

WELCOME TO James Accounting !

To better serve you and meet your tax preparation expectations, we ask that you take a few minutes to fill out the information below. If you have any questions while completing this form, please do not hesitate to ask.

1 Drop off
your paperwork.

2 Schedule
a quick follow-up appointment.

Are you a returning JAS Client? Y | N

If yes, do you have a preferred Tax Professional? (please provide name): _____

What date would you like for your return to be ready?: _____

CLIENT INFORMATION:

Primary Taxpayer Name: _____

Spouse Name: _____

Date of Birth: _____

Spouse Date of Birth: _____

SSN# or ITIN: _____

Spouse SSN# or ITIN: _____

Marital Status:

Single | Married | Widowed

Occupation: _____

Occupation: _____

Physical Address (if different) _____

Physical Address: _____

City, State, Zip: _____

Best Phone Number: _____

Preferred Contact Method: Email | Phone

Email: _____

Best Phone Number: _____

Email: _____

Can you be claimed as a dependent by someone else? Y | N

Are you an active member or the spouse/dependent of an active member of the military? Y | N

Would you like to designate \$3 to the presidential campaign fund? Y | N

DEPENDENTS* (or person living in your household)

Name	Relationship	Date of Birth	SSN# or ITIN (new clients only)	Full-Time Student	Disabled?

* If any dependents listed did not live at the primary taxpayer's address the entire year, please discuss this with your tax professional. This is critical to help us help you accurately report your residency and dependency to the tax authorities.

INCOME:*(Check all that apply & include documents.)*

- Employer (W-2)
- Self-Employment*
- Interest (1099-Int)
- Social Security (SSA-1099)
- Retirement plan distribution* (1099-R)
- Dividends (1099-Div)
- Rental Property*
- Stock or Mutual Fund sale (1099-B)
- Unemployment

EXPENSES:*(Check all that apply & include documents.)*

- Self Employment*
- Un-reimbursed by your employer
- Education
- Rental Property*
- Medical/Dental care
- Union Dues

CREDIT & DEDUCTIONS:*(Check all that apply & include documents.)*

- Donate cash or goods to a charity?
- Pay Student Loan interest?
- Pay Child/Dependent Care expense?
- Have a Mortgage Payment? (1098)
- Make an IRA Contribution?
- Make a major taxable purchase?
- Pay Property Taxes?
- HSA Contribution?

HEALTH INSURANCE:*(Check all that apply & include documents.)*

Were you or any members of your household:

- Covered by a qualified employer, private or government health insurance plan?
- Enrolled in a health insurance plan through the federal or state marketplace?

MISCELLANEOUS*:*(Check all that apply.)*

Did you or your spouse:

- Sell a home?
- Pay/Receive alimony?
- Adopt a child?
- Suffer catastrophic loss?
- Have gambling winnings/losses?
- Change in marital status?

** If this applies, we recommend you meet with your tax professional to discuss your tax situation before dropping off your information.*

TELL US ABOUT YOUR YEAR:

We want to find as many credits & deductions that we can. Here are some examples... Bought property. Installed energy efficient windows. Had a child.

TAX PROFESSIONAL OR CLIENT SERVICE PROFESSIONAL COMPLETE THE SECTION BELOW:**Please make sure you follow all steps:**Client received the Privacy Policy. YClient reviewed and signed the Client Service Agreement. YIs the client interested in a Refund Transfer? Y | NIf the client is interested in Refund Transfer, has the client reviewed and signed a Consent to Use? Y | N/AHow would the client like to review and approve their tax return? Approve Online | Return to Office**If Approve Online is selected, you must verify Taxpayer and Spouse (if applicable) unexpired government-issued photo ID**

Taxpayer ID Type: _____ Exp. Date: _____

Spouse ID Type: _____ Exp. Date: _____

Taxpayer ID Number: _____

Spouse ID Number: _____

Place of Issuance, if any _____

Place of Issuance, if any _____

Date of Issuance, if any _____

Date of Issuance, if any _____