2018-2019 NEW & CURRENT CLIENT Tax Intake Form

FILING STATUS

Single______
Married Filing Joint______
Married Filing Single______
Head of Household______
Qualifying Widower______

If you are a current client, you do not need to fill out your address, SSN, DOB, dependents, unless they have changed.

ADDRESS

______________________________ Street & Apt. No.
______________________________ City
______________________________ State & Zip County
____
____

TAXPAYER

Social Security Number ____________________________________
First ___________________ MI ____ Last ___________________
Email ____
Work Ph _________________ Cell/Other Ph _________________
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 _________________
Date of Birth ________________ Date of Death ______________
Occupation ____
Legally Blind? Y◯ N◯ Dependent of Other? Y◯ N◯

DEPENDENTS ***(If you are a current client, you do not have to fill out unless you have a new child)**

First, Middle Initial, Last Name	D.O.B	Social Security Number	Relationship

BANK ACCOUNT INFORMATION:

*If you are a current client, please confirm that you are using the same bank account as last year.

BANK NAME: _______________________________________

ROUTING NUMBER: _______________________ ACCOUNT NUMBER: ____________________________________

STATE & OTHER

A.) Are you requesting an additional state return(s) (besides California)? If yes, what State(s):___________________________________

Health Insurance

Did **everyone** on this tax return have health insurance coverage **all 12 months** last year? ◯ ◯

If **yes**, did you have COVERED CALIFORNIA? If so, we MUST have a copy of your 1095A form.

**The next page is a checklist of income and expenses to help you prepare for your appointment. If you mark any box, please bring the corresponding documents with you to your appointment.

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. 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 pages in order.

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 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 of 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 Did
12 ☐ Did you make any gifts over $15,000 to any individuals?

Comments/Description: ____________________

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INCOME

Did you and/or your spouse receive any of the following? If yes, please provide forms.

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 on)
* If "yes" please fill out Schedule C Worksheet
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
Amount of any Passive Activity Loss Carryfwd from 2017 $________
9 ☐ K-1's (1120S, 1065, 1041)
10 ☐ Unemployment
11 ☐ Social Security Income
12 ☐ Foreign Income
13 ☐ Alimony Received $_____________ (If yes, rcvd from whom?)
Name/SS#____________________
14 ☐ Other Income: Please list:____________________

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 (Military only)
4 ☐ Contributions to SEP, SIMPLE and other Qualified Plans
5 ☐ Self Employed Health Insurance
6 ☐ Traditional IRA Contributions
7 ☐ Student Loan Information
8 ☐ Tuition and Fees Deduction (you/your dependents - need 1098T form)
9 ☐ Alimony Paid $_____________ (If yes, paid to whom?)
Name&SS#____________________

TAX DEDUCTIONS AND CREDITS

For the following, please check any of the following that apply

1 ☐ Itemized Deductions
2 ☐ Energy Efficiency Related Upgrades/Repairs
3 ☐ Oil & Gas Investment credits
4 ☐ Other tax shelters or credits
5 ☐ Child Care Expenses Paid $_____________
Provider:____________________
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

E-FILE / FILING INFO -- REFUND / PMT INFO Now mandatory, return will be E-Filed!

1 How do you want any refund sent to you? Must check one
☐ Direct Deposit
☐ 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.