

## Client Checklist

**Taxpayer: Please print clearly**

**How did you hear about us?**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday \_\_\_\_\_  
 Marital Status: Single \_\_\_\_\_ or Married \_\_\_\_\_  
 If you are married, do you plan to file a joint return? Yes \_\_\_ No \_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Preferred phone (Home, Work, and Cell)? \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Best time to call you: Anytime \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 E-mail \_\_\_\_\_ Do you rent or own? \_\_\_\_\_

(We may occasionally send out informational or promotional e-mails to help you prepare your tax returns)

### Spouse:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthday \_\_\_\_\_  
 Marital Status: Single \_\_\_\_\_ or Married \_\_\_\_\_  
 If you are married, do you plan to file a joint return? Yes \_\_\_ No \_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: Preferred phone (Home, Work, and Cell)? \_\_\_\_\_  
 Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Best time to call you: Anytime \_\_\_\_\_ Morning \_\_\_ Day \_\_\_ Evening \_\_\_  
 Occupation \_\_\_\_\_  
 E-mail \_\_\_\_\_

## Dependents

First Name _____	MI _____	Last Name _____	
Social Security Number _____	-	-	Birthday _____
First Name _____	MI _____	Last Name _____	
Social Security Number _____	-	-	Birthday _____
First Name _____	MI _____	Last Name _____	
Social Security Number _____	-	-	Birthday _____
First Name _____	MI _____	Last Name _____	
Social Security Number _____	-	-	Birthday _____

### Do you have any of the following?

	YES	NO	AMOUNT
1. Wages, Salaries, Tips?	_____	_____	\$ _____
2. Alimony Received	_____	_____	\$ _____
3. IRA Distributions	_____	_____	\$ _____
4. Pensions and Annuities	_____	_____	\$ _____
5. Unemployment Compensation	_____	_____	\$ _____
6. Social Security Benefits	_____	_____	\$ _____
7. Other Income	_____	_____	\$ _____
8. Educator Expenses	_____	_____	\$ _____
9. Health Savings Account Deduction	_____	_____	\$ _____
10. Moving Expenses	_____	_____	\$ _____
11. Penalty or Early Withdrawal of Savings	_____	_____	\$ _____
12. Alimony Paid	_____	_____	\$ _____
13. IRA Deduction	_____	_____	\$ _____
14. Student Loan Interest	_____	_____	\$ _____
15. Tuition and Fees Deduction	_____	_____	\$ _____
16. Daycare	_____	_____	\$ _____
<b>17. All Year Health Insurance Coverage</b>	_____	_____	\$ _____
<b>18. Part Year Health Insurance Coverage</b>	_____	_____	\$ _____

Are you/spouse or your dependent(s) enrolled in a college level education program?

Who? \_\_\_\_\_  
 \_\_\_\_\_

<b>Section A:</b>	<b>Do you have any of the following?</b>	YES	NO	AMOUNT
1.	Medical and Dental Expenses	_____	_____	\$ _____
2.	State Refunds from the last year	_____	_____	\$ _____
3.	Real Estate Taxes	_____	_____	\$ _____
4.	Property Taxes (including motor vehicle)	_____	_____	\$ _____
5.	New Motor Vehicle Taxes	_____	_____	\$ _____
6.	Other Taxes / License Tabs	_____	_____	\$ _____
7.	Home Mortgage Interest	_____	_____	\$ _____
8.	Gifts by Cash or Check	_____	_____	\$ _____
9.	Gifts other than Cash or Check	_____	_____	\$ _____
10.	Casualty or Theft Loss(s)	_____	_____	\$ _____
11.	Unreimbursed Employee Expenses ( e.g. Job travel, union dues, job education)	_____	_____	\$ _____
12.	Tax Preparation Fees from last year	_____	_____	\$ _____
13.	Other Expenses - Investment, Safe Deposit Box (not personal), etc.	_____	_____	\$ _____
14.	Home Improvements Air conditioner, Water Heater, Furnace, Windows, Doors, Insulation	_____	_____	\$ _____
15.	Gambling Loss – Gains	_____	_____	\$ _____

<b>Section B:</b>	<b>Do you have any of the following?</b>	YES	NO	AMOUNT
1.	Taxable Interest	_____	_____	\$ _____
2.	Dividends	_____	_____	\$ _____

<b>Section C: Do you have any of the following?</b>	YES	NO	AMOUNT
1. Business Income	_____	_____	\$ _____
2. Business Expenses	_____	_____	\$ _____

If yes, please list all your business expenses including amounts or attach a separate list of expenses:

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<b>Section D: Do you have any of the following?</b>	YES	NO	AMOUNT
1. Capital Gain (Loss)	_____	_____	\$ _____
2. Capital Gain Distributions	_____	_____	\$ _____
3. Capital Loss Carryover	_____	_____	\$ _____

<b>Section E: Do you have any of the following?</b>	YES	NO	AMOUNT
1. Rental Real Estate	_____	_____	\$ _____
2. Royalties	_____	_____	\$ _____
3. Income from Partnership	_____	_____	\$ _____
4. S Corporation	_____	_____	\$ _____
5. Trusts	_____	_____	\$ _____
6. Brokerage Account	_____	_____	\$ _____
7. K-1	_____	_____	\$ _____

**Section F:** Do you have any of the following?      YES      NO      AMOUNT  
6. Farm income or (loss)      \_\_\_\_\_      \_\_\_\_\_      \$ \_\_\_\_\_

**Other:** Please give us any information you feel we still need to complete your taxes.

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If you are happy with our service would you like to participate in our  
**CASH REFERRAL PROGRAM**

Name	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

Taxpayer's Printed Name	Spouse's Printed Name
_____	_____

Taxpayer's Signature	Spouse's Signature
_____	_____

Date _____	Date _____
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**Additional Information:**

Would you like a mid-year tax/financial review free of charge next year? YES NO

Are you on Facebook, Linked-In, Twitter or other social network?

\_\_\_\_\_  
Are there any other financial services you would like us to contact you about?  
\_\_\_\_\_