

Please Fill This Form Out Completely

Roslyn's Tax Solutions LLC Client Intake Form for Tax Year 2023

Filing Status:

Single Married Married Filing Separately Head of Household

Did you have health insurance for the entire year? Yes No

How did you obtain your health insurance?

Marketplace Employer Private Insurance

Do you have your 1095? A B C

Have you or your Spouse ever been a victim of a tax related identity Theft or been issued an Identity Protection Pin? Yes No

Can anyone claim you or your spouse as a Dependent? Yes No Unsure

CLIENT PERSONAL INFORMATION

Taxpayer full name: (as it appears on your Social Security Card)	Spouse full name: (as it appears on your Social Security Card)
Address: _____ City: _____ State: _____ Zip Code: _____	Address: _____ City: _____ State: _____ Zip Code: _____
Phone Numbers: Home: _____ Cell: _____	Phone Numbers: Home: _____ Cell: _____
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Occupation:	Occupation:
Email Address:	Email Address:
Drivers License # _____ Issued Date: _____ Expiration Date: _____	Drivers License # _____ Issued Date: _____ Expiration Date: _____

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DEPENDENTS:

DEPENDENT NAME AS SHOWN ON SOCIAL SECURITY CARD	SSN#	DOB	RELATIONSHIP	NUMBER OF MONTHS LIVED IN YOUR HOME LAST YEAR	TOTALLY AND PERMANENTLY DISABLED (YES OR NO)	US CITIZEN (YES OR NO)	FULL TIME STUDENT LAST YEAR? (YES OR NO)

CHILD CARE EXPENSES:

- Do you have Child Care Expenses?

- If so, is this for one or more children?

- Name of Child Care Provider:

- Address of Child Care Provider:

- Federal EIN or SSN of Child Care Provider:

- Total Yearly Amount Paid:

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Income and Wages:

YES	NO	Income and Wages - 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. Scholarships? (Form W-2, 1098-T)
		4. Interest and Dividends from: Checkings/Savings Accounts, Bonds, CDs, Brokerage? (Forms 1099-INT, 1099-DIV)
		5. Refund Of State/Local Taxes? (Form 1099-G)
		6. Alimony Income or Separate Maintenance Payments?
		7. Self-Employment Income? (Form 1099-MISC, 1099-NEC, Cash, Virtual Currency, or other property or services)
		8. Cash/Check/Virtual Currency Payments or Other Property or Services for Any Work Performed that is Not Reported on Forms W-2 or 1099?
		9. Income (or Loss) from the Sales or Exchange of Stocks, Bonds, Virtual Currency or Real Estate? (including your home) (Forms 1099-S, 1099-B)
		10. Disability Income? (Such as Payments from Insurance, or Workers Compensation) (Forms 1099-R, W-2, SSA-1099)
		11. Retirement Income or Payments from Pensions, Annuities, and or IRA? (Form 1099-R)
		12. Unemployment Compensation ? (Form 1099 G)
		13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
		14. Income (or Loss) from Rental Property?
		15. Other Income? (Gambling, Lottery, Prizes, Awards, Jury Duty, Virtual Currency, Sch K-1, Royalties, Foreign Income, ETC...

Expenses:

YES	NO	Expenses - Last Year, Did You (or Your Spouse)
		1. Alimony or Separate Maintenance Payments? If yes, Do you have the Recipient's SSN <input type="checkbox"/> Yes <input type="checkbox"/> No
		2. Contributions or Repayments to a Retirement Account? <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other
		3. College or Post Secondary Educational Expenses for Yourself, Spouse, or Dependents? (Form 1098-T)
		4. Any of the Following? <input type="checkbox"/> Medical & Dental (Including Insurance Premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales) <input type="checkbox"/> Charitable Contributions
		5. Supplies used as an Eligible Educator such as a Teacher, Teachers Aid, Counselor, Etc?
		6. Student Loan Interest? (Form 1098-E)
		7. Expenses related to Self Employment Income or Any Other Income you received?

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Life Events:

YES	NO	Life Events - Last Year, Did You (or Your Spouse)
		1. Have a Health Care Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in box 12)
		2. Have a Credit Card, Student Loan, or Mortgage Debt Canceled/Forgiven by a Lender or have a Home Foreclosure? (Forms 1099-C, 1099-A)
		3. Adopt a Child?
		4. Have Earned Income Credit, Child Tax Credit, or American Opportunity Credit Disallowed in a Prior Year? If yes, for which year?
		5. Purchase and install energy-efficient home items? (Such as Windows, Furnace, Insulations, Etc)
		6. Receive the First Time Home Buyers Credit in 2008?
		7. Make Estimated Tax Payments or Apply Last Year's Tax Refund to this Year's Taxes? If so, how much?
		8. File a Federal Return Last Year Containing a "Capital Loss Carryover" on Form 1040 Schedule D?
		9. Have Health Coverage through the Marketplace (Exchange) (Form 1095-A)

Please check one of the boxes below.

I would like your fees deducted from your refund. By doing this, you are allowing Roslyn's Tax Solutions LLC to check the Financial Management System (FMS) on your behalf for any outstanding debt that may be deducted from the refund due to you.

I choose not to have my fees deducted from my return. I choose to pay my fees at the time of service, for completion of my tax return. **I understand that Roslyn's Tax Solutions LLC REQUIRES ALL FEES PAID AT THE TIME OF SERVICE.**

Taxpayer's Signature: _____

Print Name: _____ Date: _____

Spouse's Signature: _____

Print Name: _____ Date: _____

Referred by: _____

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ACKNOWLEDGEMENT

Please read the following statements and sign below.

I acknowledge that the information submitted to Roslyn's Tax Solutions LLC to prepare my tax return can be substantiated by receipts, canceled checks, and other documentation. The information provided to Roslyn's Tax Solutions LLC is true, accurate, and complete to the best of my knowledge.

I or we also, understand that in the event of an audit, that I or we are responsible for gathering all necessary information for the audit. I also understand that I may request the assistance of Roslyn's Tax Solutions LLC in helping to put the information together for the IRS or the Department of Revenue.

I also understand that as a taxpayer I am responsible for my tax return, and I hold Roslyn's Tax Solutions LLC harmless for any misrepresentation of information that I may have provided to the preparer.

I have received and read this statement of the company's private policy and understand that my tax return information is kept confidential between Roslyn's Tax Solutions LLC and myself and that I must submit written authorization to Roslyn's Tax Solutions LLC before any copy of my return(s) information will be released to any outside party. (Example: mortgage company, financial institutions, educational institutions, etc.)

Privacy Act: We do not sell our clients information, however we reserve the right to use your contact information to email, text, call, or mail you with advertising or promotional materials.

Taxpayer's Signature: _____

Print Name: _____ **Date:** _____

Spouse's Signature: _____

Print Name: _____ **Date:** _____