

**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 \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_

Work Ph \_\_\_\_\_ Cell/Other Ph \_\_\_\_\_

Preferred Method of Communication (circle) Email Phone Text

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

Occupation \_\_\_\_\_

Legally Blind? Y / N                      Dependent of Other? Y / N

**SPOUSE**

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

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_

Work Ph \_\_\_\_\_ Cell/Other Ph \_\_\_\_\_

Preferred Method of Communication (circle) Email Phone Text

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

Occupation \_\_\_\_\_

Legally Blind? Y / N                      Dependent of Other? Y / N

**DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS)**

<u>First, Middle Initial, Last Name</u>	<u>Student?</u>	<u>D.O.B</u>	<u>Social Security Number</u>	<u>Disabled?</u>	<u>Relationship</u>
_____	Y N	_____	_____	Y N	_____
_____	Y N	_____	_____	Y N	_____
_____	Y N	_____	_____	Y N	_____
_____	Y N	_____	_____	Y N	_____
_____	Y N	_____	_____	Y N	_____

**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: \_\_\_\_\_

**AFFORDABLE CARE ACT**

Did **everyone** on this tax return have health insurance coverage **all 12 months** last year? Y / N                      If **no**, were you exempt?

If **yes**, coverage through (circle one)

**Taxpayer:** Employer Spouse Ins Exchange/Marketplace Direct with Insurer Medicare Medicaid                      Y / N

**Spouse:** Employer Spouse Ins Exchange/Marketplace Direct with Insurer Medicare Medicaid                      Y / N

**Dep 1:** Employer Spouse Ins Exchange/Marketplace Direct with Insurer Medicare Medicaid                      Y / N

**Dep 2:** Employer Spouse Ins Exchange/Marketplace Direct with Insurer Medicare Medicaid                      Y / N

# Tax Client Income and Expense Questions

**Please Note:** The following Worksheets are to assist the taxpayer in gathering the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back-up provided. There is a "Scan Coversheet" available by separate download that will provide the preparer the list of documents necessary to complete the return. It is very important that the taxpayer provide complete information upon the first submission of these documents.

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. Please do not leave any Worksheet blank. If not applicable write "N/A" on that page and leave in stacking order. If additional pages are added beneath a Worksheet, write "see next xx pages" and correct "Intake Pg 1 of 10" to the correct total number of pages.

**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 \$2,100 in total 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 on 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 \$15,000 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  Business income (Self Employment Income)  
\* If "yes" please fill out Schedule C Worksheet and provide financials.
- 6  Stock Sales (Capital Gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**  
Amount of any Capital Loss Carryforward from 2017 \$ \_\_\_\_\_
- 7  Any other Assets Sold or any other Gains or Losses
- 8  Rental Real Estate Income  
\* If "yes" please fill out Schedule E Worksheet  
Amount of Passive Activity Loss Carryfwd from 2017 \$ \_\_\_\_\_
- 9  K-1's (1120S, 1065, 1041)
- 10  Unemployment
- 11  Social Security Income
- 12  Foreign Income
- 13  **Alimony (Applies ONLY to Divorce Decrees Effective Prior to 1/1/19)**  
Alimony Received \$ \_\_\_\_\_ (rcvd from whom?)  
Name/SS# \_\_\_\_\_
- 14  Other Income: Please list: \_\_\_\_\_

**TAX DEDUCTIONS 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  Energy Efficiency Related Upgrades/Repairs
- 3  Oil & Gas Investment credits
- 4  Other tax shelters or credits
- 5  Child Care Expenses Paid \$ \_\_\_\_\_  
Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Provider EIN: \_\_\_\_\_

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

1 Estimated Payments made for 2018 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 (active military only, service related)
- 4  Contributions to SEP, SIMPLE and other Qualified Plans
- 5  Self Employed Health Insurance
- 6  IRA Contributions
- 7  Student Loan and/or Tuition & Fees Deduction (you or your dependents)
- 8  **Alimony (Applies ONLY to Divorce Decrees Effective Prior to 1/1/19)**  
Alimony Paid \$ \_\_\_\_\_ (paid to whom?)  
Name/SS# \_\_\_\_\_

**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.

**Two Forms of ID Required For ALL Returns! At Least One MUST Be Photo!**

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

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

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

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

**Photo ID-Required**

**1 Other Form of ID-Optional**

**Photo ID-Required**

**1 Other Form of ID-Optional**

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

# Tax Client Schedule A Info

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

Medical Expenses*	Current Year	* 10% Exclusion effective 1/1/2019
Medical & Dental Expenses	\$ _____	
Medical Insurance Premiums Paid	\$ _____	(Other than Medicare Premiums)
Long Term Care Premiums	\$ _____	
Fed Deductible Q or NQ? Y N - State Deductible Q or NQ? Y N - NQ but Grandfathered Deductible Y N		
Prescription Drugs and Medications	\$ _____	
Medical Miles Driven	_____	

