

Wildhorse Tax Service. LLC

Voice: (913) 904 – 0447 Fax: (913) 815 – 1257 Email: info@wildhorsetaxservice.com

Education Personal Info ☐ Tuition paid (1098-T) Government issued ID (Driver's lic., Passport, etc) ☐ Student Loan interest paid (1098-E) ☐ Prior year's tax return (New Clients Only) Amount paid for books or computer ☐ Birth date & SSN for everyone on return Amount contributed to or withdrawn from ☐ Amount of alimony paid & SSN of ex-spouse College Savings Acct. (1099-Q) ☐ Daycare provider's Tax ID #, address & amount Rental Income Form 8332 if you are claiming a child, but you are not the custodial parent. ☐ Asset information including purchase & sale information or depreciation schedule Income ☐ Completed Rental Income & Expense worksheet from our website ☐ W-2 forms ☐ Unemployment or State refund received Self Employment, Trust or Business Info (1099-G) ☐ Gambling Income and expenses (W-2G) ☐ Alimony received ☐ Form 1099-MISC & 1099-NEC ☐ Jury Duty income ☐ Completed Business Income & Expense ☐ Hobby Income & Expenses worksheet from our website Prizes and awards Depreciation schedule ☐ Other Income Automobile business mileage and tolls paid Savings & Investments **Deductions or Credits** ☐ Interest or Dividend income (1099-INT, Personal Property tax paid 1099-OID. 1099-DIV) ☐ Mortgage Interest paid (Form 1098) ☐ Income from sale of stock or other property ☐ Real Estate tax paid (1099-B or 1099-S) ☐ Prior years State & Local income taxes paid ☐ Dates of acquisition & cost basis of property sold ☐ HUD closing stmt if you purchased/sold real estate or refinanced a mortgage Retirement & Health Ins. ☐ List of Charitable monetary donations Records of non-cash Charitable donations Information ☐ Miles driven for charity or medical purposes Pension / IRA / Annuity (1099-R) ☐ Medical expenses (if greater than 7.5% of your ☐ Social Security or Railroad Retirement (1099-SSA, RRB-1099) ☐ K-12 Teacher expenses - up to \$250 ☐ Amount contributed to IRA ☐ Adoption expenses Amount withdrawn or transferred (1099-R) ☐ Electric vehicle (credit form from dealer) ☐ Health Savings Acct. withdraws or contributions ☐ Energy credits (purchase receipts for solar (1099-SA) panels, windows, doors, HVAC, etc.) Form 1095-A if you were enrolled in a □ National Guard mileage Marketplace Health Insurance plan ■ Military moving expenses ■ MO residents – Military active duty pay (LES & orders)

Wildhorse Tax Service, LLC

Voice: (913) 904 – 0447 Fax: (913) 815 – 1257 Email: <u>info@wildhorsetaxservice.com</u>

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

Taxpayer Name:	•		SSN:		,
Occupation:					
Spouse Name:					
Occupation:		Birth Date:			
Address:				(stree	t, city, state, zip)
Marital Status:		Ph	none (cell):		
Email Address:		_ Ph	Phone (day):		
	1			1	Ī
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 a child did not live with yo	ou, but is claim	ned a	s your dependent che	eck here:	
Did you have Child Care Ex	penses? Yes / 1	No (circle one)		
Provider's Tax ID #:		A	mount Paid to Provid	ler:	
Provider's Name & Address					

Wildhorse Tax Service, LLC

Voice: (913) 904 – 0447 Fax: (913) 815 – 1257 Email: <u>info@wildhorsetaxservice.com</u>

		Date Divorced:
Student Loan Interest Pa		
Teacher expenses (only i		
Did you contribute to a 5	529 college savings plan	
Amount of Sales tax paid	d if you purchased a nev	v vehicle. \$
Personal Property Taxes	Paid(ie car,boat):	Real Estate Tax Paid:
Charitable contributions:	Cash or check \$	Non-Cash Value \$
Did you buy or sell a res	idence this year?	Yes / No
Amount paid if you insta	alled a new HVAC, wate	er heater, solar or geothermal unit?
Amount paid if you insta	alled new energy efficier	nt exterior doors or windows.
Did you pay for a Home	Energy Audit? Yes / No	o If so, amount paid: \$
Did you purchase an elec	etric vehicle? Yes / N	o Was it new or used? Amount paid:
Did you receive, sell, ser	nd, exchange or otherwis	se acquire interest in any virtual currency? Yes / No
Amount paid for Long T	erm Care Insurance pres	miums. \$
Amount paid for Health	Ins. Prem. (don't includ	e premiums deducted from your paycheck): \$
Amount of IRA Contribu	utions(separate from wo	rk plan): Type of IRA:
Amount of Spouse IRA	Contribution:	Type of IRA:
	<u>City</u> (of Kansas City, MO
Did you live or work in l	KCMO during the year?	If so, circle one or both. (Lived in - Worked in)
Were Kansas City, Misso	ouri taxes withheld from	your paycheck? Yes / No
If KCMO taxes were wit	thheld from your payche	eck and you worked remotely, how many days did you work
remotely outside of Kans	sas City Missouri?	