*Required Tax Preparation Information: Please check all that apply & provide details where appropriate

- ☐ Updated/New Driver's License (Lic#, State, Issue & Exp Dates) ____
- ☐ New Bank Account Information for Direct Deposit ____
- ☐ Add/Lose Dependent(s) ____
- ☐ New Baby/Adoption (Name, DOB, SS#) ____
- ☐ Dependent Children Receive Interest/Dividend Income/Sell Stock? ____
- ☐ Are You Supporting a Parent? ____
- ☐ Did You Get Married/Divorced? ____
- ☐ Alimony? Circle: Paid/Received Total Amount $ ____ Date of Divorce Decree ____
- ☐ New Address ____
- ☐ New Email or Phone Number ____
- ☐ File Bankruptcy or Cancellation of Debt ____
- ☐ Buy, Sell, Refinance, Foreclosure or Abandoned a Home or Rental Property (Provide Settlement Statements) ____
- ☐ New Home Equity Line of Credit? If yes, list **purpose of loan**: ____
- ☐ On-Line Purchases Which Were NOT Taxed? If yes, provide total value of non-taxed purchases $ ____
- ☐ Virtual Currency Trading? If yes, provide details ____
- ☐ Other Information We Need to Know ____

Income

- ☐ **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-Misc** Self-Employment /Business Income (All income, including inc 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
- ☐ Oil/Mineral Rights etc. Income
- ☐ **K-1's** – Interest in a Partnership, Corporation, Royalties, Trusts or Estates
- ☐ **1099-A or C** Cancellation or Forgiveness of Debt
- ☐ Did you have income from other states?

Deductions/Credits

- ☐ Real Estate Taxes
- ☐ Home Mortgage Interest
- ☐ Educational Expenses
  - ○ **1098-T** Tuition
  - ○ **1098-E** Student Loan Interest
  - ○ Books & Other Deductible Educational Expenses
  - ○ **1099-Q** 529 Plan Distribution
  - ○ 529 Contributions – Plan must be your state's plan to receive a deduction
- ☐ Teachers: Education Expenses – limited to $250
- ☐ Contribution to Retirement Acct
  - ○ Through Employer: Circle: 401k 403b other ____
  - ○ NOT through Employer/ Personal Contribution: Circle: IRA Roth Other________
- ☐ **1099-SA or Form 5498** Health Savings Account (HSA) Contributions or Distributions
- ☐ Additional HSA Contributions
- ☐ Long Term Care Insurance (include proof of premiums paid)
- ☐ Out of Pocket Medical Expenses (use worksheet on website)
- ☐ Charitable Cash & Used Goods Donations (use Donation Log)
- ☐ Child Care Expenses
  - ○ Dependent Care Deducted through W-2
  - ○ Use Childcare Expense Worksheet on Website
- ☐ Vehicle Ownership Taxes
- ☐ Rental Property Expenses (use worksheet on website)
- ☐ Expenses Related to Business Income (use worksheet on website)
- ☐ Solar/Energy Efficient Property Improvements
- ☐ **None of the above applies**

*New Clients Only

- ☐ Carryover Capital Losses from Previous Year
- ☐ State Refund or Amount Owed from Previous Year
- ☐ Other Carryovers, i.e., Net Operation Loss, Suspended Rental or K-1 Losses, etc.
- ☐ Provide last year's tax return, including carry forward items & depreciation reports

Estimated Payments

Provide amounts paid and date of each payment to IRS & State. Include additional estimated payments on a second page, if needed.

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 ____________

NOTE: You do not need to supply us with all your records and receipts; simply provide the TOTALS in each category. KEEP your receipts to substantiate your deductions.

Taxpayer Name(s):____________________ Signature(s): ____________________ Date: ________