

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 \$2,200 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?
- 13 Did you buy and/or sell any virtual currency (ie Bitcoin, Ether, Roblox, etc.)? If so, please provide all transaction details to prepare

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 2018 \$ _____
- 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 2018 \$ _____
- 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 2019 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

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...)	\$ _____	
2018 State Income Taxes Paid in 2019	\$ _____	
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	\$ _____	Include Form under Scan Coversheet
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 2019	\$ _____	
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 or Spouse Address of Business _____

Name of Business _____ Business Code _____

EIN Number (If any) _____ Date Business Started _____

Accounting Method Cash
 Accrual
 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.*
The schedule should include: (Prior year detail is preferred)
 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	\$ _____	a.) Vehicles, Machinery	\$ _____
(other than Mileage)	\$ _____	b.) Other	\$ _____
Commissions	\$ _____	Repairs & Maintenance	\$ _____
Contract Labor	\$ _____	Supplies	\$ _____
Depletion	\$ _____	Taxes & Licenses	\$ _____
Depreciation (Need Sched)	\$ _____	Travel	\$ _____
Employee Benefit Programs	\$ _____	Meals (Client/Prospect)	\$ _____
Insurance (Other than Health)	\$ _____	Utilities	\$ _____
Interest	\$ _____	Other:	\$ _____
a.) Mortgage	\$ _____	_____	\$ _____
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?	<input type="checkbox"/> <input type="checkbox"/>

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 _____	_____	_____