

## TAXPAYER INFORMATION:

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Sec Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone (Cell) \_\_\_\_\_ Work/Other \_\_\_\_\_  
 Email \_\_\_\_\_

## SPOUSE INFORMATION:

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Sec Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

## DEPENDENTS:

Name	SSN	D.O.B.	Relationship	Months in home
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please attach separate statement for additional dependents)

**\*Copy of Social Security Cards are required for all new dependents\***

**\*ID/Driver's License required for all taxpayers and spouse\***

## FILING STATUS:

\_\_\_ Single \_\_\_ Married filing **Joint** \_\_\_ Married filing **Separate** \_\_\_ Qualifying Widow \_\_\_ Head of Household  
 Date of Divorce/Separation: \_\_\_\_\_ Date of Death: \_\_\_\_\_

## INCOME:

**The following documentation and information, if applicable, is required to complete your tax return:**

- ☐ **W2** (for EACH job held by each taxpayer during 2019)
- ☐ Gambling winnings – **W2G**
- ☐ Retirement Income - **1099R** – (Pensions, Annuities, IRA's, 401K, etc.)
- ☐ Interest Income / Dividends - **1099INT, 1099B or 1099DIV**
- ☐ Corporate / Partnership Income – **K1**
- ☐ Self Employed Business Income – **1099MISC \***
- ☐ Rental Income\*
- ☐ Social Security Benefits – **SSA 1099**
- ☐ State Tax Refund – **1099G**
- ☐ Unemployment Income – **1099G**
- ☐ Alimony Income (Does NOT include Child Support)  
 Payer: \_\_\_\_\_ Payer SSN: \_\_\_\_\_ Amount \$ \_\_\_\_\_
- ☐ Other Income (please provide explanation in notes section below)

**\*(please attach all supporting documentation or contact us directly for further consultation)**

DEDUCTIONS:

- ☐ Medical Expenses (includes all vision, dental, specialists, co-pays, deductibles, prescriptions, medical equipment, etc.)
- ☐ Medical Lodging while obtaining medical treatment (limited to \$50 per night, per person)
- ☐ Medical Miles driven in 2019 \_\_\_\_\_
- ☐ Real Estate Property Taxes
- ☐ Vehicle Licensing Fee (auto license tags, etc.)
- ☐ Home Mortgage Interest and/or Points paid – **Form 1098**
- ☐ Charitable Donations  
(If monetary donation of \$250 or more, please provide supporting documentation. If fair market value of items donated is equal to \$500 or more, additional information is required)
- ☐ Gambling Losses (limited up the amount of winnings, please attach supporting documentation)
- ☐ Student Loan Interest – **Form 1098-E**
- ☐ Educator Expenses

CREDITS:

- ☐ Education Credit – **Must attach Form 1098-T**  
Was the student enrolled at least half-time for a minimum of one academic period during 2019? Y ☐ N ☐  
Was the student convicted of a felony before 12/31/19 for possession or distribution of a controlled substance?  
Y ☐ N ☐
- ☐ Child Care Credit  
Did you incur care costs for a dependent child under age 13 or for a disabled dependent or spouse during 2019?  
If so, please provide: Name / Address / Taxpayer ID Number or EIN / Total amount paid \$ \_\_\_\_\_
- ☐ Premium Tax Credit – **Must attach Form 1095-A**  
Did you or your family hold health insurance coverage through the Marketplace (Obama Care)? Y ☐ N ☐
- ☐ Energy Credits  
Did you make any energy efficient changes to your home (solar panels)? Y ☐ N ☐
- ☐ Adoption Credit  
Expenses incurred in the legal adoption of a child under age 18 or for the adoption of an incapacitated or special needs person (tax credit up to \$13,810 but **non-refundable** – more information required)

**The following items may have an impact on your return. Please read thoroughly and answer each.**

Y ☐ N ☐ PURCHASED Health Insurance for yourself or a family member through the Health Insurance Marketplace (Exchange)? If so, attach Form 1095-A.

- Y ☐ N ☐ Did you pay alimony (Child Support payments NOT included)  
If yes: Name \_\_\_\_\_ SSN \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Y ☐ N ☐ Did you (or do you plan to before April 15, 2020) contribute to a traditional IRA or ROTH IRA?
- Y ☐ N ☐ Did you have any debts cancelled or reduced by the creditors (credit cards, personal loans)?
- Y ☐ N ☐ Did you file for bankruptcy during 2019?
- Y ☐ N ☐ Did you purchase, sell or refinance any real estate property before 12/31/2019?
- Y ☐ N ☐ Did you make any monetary gifts totaling more than \$15,000 to any individual during the year?  
o If yes, please provide recipients: Name / Address / Relationship / Total Monetary Amount
- Y ☐ N ☐ Did you live or work in a foreign country at any time during 2019?
- Y ☐ N ☐ Did you have an interest in or signature authority over a financial account in a foreign country, such as a bank account, securities account, retirement account or other financial account?  
o If yes – did the total amount in your foreign financial account(s) exceed \$10,000 at any time during the year? Y ☐ N ☐
- Y ☐ N ☐ Are you an officer or director of a foreign account?
- Y ☐ N ☐ At any time during 2019, did you receive, sell, send, exchange or acquire any financial interest in any virtual currency (Bitcoin, Crypto currency)?
- Y ☐ N ☐ Were you granted stock options and/or exercised stock options by your employer?

#### OTHER

- Y ☐ N ☐ Do you authorize your preparer to discuss your federal tax return with the IRS?
- Y ☐ N ☐ Do you or your spouse want to designate \$3 to the Presidential Election Campaign Fund?

For **Direct Deposit** of your federal and/or state refund please provide the following:

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Checking ☐

Savings ☐

**Any additional information or notes to discuss with your preparer:**

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