

TAX PREPARATION

ONBOARDING PACKET
706-445-9993

Intake/Interview Tax Preparation-Client Questionnaire

You will need:

- Tax Information such as Forms W-2, 1099, 1098, 1095.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

- Please complete pages 1-3 of this form.
- You are responsible for the information on your return. Please provide complete and accurate information.
- If you have questions, please ask your tax preparer

Part I – Your Personal Information (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name		M.I.	Last name		Telephone number	
2. Your spouse's first name		M.I.	Last name		Telephone number	
3. Mailing address			Apt #	City	State	ZIP code
4. Your D.O.B	5. SSN/ITIN	6. Job Title	7. Last year, were you:	a. Full-time student	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				b. Totally and permanently disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				c. Legally blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Spouse's D.O.B	9. Spouse's SSN	10. Spouse's Job Title	11. Last year, was your spouse:	a. Full-time student	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				b. Totally and permanently disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				c. Legally blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Can anyone claim you or your spouse as a dependent?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Have you or your spouse: a. Been a victim of identity theft?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				b. Adopted a child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II – Marital Status and Household Information

1. As of December 31, 2019, I was

Never Married
 Married
 Divorced
 Legally Separated
 Widowed

(Registered domestic partnerships, civil unions, or other formal relationships under state law)

a. If Yes, Did you get married in 2018? Yes No

b. Did you live with your spouse the last 6 months of 2018? Yes No

Date of final decree _____

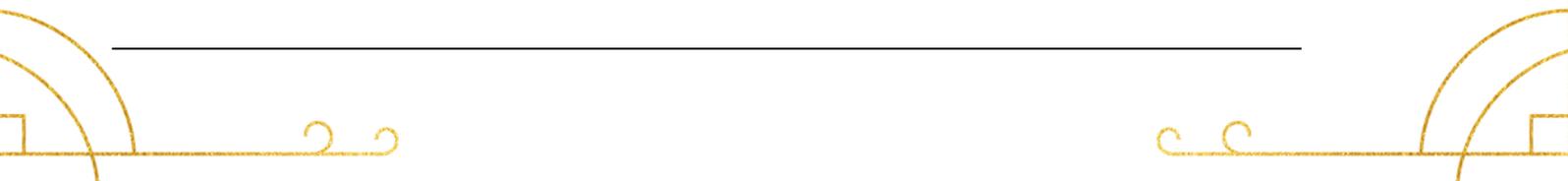
Date of separate maintenance agreement _____

Year of spouse's death _____

2. List the names below of:
- **everyone** who lived with you last year (other than your spouse)
 - **anyone** you supported but did not live with you last year

Name (first, last) Do not enter your name or spouse's name below	Date of Birth (mm/dd/yy)	Social Security Number	Relationship (Ex. daughter, parent, none, etc)	# of months lived in your home	US Citizen (Y/N)	FT student last year (Y/N)	Disabled (Y/N)

If your dependent is not your son or daughter, why aren't the parents filing them?



Check appropriate box for each question in each section

Yes	No	Unsure	Part III – Income – Last Year, Did You (or Your Spouse) Receive
			1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? _____
			2. Tip Income?
			3. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
			4. Refund of state/local income taxes? (Form 1099-G)
			5. Self-Employment income? (Form 1099-MISC, cash)
			6. Cash/check payments for any work performed not reported on Forms W-2 or 1099?
			7. Income/Loss from the sale of Stocks, Bonds or Real Estate? (including your home) (Forms 1099-S, 1099-B)
			8. Disability income? (such as payments from insurance, or workers compensation) (Forms 1099-R, W-2)
			9. Payments from Pensions, Annuities, and/or IRA? (Form 1099-R)
			10. Unemployment Compensation? (Form 1099G)
			11. Income/Loss from Rental Property?
			12. Other income? (gambling, lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, etc.) Specify _____

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
			1. Contributions to retirement account? Type _____ Amount _____
			2. College or post-secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
			3. Unreimbursed employee business expenses? (such as uniforms or mileage)
			4. Medical expenses? (including health insurance premiums)
			5. Home mortgage interest? (Form 1098)
			6. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
			7. Charitable contributions?
			8. Child or dependent care expenses such as daycare?
			9. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
			10. Expenses related to self-employment income or any other income you received?
			11. Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay
			1. Contributions to retirement account? Type _____ Amount _____
			2. College or post-secondary educational expenses for yourself, spouse or dependents?
			3. Unreimbursed employee business expenses? (such as uniforms or mileage)
			4. Medical expenses? (including health insurance premiums)
			5. Home mortgage interest? (Form 1098)
			6. Real estate taxes for your home or personal property taxes for your vehicle? (Form 1098)
			7. Charitable contributions?
			8. Child or dependent care expenses such as daycare?
			9. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
			9. For supplies used as an eligible educator such as a teacher, teacher's aide, counselor, etc.?
			11. Student loan interest? (Form 1098-E)

Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)
			1. Have debt from a mortgage or credit card cancelled/forgiven by a commercial lender? (Forms 1099-C, 1099-A)
			2. Buy, sell or have a foreclosure of your home? (Form 1099-A)
			3. Have Earned Income Credit (EIC) or other credits disallowed in a prior year? If yes, for which tax year? _____
			4. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
			5. Live in an area that was affected by a natural disaster? If yes, where? _____
			6. Receive the First Time Homebuyers Credit in 2008?
			7. Make estimated tax payments or apply last year's refund to this year's tax? If so how much? _____
			8. File a federal return last year containing a "capital loss carryover" on Form 1040 Schedule D?

