

**20<sup>22</sup> Tax Intake Form** – Complete Only Applicable Fields, Please Skip Sections If We Already Have Your Info From Prior Tax Filings

**\*\*\*New Clients – Please provide us a copy of your prior year tax returns and depreciation schedules\*\*\***

**FILING STATUS**

Single \_\_\_\_\_

Married Filing Joint \_\_\_\_\_

Married Filing Single \_\_\_\_\_

Head of Household \_\_\_\_\_

Qualifying Widower \_\_\_\_\_

**ADDRESS**

\_\_\_\_\_ Street & Apt. No.

\_\_\_\_\_ City

\_\_\_\_\_ State & Zip

\_\_\_\_\_ County

\_\_\_\_\_ School Code (if app)

**TAXPAYER**

Social Security Number \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Mark if Legally Blind \_\_\_\_\_

Mark if Dependent of Another \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Work/Daytime Phone \_\_\_\_\_

Home/Evening Phone \_\_\_\_\_

**SPOUSE**

Social Security Number \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Occupation \_\_\_\_\_

Mark if Legally Blind \_\_\_\_\_

Mark if Dependent of Another \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_

Work/Daytime Phone \_\_\_\_\_

Home/Evening Phone \_\_\_\_\_

**DEPENDENTS**

<u>First, Middle Initial, Last Name</u>	<u>D.O.B</u>	<u>Social Security Number</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT & RETIREMENT INFORMATION:**

A.) Are You Employed?    Yes        No

B.) Are you Unemployed?    Yes        No

C.) Are you contributing to a 401k, 403b or other pre-tax account?    Yes        No

D.) Have you ever opened any form of pretax account in the past?    Yes        No

E.) Have you considered a ROTH conversion of pretax accounts?    Yes        No

F.) Would you like a ROTH conversion tax "WHAT IF" prepared with your return? \_\_\_\_\_

**STATE & OTHER**

A.) Are you requesting state return(s)? Yes        No        If yes, what State(s): \_\_\_\_\_

B.) Are you requesting local, school, RITA or county return(s)? Yes        No        Please specify: \_\_\_\_\_

\_\_\_\_\_

# Tax Client Income and Expense Questions

Please Provide Us Your Form 1095(s) In Order to Complete The Health Insurance Mandate Tax Forms

Please Let Us Know if You Had More Than \$10,000 in a Foreign Bank Account at Any Point During 2017

Please Let Us Know if You Had Non-Cash Foreign Assets Exceeding \$50,000 in Value at Any Point During 2017

Please Let Us Know if You Invested in Bitcoin or any other Cryptocurrencies in 2017 or prior years

The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation. Missing information will delay the processing of the return.

## BASIC QUESTIONS

Please check the box to the left for any of the following that apply. If not leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)

- 1  Did your marital status change from the prior year?
- 2  Did you change your address from last year?
- 3  Any change in your dependents from last year?
- 4  Did you have children under 19 (or 24 if a full time student) who had more than \$2,000 in unearned income?
- 5  Are all your dependents either US Residents or Citizens?
- 6  Did you pay any adoption expenses?
- 7  Did you provide over half the support for someone you aren't claiming as a dependent?
- 8  Are you being claimed or eligible to be claimed as a dependent of someone else's return?
- 9  Were either you or your spouse in the military or National Guard?
- 10  Did you purchase or sell your primary residence? Or did you refinance your primary residence?
- 11  Have you been notified by the IRS of changes to a previously submitted tax return? Or have you received any other IRS or State Notices?
- 12  Did you make any gifts over \$14,000 to any individuals?

