

Individual Tax Worksheet for New Clients

Client Information

Taxpayer Name: _____

Spouse Name: _____

If New: Taxpayer SSN: _____ DOB(MM/DD/YY): _____

Spouse SSN: _____ DOB(MM/DD/YY): _____

Current Address: _____ Phone Number: _____

Taxpayer Email: _____ Spouse Email: _____

Other Required Information

Did you have any non U.S. dollar transactions during the year? Y N

Do you have funds in a foreign bank account? Y N

Is your bank account the same as last year? Y N (if your bank acct has changed complete below)

Bank: _____ Routing #: _____ Account #: _____ Checking Savings

Did you pay FEDERAL estimates? Y N

Did you pay STATE estimates? Y N

	Amount	Date	Check #
1Q			
2Q			
3Q			
4Q			

	Amount	Date	Check #
1Q			
2Q			
3Q			
4Q			

Preferences

Tax Return Copy: Paper Electronic Signature: In Person Electronic

Billing Method: Mail Email Pick up Location: _____

Checklist: Do you have the following?

- W-2's
- 1099's (interest, dividends, sale of stock, misc. income, rent income, nonemployee comp)
- All supporting documents concerning retirement plan contributions and distributions
- All supporting documents concerning Health Insurance and Health Savings Accounts
- Social security benefits and unemployment compensation statements
- 1099's from the USDA and Cooperatives
- 1098's (mortgage interest expense, student loan interest, student tuition expenses)
- K-1's from pass-through entities
- All tax forms/correspondence received from the government
- NEW CLIENTS: Please bring last 3 years of tax returns. Farmers bring in last 5 years

Itemized Deductions:

Medical (must be more than 7.5% of income):

Medical (out of pocket): \$ _____

Health Ins premium: \$ _____

Long-term care ins: \$ _____

Medical mileage: _____ mi

Taxes:

Real estate tax: \$ _____

Personal property tax: \$ _____

Vehicle sales tax: \$ _____

Vehicle license: \$ _____

Interest:

Home mortgage: \$ _____

Investment interest: \$ _____

Charitable Contributions:

Total paid by check/receipt: \$ _____

Non-cash: \$ _____

Charitable mileage: _____ mi

Educator expense: \$ _____

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Dependent Information (If claiming dependents, please complete everything on this page)

List Dependents' name and relationship (If new client, please include DOB(MM/DD/YY) and SSN):

Name: _____ Rel: _____ DOB: _____ SSN: _____

Name: _____ Rel: _____ DOB: _____ SSN: _____

Name: _____ Rel: _____ DOB: _____ SSN: _____

Name: _____ Rel: _____ DOB: _____ SSN: _____

Childcare Expenditures:

Daycare Provider's Name, Address, SSN): _____ Amt Pd: \$ _____

K-12 Tuition, Books, Extracurriculars: \$ _____

College Education Expenses (include form 1098-T and complete checklist below): \$ _____

IF CLAIMING A DEPENDENT PLEASE COMPLETE THE CHECKLIST BELOW:

Credit Inquiry Form Completed By: _____ (sign) _____ (date)

1. Do you have a child that meets **ALL** of the following criteria:
 - Relationship: son, daughter, adopted child, stepchild, foster child, grandchild, brother, sister, half-brother/sister, stepbrother/sister, niece, nephew (any dependent qualifies for Other Dependent Credit)
 - Age: Child under age 17 at the end of the tax year or age 18-24 and a full-time student (any age qualifies for ODC, any age and disabled qualifies for Earned Income Credit)
 - Residency: Child lives with you for more than half the year.
 - If so, # of months the child resides with you _____
 - Citizenship: The Child is a U.S. citizen, U.S. national, or U.S. resident alien.
 - Support: The child did not provide more than half of their own support.
 - Dependent: The child is claimed as a dependent on the taxpayer's federal tax return and has a valid social security number. (If they have a valid ITIN or ATIN qualifies for ODC).
 - Joint Return: Child cannot file a joint return unless spouse only filed joint return to claim a refund.
 - Does the child qualify to be claimed as a dependent for more than one person?
 - If so, does the client have a Form 8332 releasing the child for dependent purposes to the noncustodial parent or a court ordered agreement on file?
2. If you have a dependent with college education expenses, do they meet ALL of the following criteria?
 - As of the beginning of the tax year, the student had not completed the first 4 years of postsecondary education.
 - The AOTC credit has been claimed for this student for any 3 or fewer tax years before the current tax year. If so, # of years AOTC has been claimed for this student _____
 - The student was enrolled in at least one academic period at an eligible educational institution for at least one-half the normal full-time workload for his or her course of study.
 - The student has not been convicted of a federal or state felony.
 - Form 1098-T was provided with the educational institution's EIN and students TIN.