

Check-in

NAME

What is the BEST way to contact you? (Email and/or Phone Number)

Part 1: Indicate which of the following items pertain to your tax information

YES

Included documents to prepare a tax return for someone **OTHER THAN YOURSELF/SPOUSE**.
(son, daughter, mom, dad, etc) : _____

Included documents for a tax return **prior to 2022** to be reviewed, prepared or amended.

Included documents for my corporation or other activity that requires a **SEPARATE** tax return.
(LLC, Trust, business property tax listing) _____

Included a memory stick containing information to use for my tax return.

Included a memory stick with a QuickBooks file: version _____ (pw: _____)

YES

NO

Direct **Deposit** of my refund(s).

Direct **Draft** of my tax payment(s).

Use same bank information as last year **-OR-** enter new bank information here:
(or provide a voided check)

Name of Bank

Routing Number

Account Number

Indicate which apply to you. Sign and date to verify the declaration :

I had no virtual currency transactions. I included my Bitcoin or virtual currency transactions

I have no foreign bank accounts. I included information on my foreign bank account(s)

Your signature

Date

I have subsidized health insurance and included my **FORM 1095-A**. (Form 1095-B, -C are **NOT** required)

I may want to make a retirement plan contribution (IRA, ROTH, SEP, 401(k)) before the deadline.
Please let me know my options.

your email

I have **additional** documents to bring in.
(Ex. corrected investment statement, K-1s, rental property information, etc.)

**** (Please indicate what are they and when you expect to get them.) ****

Part 2: Indicate if any of the following pertain to you for 2022

- | | |
|---|---|
| <input type="checkbox"/> Bought or Sold real estate
<i>** (Include HUD-1(s) or settlement statements)**</i> | <input type="checkbox"/> Paid or Received alimony
Total Amount \$ _____ |
| <input type="checkbox"/> Sold stock or other investments
Brokerage annual statement or report | <input type="checkbox"/> Got Married / Divorced / Separated / Remarried
Date Occured: _____ |
| <input type="checkbox"/> Own a business or have rental property
Income and expenses | <input type="checkbox"/> Made estimated tax payments
** (Include how much was paid and dates of payments)** |
| <input type="checkbox"/> Paid college expenses
Form 1098-T from the school | <input type="checkbox"/> Moved to a new address
Date of Move: _____ |
| <input type="checkbox"/> Received retirement or pension benefits
Form 1099-R for each | <input type="checkbox"/> Retired or Moved to a retirement facility
Date Occured: _____ |
| <input type="checkbox"/> Received a Form 1099-K.
Explain why you recieved a 1099-K | <input type="checkbox"/> Became Disabled or Deceased
Date Occured: _____ |
| <input type="checkbox"/> Paid daycare expense for dependent.
Name, address, tax ID number, amount | <input type="checkbox"/> Had large medical expenses / nursing home care |
| <input type="checkbox"/> Contributed to IRA / ROTH / SEP, etc | <input type="checkbox"/> Contributed to an HSA (Other than <u>through work</u>) |

Part 3: NEW CLIENTS - Fill out completely.

RETURNING CLIENTS - *Leave blank if NO changes.*****

Name (first, mi, last)	Social Security Number	Date of Birth	Occupation
------------------------	------------------------	---------------	------------

Spouse Name (first, mi, last)	Social Security Number	Date of Birth	Occupation
-------------------------------	------------------------	---------------	------------

Home address (street, city, state, zip)

Your Dependents (children and others living in your household)

Name (first, mi, last)	Social Security Number	Date of Birth	Relationship to you
------------------------	------------------------	---------------	---------------------

Name (first, mi, last)	Social Security Number	Date of Birth	Relationship to you
------------------------	------------------------	---------------	---------------------

Name (first, mi, last)	Social Security Number	Date of Birth	Relationship to you
------------------------	------------------------	---------------	---------------------

Contact Information

Your work phone	Your cell phone	Spouse work phone	Spouse cell phone	Home phone
-----------------	-----------------	-------------------	-------------------	------------

Your email address

Spouse email address

Part 4: Review tax returns *BE SURE WE HAVE YOUR CORRECT EMAIL ADDRESS*****

YES NO

- Email a copy **FOR REVIEW** before finalizing.

***If desired, provide password to secure the file (must be minimum of 6 characters)* _____

Part 5 : Your final tax return - indicate how you would like a copy of your final returns.

(you can choose more than one)

- | | |
|--|--|
| <input type="checkbox"/> Print a paper copy - I will pick up | <input type="checkbox"/> Email a pdf copy |
| <input type="checkbox"/> Print a paper copy - mail to me
<i>** (charge for postage will be added to your bill) **</i> | <input type="checkbox"/> Put a pdf copy on the memory stick provided |