Comments/Description:

## INCOME

Please check any of the following that you and/or your spouse received:

- 1  W-2 Income
- 2  Interest and/or Dividends
- 3  Tax Exempt Interest and/or Dividends
- 4  Taxable refunds, credits or offsets? (including prior year State refunds)
- 5  Alimony
- 6  Business income (Self Employment Income)  
\* If "yes" please fill out Schedule C Worksheet and provide financials.
- 7  Stock Sales (Capital Gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**  
 Amount of any Capital Loss Carryforward from 20 21 \$ \_\_\_\_\_
- 8  Any other Assets Sold or any other Gains or Losses
- 9  Rental Real Estate Income  
\* If "yes" please fill out Schedule E Worksheet  
 Amount of any Passive Activity Loss Carryfwd from 20 21 \$ \_\_\_\_\_
- 11  K-1's (1120S, 1065, 1041)
- 12  Unemployment
- 13  Social Security Income
- 14  Other Income: Please list: \_\_\_\_\_
- 15  Foreign Income
- 16  IRA or Pension Distributions  
A.) Are any of these Rollovers? (Should not be taxed) \_\_\_\_\_  
B.) Are any of these ROTH conversions (taxable) \_\_\_\_\_

## TAX AND CREDITS

For the following, please check any of the following that apply:

- 1  Itemized Deductions  
\* If "yes" please fill out Schedule A Worksheet
- 2  Child and Dependent Care Expenses
- 3  First Time/Long Time Homebuyer
- 4  Energy Efficiency Related Upgrades/Repairs
- 5  Oil & Gas Investment credits
- 6  Other tax shelters or credits

## ESTIMATED PAYMENTS (Please fill in if Estimates were made or refunds from a prior year were applied)

- 1 Estimated Payments made for 20 Return
 

\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr

## ADJUSTMENTS TO INCOME

Please check any of the following that apply to you and/or your spouse:

- 1  Educator Expenses (Teaching Expenses)
- 2  Health Savings Account Deductions
- 3  Moving Expenses
- 4  Contributions to SEP, SIMPLE and other Qualified Plans
- 5  Self Employed Health Insurance
- 6  Alimony
- 7  IRA Contributions
- 8  Student Loan Information
- 9  Tuition and Fees Deduction (you or your dependents)

## E-FILE / FILING INFO -- REFUND / PMT INFO

- 1 How do you want any refund sent to you? Must check one
  - Direct Deposit (takes a few days)
  - Applied to Next Year's Return
  - Paper Check in the Mail (could take several weeks)
- 2 Any taxes due will be paid by check along with Voucher provided by tax preparer. It is the taxpayer's responsibility to mail payments before tax due dates.

# Special Information for the Tax Preparer

<b>General</b>	YES	NO
Is there something "unique" that the preparer should pay special attention to or know?	<input style="width: 50px; height: 20px;" type="checkbox"/>	<input style="width: 50px; height: 20px;" type="checkbox"/>
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

## Tax Client Home Office Deduction Info

Fill out COMPLETELY or mark "N/A". DO NOT leave blank.

<b>General</b>	
Date home was first used for Business?	<hr style="width: 150px;"/>
Square Footage of Area Used for Home Business	<hr style="width: 150px;"/>
Total Square Footage of the Home	<hr style="width: 150px;"/>

Deduction Expenses:	Current Year
Casualty Losses	\$ <hr style="width: 100px;"/>
Deductible Mortgage Interest	\$ <hr style="width: 100px;"/>
Real Estate Taxes	\$ <hr style="width: 100px;"/>
Insurance	\$ <hr style="width: 100px;"/>
Rent	\$ <hr style="width: 100px;"/>
Repairs and Maintenance	\$ <hr style="width: 100px;"/>
Utilities	\$ <hr style="width: 100px;"/>
Other:	\$ <hr style="width: 100px;"/>
<hr style="width: 100px;"/>	\$ <hr style="width: 100px;"/>
<hr style="width: 100px;"/>	\$ <hr style="width: 100px;"/>
<hr style="width: 100px;"/>	\$ <hr style="width: 100px;"/>
<hr style="width: 100px;"/>	\$ <hr style="width: 100px;"/>

