

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 _____
Address _____
City _____ State _____ Zip _____
Phone: Preferred phone (Home, Work, and Cell)? _____
Home _____ Work _____ Cell _____
Best time to call you: Anytime _____ Day _____ Evening _____
Occupation _____
E-mail _____ Do you rent or own? _____

Spouse:

First Name _____ MI _____ Last Name _____
Social Security Number _____ - _____ - _____ Birthday _____
Address _____
City _____ State _____ Zip _____
Phone: Preferred phone (Home, Work, and Cell)? _____
Home _____ Work _____ Cell _____
Best time to call you: Anytime _____ Morning _____ Day _____ Evening _____
Occupation _____
E-mail _____

Dependents

First Name _____ MI _____ Last Name _____
Social Security Number _____ - _____ - _____ Birthday _____
What grade? _____ MN K-12 Expenses* _____
Did the child receive a W2 for a part time job?

First Name _____ MI _____ Last Name _____
Social Security Number _____ - _____ - _____ Birthday _____
What grade? _____ MN K-12 Expenses* _____
Did the child receive a W2 for a part time job?

First Name _____ MI _____ Last Name _____
Social Security Number _____ - _____ - _____ Birthday _____
What grade? _____ MN K-12 Expenses* _____
Did the child receive a W2 for a part time job?

First Name _____ MI _____ Last Name _____
Social Security Number _____ - _____ - _____ Birthday _____
What grade? _____ MN K-12 Expenses* _____
Did the child receive a W2 for a part time job?

Do you have any other dependents who lived in your home?
Do you provide any support for elderly parents?

*MN K-12 expenses include private school tuition, supplies, music lessons, purchase or rental of a musical instrument, tutoring, and club fees for after school enrichment activities (not sports).

Was anyone enrolled in a college level education program? (please provide 1098T) who? _____

Do you have any of the following? (for Minnesota Tax Returns)

1. Did you make contributions to a 529 College Savings Plan?
 If so: Child's name _____
 Name of Plan and account number _____
 Amount _____

2. Did you receive Military Pensions? If so, Reserve, Active Duty, or, Retired? Amount _____

3. Long Term Care Insurance?
 If so, Name of Insurance Co. _____
 Policy # _____ Premium Amt _____

4. Total student loan payments _____

Do you have any of the following?	<u>YES</u>	<u>NO</u>	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	_____	_____	\$ _____
Did you use your HSA? Please provide 1099SA Distribution form			
10. Alimony Paid	_____	_____	\$ _____
11. IRA Contributions	_____	_____	\$ _____
12. Total Student Loan interest paid	_____	_____	\$ _____
13. Daycare	_____	_____	\$ _____

Please provide:

Name of daycare provider:

Address:

Tax ID#:

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	Non cash gifts e.g. Goodwill		_____	_____	\$_____
Please provide receipts for all charitable gifting					
10	Gambling Gains/Losses		_____	_____	\$_____

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 (1099M income)		_____	_____	\$_____
2.	Business Expenses		_____	_____	\$_____

If yes, please list all your business expenses on a separate, attached, piece of paper (or better yet, provide a profit and loss statement):

Would you like us to check whether you qualify for a tax-deductible IRA or SEP IRA?

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
Farm income or (loss)	_____	_____	\$ _____
Farm expenses including taxes, equipment	_____	_____	\$ _____

Did you make any estimated tax payments for the current tax year? If so:

- Federal amounts and dates paid
- MN (or other state) amounts and dates paid

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

**Would you like tax refunds to be direct deposited into your bank account?
If so, please provide us with a voided check.**

If you are happy with our service would you like to participate in:

OUR CASH REFERRAL PROGRAM

(\$25 CASH FOR 1ST REFERRAL, \$15 THEREAFTER, MINIMUM PREP FEE OF \$200)

Name

Phone Number

1. _____
2. _____
3. _____

Taxpayer's Printed Name

Spouse's Printed Name

Taxpayer's Signature

Spouse's Signature

Date _____