

FILING STATUS

- Single Married Filing Joint
- Married Filing Separately
- Head of Household
- Qualifying Widower

ADDRESS

St Addr _____
 City _____ St _____ Zip _____
 County _____ School Code (if app) _____

TAXPAYER

IRS PIN# (if applicable) _____

Social Security Number _____

First _____ MI _____ Last _____

Email _____

Work Ph _____ Cell/Other _____

Date of Birth _____ Date of Death _____

Preferred Method of Contact Email Phone Text

Occupation _____

Yes No Legally Blind Yes No Dependent of Other

SPOUSE

IRS PIN# (if applicable) _____

Social Security Number _____

First _____ MI _____ Last _____

Email _____

Work Ph _____ Cell/Other _____

Date of Birth _____ Date of Death _____

Preferred Method of Contact Email Phone Text

Occupation _____

Yes No Legally Blind Yes No Dependent of Other

Note: If claiming child tax credits, you must provide one completed IRS Form 8867 for each child with tax documents

DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS) (*NOTE: Student refers to tuition paying (college/private school)

<u>First, Middle Initial, Last Name</u>	<u>Student?*</u>	<u>D.O.B.</u>	<u>Social Security #</u>	<u>Disabled?</u>	<u>Relationship</u>	<u>Months</u>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

EMPLOYMENT & RETIREMENT INFORMATION

1. Yes No - Are you employed?
2. Yes No - Are you contributing to a 401(k), 403(b), or other pre-tax account?
3. Yes No - Have you ever opened any form of pre-tax account in the past?
4. Yes No - Have you considered a ROTH conversion of pre-tax accounts?
5. Yes No - Would you like a ROTH conversion tax "WHAT-IF" prepared with your return?

STATE & OTHER

1. Yes No - Are you requesting state return(s)? If yes, what state(s): _____
2. Yes No - RITA/Other (If yes, must provide prior return(s)? Please Specify: _____

E-FILE / FILING INFO **Check ONE:** Original Return Superseded Return Amended return

1. How do you want any **refund** sent to you? **MUST CHECK ONE**

Direct Deposit (few days) Routing #: _____ Acct #: _____

Checking Savings Name of Bank: _____

Applied to next year's return

Paper check by mail (could take several weeks)

Any **taxes due** may be paid by check or online along with voucher provided by tax preparer or with extension form. ***It is the taxpayer's responsibility to make payments before April due date. Filing an extension does NOT extend time to pay.**

Please Note: The following worksheets are intended to assist the taxpayer in gathering the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back-up provided. It is very important that the taxpayer provide complete information upon the first submission of these documents. The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation and avoid delays.

BASIC QUESTIONS

Please check the box to the left for any of the following that apply. If not, leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check any that apply to you OR your spouse)

- 01. Did you change your address from last year?
- 02. Any change in your dependents from last year?
- 03. Did you have children under 19 (or 24 if a full-time student) who had more than \$2,500 in total unearned income?
- 04. Are all your dependents either US residents or citizens?
- 05. Did you pay any adoption expenses?
- 06. Did you provide over half the support for someone you aren't claiming as a dependent?
- 07. Are you being claimed or eligible to be claimed as a dependent on someone else's return?
- 08. Were either you or your spouse in the military or National Guard?
- 09. Have you been notified by the IRS of changes to a previously submitted tax return, or received any other IRS or state notices?
- 10. Did you make any gifts over \$17,000 to any individuals?
- 11. Did your marital status change from the prior year?
- 12. Did you purchase, sell or refinance your primary residence? Sale of residence requires:

Purchase date & price: _____ Sale date & price: _____

Include 1099s/Closing Statements

- 13. Did you have health insurance coverage at any time during the previous year?

