

## Tax Prep Worksheet

**Client Status:**  Prior Client  New

Referred By:

### Section 1: Tax Payer Information – All names MUST match name on Social Security Card

Full Name:

Occupation:

SS#:

DOB:

Spouse Name:

Occupation:

SS#:

DOB:

Address:

City:

State:

Zip:

Email:

Phone:

Cell:

### Section 2: Health Insurance

Did you have health insurance all 12-months last year?

Yes  No

If no, how many months?

Did your spouse have health insurance all 12-months last year?

Yes  No

If no, how many months?

### Section 3: Dependents

#### Dependent #1

#### Dependent #2

#### Dependent #3

**Name:**

**SS#:**

**Date of Birth:**

**Relationship:**

**Proof of Relationship:** We must have one of these documents on file. Which one can you provide?

Birth Certificate  
 Court Documents  
 Other:

Birth Certificate  
 Court Documents  
 Other:

Birth Certificate  
 Court Documents  
 Other:

**# months lived in household**

**Proof of Residency:** We must have one of these documents on file. Which one can you provide?

Daycare Records  
 Medical Records  
 School Records  
 Leases  
 Court Order  
 Social Service Records  
 Other:

Daycare Records  
 Medical Records  
 School Records  
 Leases  
 Court Order  
 Social Service Records  
 Other:

Daycare Records  
 Medical Records  
 School Records  
 Leases  
 Court Order  
 Social Service Records  
 Other:

**Disabled?**

Yes  No

Yes  No

Yes  No

**Full Time Student:**

Yes  No

Yes  No

Yes  No

**Amount Paid for Daycare**

\$

\$

\$

Name of Daycare

**# months with Health Ins.:**

**If last name is different, why?**

**If not son or daughter, why is natural parent not claiming?**

**Section 4: Common Adjustments & Itemized Deductions****Total Out of Pocket Medical Expenses for Taxpayer, Spouse, and Dependents**

Medical: \$	Dental: \$	Prescriptions: \$
Vision: \$	Other Expenses: \$	# of Medical Miles Driven:

**Taxes Paid**

Property Tax:	\$	County:
Property Tax:	\$	County:
Ad Valorem:	\$	

**Home Ownership**

Mortgage Interest:	\$	Mortgage Company:
Mortgage Interest:	\$	Mortgage Company:
PMI:	\$	

**Gifts to Charity**

Amount: \$	To:	Amount: \$	To:
Amount: \$	To:	Amount: \$	To:

**Unreimbursed Employee Expenses**

Dues:	\$	Teacher Expenses	\$
Tools	\$	Uniforms	\$
Cell Phone	\$	Meals	\$
Internet/Data	\$	Subscriptions, Books, Pubs	\$
Other	\$	Equipment	\$
Other	\$	# of Unreimbursed Miles:	

**Other Common Adjustments/Deductions**

Student Loan Interest	\$	Tax Prep Fees Paid	\$
Student Loan Interest	\$	Safe Deposit Box Fee	\$

**Section 5: Tax Prep Payment Option**

<input type="checkbox"/> Option 1	Pay at time of service.
<input type="checkbox"/> Option 2	Delay Pay – Prep fee debited from your checking/savings account when IRS releases your refund.
<input type="checkbox"/> Option 3	Invoice me. Prep fees due within 21 days of service.
<input type="checkbox"/> Option 4	Prep fees withheld directly from your refund. <b>←Most Popular</b>

**Section 6: Refund Options**

<input type="checkbox"/> IRS Check Mailed	<input type="checkbox"/> Electronic Refund Check (ERC)* – Check picked up at office.
<input type="checkbox"/> IRS Direct Deposit	<input type="checkbox"/> Electronic Refund Deposit (ERD)* <input type="checkbox"/> Faster Money Debit Card*

**Direct Deposit Information:**

Routing #	
Account #	
Bank Name:	<i>*Available with Payment Option 4.</i>