SIMPLE ACCOUNTING TAX PREPARATION INTAKE FORM

Date:

CLIENT INFORMATION					
	Name	Soc. Sec. No.	Date of Birth	Occupation	
Taxpayer					
Spouse					
Address		City	State, Zip	Contact Number	
Email Address					

	SINGLE MARRIED FILING JOINTLY MARRIED FILING SEPARATELY
FILING STATUS	HEAD OF HOUSEHOLD QUALIFYING WIDOWER
REFUND TYPE	CHECK DIRECT DEPOSIT

Dependents (Children & Others)

Name	Relationship	Date of Birth	Soc. Sec. No.	Months Lived With You	Disabled	Full Time Student	ID Protection Pin?

Please provide the following information

- Last year's tax return (new clients only) - All statements (W-2s, 1098s, 1099s, 1095s, etc)

Please answer the following questions to determine maximum deductions

*Fill out the Business portion of this form

- Are you self-employed or do you receive hobby income? □ YES* □ NO
- 2. Did you receive income from raising animals or crops? □ YES* □ NO
- 3. Did you receive rent from real estate or other property? □ YES* □ NO
- Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents?
 □ YES* □ NO
- 5. Did you withdraw or write checks from a mutual fund? □ YES □ NO
- 6. Do you provide a home for or help support anyone not listed in Section 2 above?
 □ YES □ NO
- 7. Did you receive any correspondence from the IRS or State Department of Taxation?
 □ YES □ NO

- 8. Were there any births, deaths, marriages, divorces or adoptions in your immediate family?

 YES

 NO
- Did you give a gift of more than \$15,000 to one or more people? □ YES □ NO
- 10. Did you have any debts cancelled, forgiven, or refinanced? □ YES □ NO
- 11. Did you go through bankruptcy proceedings? □ YES □ NO
- 12. Do you have a foreign bank account, trust, or business? □ YES □ NO
- 13. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year?
 YESNO
- 14. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? □ YES □ NO

- 15. Did you have healthcare coverage (health insurance) for you, your spouse and dependents during this tax season? If yes, include Forms 1095-A, 1095-B and 1095-C
 □ YES □ NO
- 16. Did you apply for an exemption through the Marketplace /Exchange? If so, provide the exemption certificate number.
- 17. Did you have any children 19 to 24 years old, who are not a student with earned income of more than \$4000?
 □ YES □ NO

- 19. Did you install any energy property to your residence such as solar, water heaters, generators or fuel cells or energy efficient improvements such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners or water heaters?
 □ YES □ NO
- 20. Did you own \$50,000 or more in foreign financial assets? □ YES □ NO

Have you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, enter the six digit identity protection PIN number.

_____ Taxpayer _____ Spouse

Types of Income and what we need

Interest Income: Provide 1099-INT, & Brokers Statements

Dividend Income: Provide 1099-DIV from Mutual Funds & Stocks

Partnership, Trust, Estate Income: Provide K-1

Pension, Annuity Income: Provide 1099-R from employer or insurance company.

Investments Sold (Stocks, Bond, Mutual Funds, Partnership Int.) Provide 1099-B and documents to show the detail of the date acquired/sold and cost/sale price

I.R.A. / HSA Contributions for tax year

	Amount	Date	Roth/Traditional/HSA
Taxpayer			
Spouse			

Amounts withdrawn. Provide 1099-R & 5498 or for an HSA provide 1099-SA

Did you Receive:TaxpayerSpouseSocial Security BenefitsYESNOYESNORailroad RetirementYESNOYESNOProvide SSA 1099, RRB 1099NOYESNO

Other Income

- Alimony Received
- Child Support
- Scholarship (Grants) provide 1098-T
- Unemployment Compensation provide 1099-G
- Gambling provide 1099-W and expenses

- Unreported Tips
- Commissions provide 1099-NEC or 1099-MISC
- State Income Tax Refund provide 1099-G

Property Sold (Provide 1099-S and closing statements)

Property	Date Acquired	Cost & Improvements
Personal Residence*		
Vacation Home		
Land		
Rental		
Other		

*Provide information on improvements, prior sales of home, and cost of a new residence

Itemized Expenses Sch A

Medical/Dental Expenses

- Medical Insurance Premiums (paid by you not in payroll)
- Prescription Drugs
- Insulin
- Glasses, Contacts
- Hearing Aids, Batteries
- Braces

Taxes Paid

- Real Property Tax
- Personal Property Tax
- Other

Charitable Contributions

- Church
- United way
- Scouts
- Telethons
- University, Public TV/Radio
- Heart, Lung, Cancer, etc.

- Medical Equipment, Supplies
- Nursing Care
- Medical Therapy
- Hospital
- Doctor/Dental/Orthodontist
- Mileage (no. of miles for medical)

Interest Expense

- Mortgage interest paid (1098)
- Investment Interest 1099-INT
- Mortgage Insurance Premiums
- Wildlife Fund
- Non-Cash Salvation Army, Goodwill, DI, MS, Big Brothers/Sisters
- Volunteer (No. of miles) ______
 @ .14 per mile

Did you receive a Stimulus check, if so, how much did you receive?

Estimated Tax Paid

Date Paid	Federal	State

Other Deductions

- Alimony Paid to ______ Soc Sec No _____
 Amount paid ______
- Student Interest Paid _____ Taxpayer _____ Spouse

Education Expenses provide 1098-T

Student's Name	Type of Expense	Amount

Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer

Bank Information

(for Direct Deposit into Taxpayers Personal Account)

Bank Name:	Acct Type	Savings	Checking
Routing Number	Account Number		I
Will this refund go to an account outside of th	e US? Yes No		

Drivers License Info

	Number	Issue Date	Exp Date	State
Taxpayer				
Spouse				

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.