Yes	No	Unsure	Part VI - Health Care Coverage - Last year, did you, your spouse, or dependent(s)
			1. Have health care coverage?
			2. Receive one or more of these forms? (Check the box) <input type="checkbox"/> Form 1095-B <input type="checkbox"/> Form 1095-C
			3. Have coverage through the Marketplace (Exchange)? [Provide Form 1095-A]
			3a. If yes, were advance credit payments made to help you pay your health care premiums?
			3b. If yes, Is everyone listed on your Form 1095-A being claimed on this tax return?
			4. Have an exemption granted by the Marketplace?

Part VII – Additional Information and Questions Related to the Preparation of Your Return

1. Did you provide more than half of the cost of keeping up your home for the year?	Yes	No
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2. Have you or your spouse received any letters from the Internal Revenue Service?	Yes	No
3. Provide an email address (optional)		
4. Provide your cell phone provider (for electronic signature)		
5. Do you owe any student loans?	Yes	No
6. Do you owe back child support?	Yes	No
7. Do you owe the IRS?	Yes	No
8. Are you currently being garnished for any debt?	Yes	No
9. Do you know your credit score?	Yes	No
10. Are you planning to make a large purchase, like a house or car with your refund	Yes	No
11. Would you like information on improving your Credit Score?	Yes	No

REFUND OPTION

Check Direct Deposit Walmart Card

If you chose to receive your refund by Direct Deposit please complete the following:

Bank/Financial Institution

Routing Number

Primary Account Number

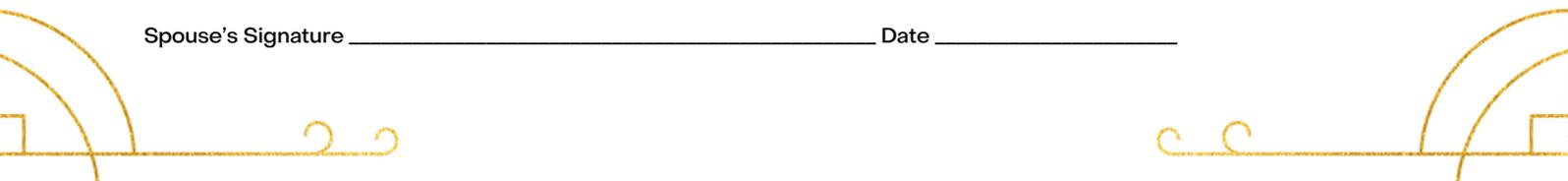
Checking Savings

Additional Tax Preparer Notes:

By signing below, I give authorization to Tates Consulting Prosperity Group L.L.C to electronically file my 2024 Tax Return. I understand that if the IRS does not release my refund, or if my refund is garnished due to ANY debt that I am responsible for my tax preparation fee starting at \$199.99. I STATE THAT I HAVE ACKNOWLEDGED MY ESTIMATED REFUND AMOUNT AND TOTAL AMOUNT OF FEES FOR THE 2024 TAX YEAR. I ALSO UNDERSTAND THAT MY REFUND WILL BE ISSUED AS A CHECK, GREEN DOT CARD, OR DIRECT DEPOSIT INTO MY ACCOUNT. I ALSO UNDERSTAND THAT OWING THE IRS ANY OUTSTANDING DEBT OR ANY CHANGES TO IRS REGULATIONS COULD CHANGE MY REFUND AMOUNT. I DECLARE THAT THE INFORMATION PROVIDED BY MYSELF/MY SPOUSE AS LISTED ABOVE TO BE TRUE AND ACCURATE AND WILL BE USED TO PREPARE MY 2024 TAX RETURN.

Taxpayer Signature _____ Date _____

Spouse's Signature _____ Date _____



SELF EMPLOYED CHECKLIST

I, _____, state that for the year of 2025. I was self-employed.

My business was located at the following address: _____

A description of my business is: (Type of work, product sold, or service provided) _____

I also state that I was paid in cash for my transactions and invoices.

INCOME

Gross receipts/sales or earnings _____
Returns & Allowances _____
Other Income _____

EXPENSES

Advertising /Marketing _____
Car & truck expenses _____
Total Miles _____ Business Miles _____ Date Vehicle Went In Use _____
Commissions & Fees _____
Insurance (other than health insurance) _____
Legal & professional services _____
Office expenses _____
Pension & Profit-sharing plans _____
Rent (other) _____
Repairs _____
Supplies _____
Taxes & licenses _____
Travel expenses (tolls, parking, hotel, airfare) _____
Meals & entertainment _____
Utilities _____
Wages (do not include your salary) _____
Cell phone/telecommunications _____
Membership Fees/ Subscriptions _____
Training/Continuing Education _____
Bank Charges/ATM Fees _____
Gifts/Prizes/Contests _____
SUBCONTRACTORS _____

Other Expenses (list below the Category /Amount)

Are you deducting business use of home? Y ____ N ____

Total Square Feet of your home or apartment _____
• Square footage of area used for office _____
• Cost of home (rent or mortgage) _____
• Homeowners or renter's insurance _____
• Total Utilities _____
• HOA Fees _____
• Repairs/Maintenance _____
• Other Expenses _____

(*Any additional expenses not listed above are written at the bottom/back of this document.)

By signing below, I am stating that all the above information is to be true, accurate, and complete. I certify that the information above was provided by me from receipts and documentation in my possession. I also understand that if my tax return is audited by the IRS that it will be my responsibility to provide the IRS with any receipts, invoices, etc. that may be required by them. I understand my taxes will be completed by an INDEPENDENT PREPARER, who is a trained and skilled professional. However, the return is also subject to final review before it is E-FILED with the IRS. Please ensure accuracy of information.

TAXPAYER SIGNATURE

DATE