEDICAL INSURANCE:**  MEDI-CAL/ MEDICARE  HMO/ PPO  NO INSURANCE

Checked In by: \_\_\_\_\_

**OTHER SIDE →**

Entered By: \_\_\_\_\_

Time: \_\_\_\_\_