<b>Depreciation:</b>		
Do you have depreciable assets? Yes	No	<i>If yes...please provide a detailed depreciation schedule.</i>
<i>The schedule should include: (Prior year detail is preferred)</i>		
a. <i>Asset Description</i>		
b. <i>Date Placed in Service</i>		
c. <i>Cost</i>		
d. <i>Accumulated Depreciation</i>		
e. <i>Method of Depreciation and Years</i>		

**Two Forms of ID Required For ALL Returns**

Taxpayer Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Spouse Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Photo ID #1-Required**

**1 Other Form of ID-Required**

**Photo ID #1-Required**

**1 Other Form of ID-Required**

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**Place Voided Check Here if Client Wants Direct Deposit**

I hereby authorize the use of this identification above to electronically file my federal tax return according to IRS Publication 1345.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Spouse)

# Tax Client Schedule A Info

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Include any back-up documents under Scan Coversheet.

<b>Medical Expenses</b>	Current Year
Medical & Dental Expenses	\$ _____
Medical Insurance Premiums Paid (Other than Social Security Medicare Payments)	\$ _____
Long Term Care Premiums	\$ _____
Prescription Drugs and Medications	\$ _____
Medical Miles Driven	_____

<b>Tax Expenses</b>	Current Year
State and Local Income Taxes Paid (Other than those on W-2s, 1099s, etc...)	\$ _____
20 <sup>22</sup> Income Taxes Paid in 20 <sup>23</sup>	\$ _____
Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Other Taxes:	\$ _____
_____	\$ _____
_____	\$ _____
Qualified New Vehicle Taxes	\$ _____
Additional State or Local/Taxes	\$ _____

<b>Interest Expense</b>	Current Year
Home Mortgage Interest reported on Form 1098	\$ _____ * Include Form under Scan Coversheet
Home Mortgage Interest paid to others	\$ _____
Refinancing Points Paid in 2022	\$ _____
Investment Interest (other than K-1)	\$ _____

<b>Contributions</b>	Current Year
Cash Contributions	\$ _____
(Note: Please provide a detailed list for donations over \$500)	
Non Cash Contributions	\$ _____
(Note: Please provide a detailed list for donations over \$500)	
Volunteer Mileage Driven	_____

<b>Miscellaneous</b>	Current Year
Unreimbursed Business Expenses	\$ _____
Union Dues	\$ _____
Tax Preparation Fees (paid for previous return)	\$ _____
Other Expenses:	\$ _____
_____	\$ _____
_____	\$ _____
Safe Deposit Rental	\$ _____
Investment Expenses (other than K-1)	\$ _____
Gambling Losses (to the extent of winnings)	\$ _____

<b>Casualty &amp; Theft Losses</b>
If you had any casualty or theft losses during the year, please provide detail below, including date, description, amount of casualty or loss, any insurance reimbursement & basis in the property.
_____
_____
_____

# Tax Client Schedule C Info-One Form Per Business

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH Sch C

**\*\* Please Note: If possible, it is preferred a Trial Balance, P&L and Balance Sheet be provided by the client. If available, write "See next xx pages" below and stack under this page. If not available, please use the input sheet below.**

## Business Info: (Required for all)

Taxpayer <input type="checkbox"/>	or	Spouse <input type="checkbox"/>	Address of Business _____
Name of Business _____			Business Code _____
EIN Number (If any) _____			Date Business Started _____
Accounting Method <input type="checkbox"/>	Cash	Did you materially participate in the business?    Yes    No	
<input type="checkbox"/>	Accrual		
<input type="checkbox"/>	Other _____ (Specify)		

## General Questions: (Required for all)

1.) Are you claiming use of a home office?    Yes    No    *If yes...please include Home Office Deduction Worksheet*

2.) Do you have depreciable assets?    Yes    No    *If yes...please provide a detailed depreciation schedule.*  
*The schedule should include: (Prior year detail is preferred)*