Tax Expenses*	Current Year	* Effective 1/1/2018, total tax deduction limited to \$10,000 (SALT limitatiuon)
State and Local Income Taxes Paid (Other than those on W-2s, 1099s, etc...)	\$ _____	
2017 State Income Taxes Paid in 2018	\$ _____	
Real Estate Taxes	\$ _____	
Personal Property Taxes	\$ _____	
Other Taxes: _____	\$ _____	
Qualified New Vehicle Taxes	\$ _____	
Additional State or Local/Taxes	\$ _____	

Interest Expense	Current Year	
Home Mortgage Interest reported on Form 1098	\$ _____	<b>Include Form under Scan Coversheet</b>
Date Mortgage Contracted* ____/____/____ (only needed for jumbo mortgages over \$750,000)		
Date Mortgage Closed* ____/____/____ (only needed for jumbo mortgages over \$750,000)		
Home Mortgage Interest paid to others	\$ _____	
HELOC Interest Used for Home Improvement	\$ _____	
* Would you like to learn how to pay off your mortgage early? Y N		
Refinancing Points Paid in 2018	\$ _____	
Investment Interest (other than K-1)	\$ _____	

Contributions	Current Year
Cash Contributions	\$ _____
Non Cash Contributions	\$ _____
Volunteer Mileage Driven _____	

Casualty & Theft Losses - Related to Federally-declared Disaster ONLY
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 style="width: 40px;" type="text"/>	or Spouse	Spouse <input style="width: 40px;" type="text"/>	Address of Business _____
Name of Business _____			
EIN Number (If any) _____	Business Code _____		
Accounting Method <input type="checkbox"/> Cash	Date Business Started _____		
<input type="checkbox"/> Accrual			
<input type="checkbox"/> Other _____ (Specify)	Do you do your own books/accounting? Y N		
	Would you consider outsourcing to us? Y N		
	Are you a Specified Service Trade or Business? Y N (eg: attorneys, accountants, doctors, financial advisors)		

### 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.
<i>The schedule should include: (Prior year detail is preferred)</i>			
a. Asset Description			d. Accumulated Depreciation
b. Date Placed in Service			e. Method of Depreciation and Years
c. Cost			
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 _____	Do you know what your business is worth if sold? Y N
Other Income _____	Would you like to know? Y N

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

Beginning Inventory _____	Do you have employees other than yourself? Y N
Purchases _____	Do you use subcontractors? Y N
Cost of Labor _____	Do you do your own payroll? Y N
Materials and Supplies _____	Would you consider outsourcing payroll to us? Y N
Ending Inventory _____	

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

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

# Tax Client Home Office Deduction Info

Note: Effective 2018, Home Office Deduction is available only to self-employed

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

## General

Date home was first used for Business? \_\_\_\_\_

Square Footage of Area Used for Home Business \_\_\_\_\_

Total Square Footage of the Home \_\_\_\_\_

## Simplified Option

The IRS now allows an optional standard \$5 per square foot deduction (maximum 300 square ft)

If you would like to choose this option rather than the Standard Option, enter the necessary info below

Otherwise, skip this section and complete the Standard Option section below.

Y N I would like to use the "Simplified Option" to claim my Home Office Deduction

\_\_\_\_\_ Total square feet claimed for Home Office (cannot exceed 300 sq ft)

See: <https://www.irs.gov/businesses/small-businesses-self-employed/simplified-option-for-home-office-deduction>  
for further information regarding Home Office Deduction

--- OR ---

## Standard Option - Deduction Expenses:

Current Year

Casualty Losses	\$ _____
Deductible Mortgage Interest	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Rent	\$ _____
Repairs and Maintenance	\$ _____
Utilities	\$ _____
Other:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

## Depreciation:

Do you have depreciable assets? Yes No

If yes, describe:

## Special Information for the Tax Preparer

YES NO

Is there something "unique" that the preparer should pay special attention to or know?

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# 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 \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Spouse Name \_\_\_\_\_ 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 \_\_\_\_\_

**Questions Related to Rental of Your Personal Dwelling (Airbnb, VRBO, etc)**

If only a portion of the dwelling is rented out:

- 1a. Enter number of rooms, OR square footage of area, rented \_\_\_\_\_ Rooms Sq Ft (circle one)
- 1b. Enter total number of rooms OR total square footage of dwelling \_\_\_\_\_ Rooms Sq Ft (circle one)
2. Repairs/Supplies related directly to area being rented (can deduct all) \$ \_\_\_\_\_  
 (Do NOT include these again in Repairs/Supplies below)
3. Rent you paid (if you rent rather than own the dwelling you're renting out) \$ \_\_\_\_\_

Income:	Current Year
Rents Received	\$ _____
Royalties	\$ _____

Property Expense:	Current Year	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
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:	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

**Assets**

Existing Assets: Please provide a detailed depreciation schedule  
 The schedule should include: a) Asset Description, b) Date Placed in Service, c) Cost  
 d) Accumulated Depreciation, e) Method of Depreciation and Years

New Assets Placed in Service This Year:	Date Placed in Service	Purchase Amount
Description		
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____
4 _____	_____	_____