Gagliano Associates LLC est. 1987
"Pay only what you legally owe and not a penny more"
Income Tax Preparation Specialists

Jan & Jennie Hrdlicka
12473 W 84th Circle
Arvada, CO 80005
303.423.1454
www.taxpros.tax

Required Tax Preparation Intake Form

This form is designed to communicate everything related to your tax return and make us aware of all information we need to know. It was designed to replace face to face meetings. **Fill out the entire form.**

Taxpayer Printed Name:_____ Occupation:_____

Spouse Printed Name: _____ Occupation:_____

✓Mark YES or NO for EACH item below. If yes, provide details and/or documentation.

YES/NO	
☐☐	Updated/New Driver's License(s) (provide a copy of each updated driver's license)
☐☐	New Bank Account Information for Direct Deposit? ☐Checking or ☐Savings Bank Name_____ Routing #_____ Account #_____
☐☐	New Address? Move Date_____ Former State (if applies)_____ Street_____ City_____ State_____ Zip_____
☐☐	New Email or Phone Number(s) Email _____ Phone #_____
☐☐	New ☐Baby/☐Adoption (provide a copy of the Social Security Card) Full Name_____ DOB_____ SS#_____
☐☐	☐Add/☐Delete/☐Change Dependent(s) from last year's taxes? Relationship_____ Full Name_____ DOB_____ SS#_____
☐☐	Did Dependent Children Receive Interest/Dividend Income/Sell Stock?
☐☐	Are You Claiming a Parent or Other Relative as a Dependent? Relationship_____ Full Name_____ DOB_____ SS#_____
☐☐	Did You Get ☐Married/☐Divorced? Date_____ (Provide Name, DOB, SS#, and Other Details)
☐☐	Alimony? ☐Paid or ☐Received. Total Amount $_____ Date of Divorce Decree (mm/dd/yy)_____ Full Legal Name of Other Party_____ SS# of Other Party_____
☐☐	☐Buy ☐Sell ☐Refinance ☐Foreclosure or Abandoned a ☐Home or ☐Rental Property **(Provide Closing Disclosure for each event)**
☐☐	Home Equity Line of Credit? If yes, list purpose of loan:_____
☐☐	Are you Retired ☐Military, ☐Public Safety Officer, or ☐Air Traffic Controller?
☐☐	At any time this year did you (a) receive (as a reward, or payment for property or services): or (b) sell, exchange, gift or otherwise dispose of a digital asset (or a financial interest in a digital asset)?
☐☐	Did you have a financial interest in, signature authority or other authority over one or more accounts in a foreign country, and the aggregate value of the accounts exceeded $10,000 at any time during the calendar year?
☐☐	Do you own any foreign assets? Or did you receive a distribution from, or were you the grantor of a foreign trust?

Income (✓Check ALL that apply and provide details and/or documentation)

- ☐ **W-2's** Full Time and/or Part Time Job(s)
- ☐ **1099-Int** Interest Received
  - ☐ Savings Bond Interest
- ☐ **1099-Div** Dividends
- ☐ **1099-B** Stock Sales
- ☐ **1099-R** Pension & Annuities (IRA/Retirement Acct)
- ☐ **SSA-1099** Social Security Income Statement
- ☐ **1099-G** State Tax Refund from previous year
- ☐ **1099-G** Unemployment Compensation
- ☐ **1099-NEC** Non-Employee Compensation
- ☐ **1099-Misc** Rents, Prizes/Awards, Other Income (All income, including income from hobbies, must be reported)
- ☐ Business Income NOT Reported on a 1099-Misc
- ☐ Other Income: (Gambling, Lottery, Prizes, Awards, Jury Duty, etc.)
- ☐ Rental Property Income, # of Properties _____
- ☐ Oil/Mineral Rights etc. Income
- ☐ **K-1's** Interest in a Partnership, Corporation, Royalties, Trusts or Estates
- ☐ **1099-A or C** Bankruptcy, Property Abandonment or Cancellation of Debt
- ☐ *NEW: Opt in Trump Account for Qualifying Children
- ☐ I Qualify For: ☐ No Tax on Tips
  - ☐ No Tax on Overtime
  - ☐ Financed Vehicle in 2025

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Deductions/Credits (✓Check ALL that apply and provide details and/or documentation)

- ☐ Real Estate Taxes
- ☐ Home Mortgage Interest
- ☐ Educational Expenses
  - ☐ **1098-T** Tuition
  - ☐ **1098-E** Student Loan Interest
  - ☐ Books & Other Deductible Educational Expenses
  - ☐ **1099-Q** 529 Distribution
  - ☐ **529 Contributions or ABLEs** - State ___
- ☐ Contribution to Retirement Acct

Taxpayer	Spouse
☐ Through Employer: ☐401k ☐403b ☐other	☐ Through Employer: ☐401k ☐403b ☐other
☐ NOT through Employer/ Personal Contribution:	☐ NOT through Employer/ Personal Contribution:
☐IRA$_____	☐IRA$_____
☐Roth $_____	☐Roth $_____
☐Roth IRA Conversion $_____	☐Roth IRA Conversion $_____
☐SEP $_____	☐SEP $_____

- ☐ Child Care Expenses (complete Childcare Expense Worksheet on website)
- ☐ Child Tax Credit - Include document verifying your eligibility for your child tax credit(s) (i.e. health insurance form, school record, medical bill, etc.)
- ☐ If you are a single parent and qualify for Head of Household affirm that your dependentchild/student spent more nights with you than other parent. Initials_____
- ☐ Teachers: Education Expenses (limited to $300)
- ☐ **1095-A** Health Insurance Marketplace Statement
- ☐ **1099-SA or Form 5498** Health Savings Account (HSA) Contributions or Distributions
- ☐ Additional HSA Contributions (NOT through employer)
- ☐ Long Term Care Insurance (include proof of premiums paid)
- ☐ Out of Pocket Medical Expenses (complete Medical Expense Worksheet on website)
- ☐ Vehicle Ownership Taxes
- ☐ Rental Property Expenses (complete Rental Income and Expenses worksheet on website)
- ☐ Business Income Expenses (complete Business Income & Expenses worksheet on website)
- ☐ Solar/Energy Efficient Property Improvements
- ☐ Monetary Donations & Donated Goods (complete Monetary Donations List & Donated Goods Log on website)
- ☐ Donation of Stock
- ☐ Contribution to Charitable Funds
- ☐ Qualified Charitable Distribution from Retirement Account
- ☐ **None of the above applies**

Quarterly Estimated Payments – Form 1040ES Federal and 0104ES CO State (or other state). Provide amount **prepaid** toward this year's expected tax liability. Do **NOT** list any payments made for previous years taxes owed or payment plan payments.

Due April 15	Fed $_____	Date Paid_____	State: _____	$_____	Date Paid_____
Due June 15	Fed $_____	Date Paid_____	State: _____	$_____	Date Paid_____
Due Sept 15	Fed $_____	Date Paid_____	State: _____	$_____	Date Paid_____
Due Jan 15*	Fed $_____	Date Paid_____	State: _____	$_____	Date Paid_____

** Last payment due date for previous tax year*

NEW CLIENTS ONLY - Additional Forms Required

- ☐ **Provide last year's tax return** (both Federal & all states filed)
- ☐ Any Carryover Items and Depreciation Reports

Other Information We Need to Know:

*By signing this Checklist, you are attesting that you have notated and provided documentation for **ALL** items related to your tax return. This form is relied upon to ensure accuracy of your tax returns.*

Taxpayer Signature:_____ Date:_____

Spouse Signature (if applicable):_____ Date:_____