

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	
<input type="checkbox"/>	Updated/New Driver's License(s) (provide a copy of each updated driver's license)
<input type="checkbox"/>	New Bank Account Information for Direct Deposit? <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Bank Name _____ Routing # _____ Account # _____
<input type="checkbox"/>	New Address? Move Date _____ Former State (if applies) _____ Street _____ City _____ State _____ Zip _____
<input type="checkbox"/>	New Email or Phone Number(s) Email _____ Phone # _____
<input type="checkbox"/>	New <input type="checkbox"/> Baby/ <input type="checkbox"/> Adoption (provide a copy of the Social Security Card) Full Name _____ DOB _____ SS# _____
<input type="checkbox"/>	<input type="checkbox"/> Add/ <input type="checkbox"/> Delete/ <input type="checkbox"/> Change Dependent(s) from last year's taxes? Relationship _____ Full Name _____ DOB _____ SS# _____
<input type="checkbox"/>	Did Dependent Children Receive Interest/Dividend Income/Sell Stock?
<input type="checkbox"/>	Are You Claiming a Parent or Other Relative as a Dependent? Relationship _____ Full Name _____ DOB _____ SS# _____
<input type="checkbox"/>	Did You Get <input type="checkbox"/> Married/ <input type="checkbox"/> Divorced? Date _____ (Provide Name, DOB, SS#, and Other Details)
<input type="checkbox"/>	Alimony? <input type="checkbox"/> Paid or <input type="checkbox"/> Received. Total Amount \$ _____ Date of Divorce Decree (mm/dd/yy) _____ Full Legal Name of Other Party _____ SS# of Other Party _____
<input type="checkbox"/>	<input type="checkbox"/> Buy <input type="checkbox"/> Sell <input type="checkbox"/> Refinance <input type="checkbox"/> Foreclosure or Abandoned a <input type="checkbox"/> Home or <input type="checkbox"/> Rental Property (Provide Closing Disclosure for each event)
<input type="checkbox"/>	New Home Equity Line of Credit? If yes, list purpose of loan: _____
<input type="checkbox"/>	On-Line Purchases Which Were NOT Taxed? If yes, provide total value of non-taxed purchases \$ _____
<input type="checkbox"/>	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)?
<input type="checkbox"/>	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?
<input type="checkbox"/>	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)

- | | |
|--|--|
| <input type="checkbox"/> W-2's Full Time and/or Part Time Job(s) | <input type="checkbox"/> Business Income NOT Reported on a 1099-Misc |
| <input type="checkbox"/> 1099-Int Interest Received | <input type="checkbox"/> Other Income: (Gambling, Lottery, Prizes, Awards, Jury Duty, etc.) |
| <input type="checkbox"/> Savings Bond Interest | <input type="checkbox"/> Rental Property Income |
| <input type="checkbox"/> 1099-Div Dividends | <input type="checkbox"/> Oil/Mineral Rights etc. Income |
| <input type="checkbox"/> 1099-B Stock Sales | <input type="checkbox"/> K-1's Interest in a Partnership, Corporation, Royalties, Trusts or Estates |
| <input type="checkbox"/> 1099-R Pension & Annuities (IRA/Retirement Acct) | <input type="checkbox"/> 1099-A or C Bankruptcy, Property Abandonment or Cancellation of Debt |
| <input type="checkbox"/> SSA-1099 Social Security Income Statement | <input type="checkbox"/> Income from other states? |
| <input type="checkbox"/> 1099-G State Tax Refund from previous year | |
| <input type="checkbox"/> 1099-G Unemployment Compensation | |
| <input type="checkbox"/> 1099-NEC Non-Employee Compensation | |
| <input type="checkbox"/> 1099-Misc Rents, Prizes/Awards, Other Income (All income, including income from hobbies, must be reported) | |

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

- | | |
|--|--|
| <input type="checkbox"/> Real Estate Taxes | <input type="checkbox"/> Teachers: Education Expenses (limited to \$300) |
| <input type="checkbox"/> Home Mortgage Interest | <input type="checkbox"/> 1095-A Health Insurance Marketplace Statement |
| <input type="checkbox"/> Educational Expenses | <input type="checkbox"/> 1099-SA or Form 5498 Health Savings Account (HSA) Contributions or Distributions |
| <input type="checkbox"/> 1098-T Tuition | <input type="checkbox"/> Additional HSA Contributions (NOT through employer) |
| <input type="checkbox"/> 1098-E Student Loan Interest | <input type="checkbox"/> Long Term Care Insurance (include proof of premiums paid) |
| <input type="checkbox"/> Books & Other Deductible Educational Expenses | <input type="checkbox"/> Out of Pocket Medical Expenses (complete Medical Expense Worksheet on website) |
| <input type="checkbox"/> 1099-Q 529 Distribution | <input type="checkbox"/> Vehicle Ownership Taxes |
| <input type="checkbox"/> 529 Contributions or ABLEs - State _____ | <input type="checkbox"/> Rental Property Expenses (complete Rental Income and Expenses worksheet on website) |
| <input type="checkbox"/> Contribution to Retirement Acct | <input type="checkbox"/> Business Income Expenses (complete Business Income & Expenses worksheet on website) |
| <u>Taxpayer</u> | <u>Spouse</u> |
| <input type="checkbox"/> Through Employer: | <input type="checkbox"/> Through Employer: |
| <input type="checkbox"/> 401k <input type="checkbox"/> 403b <input type="checkbox"/> other | <input type="checkbox"/> 401k <input type="checkbox"/> 403b <input type="checkbox"/> other |
| <input type="checkbox"/> NOT through Employer/ Personal Contribution: | <input type="checkbox"/> NOT through Employer/ Personal Contribution: |
| <input type="checkbox"/> IRA\$ _____ | <input type="checkbox"/> IRA\$ _____ |
| <input type="checkbox"/> Roth \$ _____ | <input type="checkbox"/> Roth \$ _____ |
| <input type="checkbox"/> Roth IRA Conversion \$ _____ | <input type="checkbox"/> Roth IRA Conversion \$ _____ |
| <input type="checkbox"/> SEP \$ _____ | <input type="checkbox"/> SEP \$ _____ |
| <input type="checkbox"/> Child Care Expenses (complete Childcare Expense Worksheet on website) | <input type="checkbox"/> None of the above applies |
| <input type="checkbox"/> Child Tax Credit - Include document verifying your eligibility for your child tax credit(s) (i.e. health insurance form, school record, medical bill, etc.) | |
| <input type="checkbox"/> 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 _____ | |

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: _____