



Wildhorse[®] Tax Service

Voice: (913) 904 - 0447

Fax: (913) 815 - 1257

Email: info@wildhorsetaxservice.com

* If you are a previous client - only fill out the info which has changed.

Taxpayer Name: _____ SSN: _____

Occupation: _____ Birth Date: _____

Spouse Name: _____ SSN: _____

Occupation: _____ Birth Date: _____

Address: _____
(street, city, state, zip)

Marital Status: _____ Phone (cell): _____

Email Address: _____ Phone (day): _____

Dependents Name: (first and last name)	Date of Birth (mm/dd/yy)	Dependent's Social Security Number	# of months they lived in your home last year	Relationship

If your child did not live with you, but is claimed as your dependent check here: _____

Did you have Child Care Expenses? Yes / No (circle one)

Provider's Tax ID #: _____ Amount Paid to Provider: _____

Provider's Name & Address: _____

Alimony Paid: _____ Recipient's SSN: _____

Amount of IRA Contributions: _____ Type of IRA: _____

Have you ever made Non-Deductible IRA Contributions? Yes / No

Student Loan Interest Paid: _____ Teacher expenses (K-12): _____

Did you, your spouse, or any dependents attend college during the year? Yes / No (If yes, provide Form 1098-T)

Did you contribute to a college savings plan? Yes / No If so, Amount: \$ _____

Personal Property Taxes Paid: _____

Charitable contributions: Cash or check \$ _____ Non-Cash Value \$ _____

You must include receipts if Non-Cash value exceeds \$500. It is recommended that you make an itemized list of the items donated using the valuation guide found on our company web site, take a photo of the items and retain both with your tax records.



Wildhorse[®] Tax Service

Voice: (913) 904 - 0447

Fax: (913) 815 - 1257

Email: info@wildhorsetaxservice.com

Did you pay est. Fed or State Taxes? Yes / No If yes, Federal: \$ _____ State: \$ _____
Amount of your State refund last year. \$ _____
Amount paid to State last year if you owed. \$ _____
Did you buy, sell or refinance real estate? Yes / No
*(Provide **Form 1099-S** and closing statements)*

Please list additional items or concerns: _____

CHECK THE ITEMS WHICH PERTAIN TO YOU

<input type="checkbox"/> State Tax Refund	<input type="checkbox"/> Royalties	<input type="checkbox"/> Stock/Bond Trades
<input type="checkbox"/> W-2	<input type="checkbox"/> Estate/Trust Income	<input type="checkbox"/> Other Income
<input type="checkbox"/> Interest	<input type="checkbox"/> Partnership/Corp.	<input type="checkbox"/> Mortgage Interest
<input type="checkbox"/> Dividends	<input type="checkbox"/> Farm Income	<input type="checkbox"/> Health Savings Acct
<input type="checkbox"/> Alimony Received	<input type="checkbox"/> Foreign Income	<input type="checkbox"/> Adopted a child
<input type="checkbox"/> Alimony Paid	<input type="checkbox"/> Installment Sale	<input type="checkbox"/> Out of pocket
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Stock Options	<input type="checkbox"/> medical greater than
<input type="checkbox"/> Gambling Winnings	<input type="checkbox"/> Social Security	<input type="checkbox"/> 7.5% of your income
<input type="checkbox"/> Retirement Income	<input type="checkbox"/> Tax-Free Income	<input type="checkbox"/> College Expenses
<input type="checkbox"/> Rental Property	<input type="checkbox"/> Self-Employment	