- a. Asset Description
- b. Date Placed in Service
- c. Cost
- d. Accumulated Depreciation
- e. Method of Depreciation and Years

3.) Vehicle Information    Year/Make/Model: \_\_\_\_\_    Date Placed in Service: \_\_\_\_\_

Total Miles Driven: \_\_\_\_\_    Business Miles: \_\_\_\_\_    Commuting Miles: \_\_\_\_\_

4.) Self Insured Health Insurance Deduction?    Yes    No    *If yes...how much did you pay?*

## Income Questions: (Required if no P&L or Trial Balance Available)

Total Sales \_\_\_\_\_

Other Income \_\_\_\_\_

## Cost of Goods Sold: (Required if no P&L or Trial Balance Available)

Beginning Inventory	_____
Purchases	_____
Cost of Labor	_____
Materials and Supplies	_____
Ending Inventory	_____

## General Expenses: (Required if no P&L or Trial Balance Available)

Advertising	\$ _____	Repairs & Maintenance	\$ _____
Auto Expenses (other than Mileage)	\$ _____	Supplies	\$ _____
Commissions	\$ _____	Taxes & Licenses	\$ _____
Contract Labor	\$ _____	Travel	\$ _____
Depletion	\$ _____	Meals (Total)	\$ _____
Depreciation (Need Sched)	\$ _____	Utilities	\$ _____
Employee Benefit Programs	\$ _____	Wages	\$ _____
Insurance (Other than Health)	\$ _____	Other:	_____
Interest	\$ _____	_____	\$ _____
a.) Mortgage	\$ _____	_____	\$ _____
b.) Other	\$ _____	_____	\$ _____
Legal & Professional	\$ _____	_____	\$ _____
Office Expense	\$ _____	_____	\$ _____
Pension & Profit Sharing Plans	\$ _____	_____	\$ _____
Rent or Lease	\$ _____	_____	\$ _____
a.) Vehicles, Machinery	\$ _____	_____	\$ _____
b.) Other	\$ _____	_____	\$ _____

# Tax Client Schedule E Info-One Page Per Property

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH property

Taxpayer Name \_\_\_\_\_  
 Spouse Name \_\_\_\_\_

Social Security Number \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

## General: (Required for all)

Property Description \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner of Property  Taxpayer  
 Joint

### General Questions:

1. Enter "X" for Active Participant.   
 2. Enter "X" if Property was used for personal use by you or your family for more than 14 days or 10% of the total rented days.

If Checked, enter the number of days for personal use \_\_\_\_\_

If Checked, enter the number of days rented \_\_\_\_\_

3. Do you have depreciable assets? Yes No *If yes...please provide a detailed depreciation schedule.*

*The schedule should include: (Prior year detail is preferred)*

- a. Asset Description
- b. Date Placed in Service
- c. Cost
- d. Accumulated Depreciation
- e. Method of Depreciation and Years

## Income:

Current Year

Rents Received \$ \_\_\_\_\_  
 Royalties \$ \_\_\_\_\_

## Property Expense:

Current Year

Advertising \$ \_\_\_\_\_  
 Cleaning/Maintenance \$ \_\_\_\_\_  
 Commissions \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 Legal and Other Professional \$ \_\_\_\_\_  
 Management Fees \$ \_\_\_\_\_  
 Qualified Mortgage Interest \$ \_\_\_\_\_  
 Other Interest \$ \_\_\_\_\_  
 Repairs \$ \_\_\_\_\_  
 Supplies \$ \_\_\_\_\_  
 Real Estate Taxes \$ \_\_\_\_\_  
 Other Taxes \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Note: If printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below. No need to re-write here as long as info is easily readable by tax preparer

\* Use a separate Worksheet for EACH property

## Assets

Depreciation (Please provide detailed schedule - see above)

New Assets Placed in Service This Year:

Description	Date Placed in Service	Purchase Amount
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____
4 _____	_____	\$ _____
5 _____	_____	\$ _____

