

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	_____	_____	\$ _____
17. All Year Health Insurance Coverage	_____	_____	\$ _____
18. Part Year Health Insurance Coverage	_____	_____	\$ _____

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

Who? _____

Section A:	Do you have any of the following?	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	_____	_____	\$ _____

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

Section C: Do you have any of the following?	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:

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

Section E: Do you have any of the following?	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.

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?
