Individual Tax Worksheet for New Clients

Clie	ent Info	rmation								
Тах	payer l	Name:								
								D/YY):		
	xpayer Email:				DOB(MM/DD/YY):					
Current Address:						Phone Nu	Phone Number:			
Taxpayer Email:				Sp	oouse Emai	l:				
Oth	er Req	uired Inform	nation							
Did	you ha	ive any non	U.S. dollar t	ransactions	during the ye	ar? Y	Ν			
			-			(if you	r bank acct ha	as changed c	omplete bel	ow)
				•		Account #	:	Checking	Savings	
Di	d you p	ay FEDERAL	estimates?	Y N		Did you p	bay STATE est	imates? Y	Ν	
		Amount	Date	Check #			Amount	Date	Check #	
	1Q					1Q				
	2Q					2Q				
_	3Q					3Q				
	4Q					4Q				
-	Prefere	nces								-
٦	Fax Ret	urn Copy:	Paper	Electronic		Signat	ure: In Pers	on Elect	ronic	
Billing Method: Mail Email				Pick up Location:						

Checklist: Do you have the following?

- o W-2's
- o 1099's (interest, dividends, sale of stock, misc. income, rent income, nonemployee comp)
- o All supporting documents concerning retirement plan contributions and distributions
- o All supporting documents concerning Health Insurance and Health Savings Accounts
- o Social security benefits and unemployment compensation statements
- 1099's from the USDA and Cooperatives
- o 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 that	an 7.5% of income):	Interest:	
Medical (out of pocket)	:\$	Home mortgage:	\$
Health Ins premium:	\$	Investment interest:	\$
Long-term care ins:	\$		
Medical mileage:	<u>mi</u>	Charitable Contributions:	
Taxes:		Total paid by check/receipt:	\$
Real estate tax:	\$	Non-cash:	\$
Personal property tax:	\$	Charitable mileage:	<u>mi</u>
Vehicle sales tax:	\$		
Vehicle license:	\$	Educator expense:	\$

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Depend	lent Inf	ormation (If claim	ing depende	ents, please complet	e everything on this pag	ge)
List Dep	endent	s' name and relat	ionship (If n	ew client, please inc	lude DOB(MM/DD/YY) and	SSN):
Name:_			Rel:	DOB:	SSN:	
Name:_			Rel:	DOB:	SSN:	
Name:_			Rel:	DOB:	SSN:	
Name:_			Rel:	DOB:	SSN:	
Childca	re Expe	nditures:				
Daycare	e Provid	er's Name, Addre	ss, SSN):		Amt Pc	l: \$
K-12 Tu	ition, B	ooks, Extracurricu	lars: \$			
College	Educat	ion Expenses (incl	ude form 10	98-T and complete	checklist below): \$	
IF CLAIN	MING A	DEPENDENT PLEA	ASE COMPLI	TE THE CHECKLIST	BELOW:	
Credit In	nquiry I	orm Completed E	By:		(sign)	(date)
1.	Do you	have a child that	meets <u>ALL</u> o	of the following crite	ria:	
	0	Relationship: so	n, daughter,	adopted child, step	child, foster child, grand	child, brother,
		sister, half-broth	er/sister, st	epbrother/sister, nie	ece, nephew (any depen	dent qualifies
		for Other Depen	dent Credit)			
	0	Age: Child under	age 17 at th	ne end of the tax yea	ar or age 18-24 and a ful	I-time student
		(any age qualifie	s for ODC, a	ny age and disabled	qualifies for Earned Inco	ome Credit)
	0	Residency: Child	lives with y	ou for more than ha	lf the year.	
		If so, # o	f months th	e child resides with	you	
	0	Citizenship: The	Child is a U.S	S. citizen, U.S. natio	nal, or U.S. resident alier	ו.
	0	Support: The chi	If of their own support.			
	0	Dependent: The	child is clain	ned as a dependent	on the taxpayer's federa	al tax return and
		has a valid socia	l security nu	mber. (If they have	a valid ITIN or ATIN qual	ifies for ODC).
	0	Joint Return: Chi a refund.	ild cannot fil	e a joint return unle	ss spouse only filed join	t return to claim
	0	Does the child q	ualify to be o	claimed as a depend	ent for more than one p	person?
		If so, do	es the client	have a Form 8332 r	eleasing the child for de	pendent
		purpose	s to the non	custodial parent or	a court ordered agreeme	ent on file?
2.	If you h	nave a dependent	with college	e education expense	es, do they meet ALL of t	he following
	criteria	?				
	0	As of the beginn postsecondary e	-	x year, the student	had not completed the f	first 4 years of
	0			aimed for this stude	nt for any 3 or fewer tax	years before
					een claimed for this stud	•
	0			•	ic period at an eligible e	
					me workload for his or h	
	~	-	not been co	nvicted of a federal	or state felony	
	0				institution's EIN and stu	dents TIN
	0	10111 1030-1 Mg	s provided w		Institution S EIN and Stu	