

Tax Preparation Client Data Sheet and Checklist

Taxpayer 1:

Legal Name _____

Occupation _____ Military Student

SSN _____ Birthdate _____

Phone _____ OK to Text?

E-Mail _____

Dependent of Another Give \$3 to Presidential Fund

Taxpayer 2: (if Married Filing Jointly)

Legal Name _____

Occupation _____ Military Student

SSN _____ Birthdate _____

Phone _____ OK to Text?

E-Mail _____

Dependent of Another Give \$3 to Presidential Fund

Mailing Address _____

- Check if TP1 and TP2 lived apart during the year. Did you live together at any time after June 30th? Yes No
- Taxpayers had medical insurance all year. Provide 1095-A, 1095-B, or 1095-C received from your insurance company.
- You or your spouse paid additional estimated Federal or State taxes last year. (Do not include amounts reported on a W2).
- You or your spouse were a resident of or earned income from multiple states during the year. Which? _____
- You or your spouse have past due tax debt with the IRS or state?

- | | | |
|--|---|---|
| <input type="checkbox"/> Wage Statement – W-2s | <input type="checkbox"/> Bought or Sold a home (1099-S) | <input type="checkbox"/> Paid on a Mortgage (1098) |
| <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Alimony (Paid or Received) | <input type="checkbox"/> Medical & Dental Expenses |
| <input type="checkbox"/> Tips or Other Income | <input type="checkbox"/> Own Active Rental Property | <input type="checkbox"/> Paid on a HELOC (1098) |
| <input type="checkbox"/> 1099-NEC or 1099-MISC | <input type="checkbox"/> Sold a Business Asset | <input type="checkbox"/> Paid Student Loans (1098-E) |
| <input type="checkbox"/> Received Interest (1099-INT) | <input type="checkbox"/> Farm Income | <input type="checkbox"/> Paid Real Estate Taxes |
| <input type="checkbox"/> Received Dividends (1099-DIV) | <input type="checkbox"/> Gambling Winnings/Loss (W2-G) | <input type="checkbox"/> Paid Personal Property Excise Tax |
| <input type="checkbox"/> Sold Stocks/Bonds (1099-B) | <input type="checkbox"/> Bought/Sold Cryptocurrency | <input type="checkbox"/> Charity or Religious Contributions |
| <input type="checkbox"/> Pension or Retirement Income | <input type="checkbox"/> Military Ordered Moving Expenses | <input type="checkbox"/> Significant Disaster Loss or Theft |
| <input type="checkbox"/> Received Unemployment | <input type="checkbox"/> Contributed to IRA | <input type="checkbox"/> Supported Dependents |
| <input type="checkbox"/> Received Personal 1099-K | <input type="checkbox"/> Debt Cancellation (1099-C) | *** Enter dependent info on back >>> |

Are you self-employed or have a side-hustle, either FT or PT? Yes No If yes, provide related income & expenses.

- You or your spouse drove your personal vehicle for Uber, Lyft, Grub Hub or any other such service. (Mileage Log)
- You or your spouse are a member or owner of an LLC, Partnership, S-Corp, C-Corp or any other business entity. (K1)

Would you like your refund deposited into your bank account or used to purchase savings bonds? Yes No

If no, the IRS and/or state(s) will mail a refund check to the address shown on your tax return.

- Checking Savings Bank _____ Routing # _____ Acct # _____
- Savings Bond (*Federal Refund Only*) Amount of Refund Allocated to Savings Bond Purchase, \$50 increments: _____

- Check this box if you opt to receive your final tax return copy via secure online portal.
Portal will be set up using the Email listed above. If box is not checked, we will prepare a paper copy of your tax return upon completion. You can pick up the final copy in the office or we can mail it to you via USPS mail service. Postage fees will apply for mailed copies.

By signing below, I/we certify that I/we would like my/our taxes prepared according to the information provided here.

Taxpayer 1 Signature _____ Date: _____ Check if TP has IP PIN

Taxpayer 2 Signature _____ Date: _____ Check if TP has IP PIN

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
Legal Name				
Birthdate				
Social Security #				
Relationship to Taxpayers				
# Months Lived in Your Household in 2023				
# Months with Health Insurance Coverage in 2023				
College Student?	FT – PT – No	FT – PT – No	FT – PT – No	FT – PT – No
Employed?	FT – PT – No	FT – PT – No	FT – PT – No	FT – PT – No
Disabled?	Y or N	Y or N	Y or N	Y or N
Daycare / Eldercare Expense	Y or N	Y or N	Y or N	Y or N
Could anyone else qualify to claim this dependent?	Y or N	Y or N	Y or N	Y or N
Did you allow anyone else to claim this dependent in '23?	Y or N	Y or N	Y or N	Y or N
United States Citizen?	Y or N	Y or N	Y or N	Y or N

You may qualify for certain tax credits or filing status based on the dependent information listed above, including the following:

Earned Income Credit, Child Tax Credit, Additional Child Tax Credit, Other Dependent Credit, American Opportunity Tax Credit, Head of Household

Can you provide documentation, if required, to substantiate your eligibility for these tax credits and/or Head of Household filing status?

Note: Documentation accepted by the IRS during an audit include the following list: Birth Certificate, School Records, Medical Records, Child Care Provider Statement, Social Service Records or Statement, Place of Worship Statement, Household Receipts, Tuition Statements, and more.

Were any of these tax credits disallowed or reduced by the IRS in a prior year? (You would have received a notice)