If yes, check source: Marketplace (include form 1095-A under Scan Doc Coversheet) Employer Provided (include 1095 B/C)

Other Source (describe: _____)

If no: I understand that some states impose penalties for not having health insurance coverage

Other details: _____

INCOME

Please check any of the following that you and/or your spouse received:

- 01. W-2 Income
- 02. Income from loans, grants or pandemic related programs
- 03. Interest and/or dividends Tax exempt interest and/or dividends
- 04. Taxable refunds, credits or offsets (including prior year state refunds)
- 05. Business income (self-employment Income)
- *If "yes" please fill out Schedule C worksheet and provide financials
- 06. Stock sales (capital gains)- (**MAKE SURE ALL BASIS INFO IS PROVIDED**)

Amount of any capital loss carryforward from 2022 \$ _____

- 07. Crypto currency activity (**IF YES INCLUDE 1099-B**)
- 08. Any other assets sold or any other gains or losses
- 09. Rental real estate income

* If "yes" please fill out Schedule E worksheet

Amount of any passive activity loss carryforward from 2022 \$ _____

- 10. K-1s (1120S, 1065, 1041)
- 11. Unemployment
- 12. Social Security income
- 13. Foreign income
- 14. **Alimony received (Applies ONLY to divorce decrees effective prior to 1/1/19)**

Alimony received \$ _____ (rcvd from whom?)

Name/SS# _____

- 15. Other income (source and amount): _____

ADJUSTMENTS TO INCOME

Please check any that apply to you and/or your spouse and provide supporting documentation:

- 01. Educator expenses (teaching expenses)
- 02. Health Savings Account deductions
- 03. Moving expenses (active military only, service related)
- 04. Contributions to SEP, SIMPLE, and other qualified plans
- 05. Self-Employed health insurance
- 06. IRA contributions
- 07. Student loan and/or tuition & fees deduction (you or your dependents)
- 08. **Alimony paid (Applies ONLY to divorce decrees effective prior to 1/1/19)**

Alimony paid \$ _____ (paid to whom?)

Name/SS# _____

TAX DEDUCTIONS AND CREDITS

Please check any that apply and provide supporting documentation:

- 01. Itemized deductions
*if "yes" please fill out a Schedule A worksheet
- 02. Energy efficiency related upgrades/repairs

Product/ID# _____

- 03. Oil & Gas investments credits
- 04. Electric/Plug in Hybrid Car Purchase (**INCLUDE DETAILS FOR CREDIT**)
- 05. Other tax shelters or credits
- 06. Child care expenses paid to provider 1 \$ _____

Provider 1 name: _____

Address: _____

EIN: _____ Phone: _____

- 07. Child care expenses paid to provider 2 \$ _____

Provider 2 name: _____

Address: _____

EIN: _____ Phone: _____

ESTIMATED PAYMENTS MADE FOR 2023 RETURN (or refunds from a prior year applied to current)

Fed: \$ _____ Date: _____ Qtr: _____

Fed: \$ _____ Date: _____ Qtr: _____

Fed: \$ _____ Date: _____ Qtr: _____

Fed: \$ _____ Date: _____ Qtr: _____

State: \$ _____ Date: _____ Qtr: _____

State: \$ _____ Date: _____ Qtr: _____

State: \$ _____ Date: _____ Qtr: _____

State: \$ _____ Date: _____ Qtr: _____

Local: \$ _____ Date: _____

\$ _____ Total of online purchases made that no state sales tax has been paid (Use Tax Calculation)

Photo ID is Required for ALL Returns! Either place here and make a copy, or attach at the end of this document.

PHOTO ID – REQUIRED

(NY LICENSE ALSO COPY BACK)

TAXPAYER

PHOTO ID – REQUIRED

(NY LICENSE ALSO COPY BACK)

SPOUSE

Tax Client Schedule A Info

Fill out COMPLETELY or check "N/A". Include any applicable back-up documents

Medical Expenses	Current Year
Medical & Dental Expenses	\$ _____
Medical Insurance Premiums Paid	\$ _____
Long Term Care Premiums	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Fed Deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No State Deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No Not Qualified but Grandfathered Deductible?	
Prescription Drugs and Medications	\$ _____
Medical Miles Driven	_____

Tax Expenses*	Current Year	* Effective 1/1/2018, Total Tax deduction limited to \$10,000
State/Local Income Taxes Paid (other than those included on W-2s, 1099s, etc.)		
2022 State Income Taxes Paid in 2023	\$ _____	
Real Estate Taxes	\$ _____	
Personal Property Taxes	\$ _____	
Qualified New Vehicle Taxes	\$ _____	
Additional State or Local/Taxes	\$ _____	
Utility/Use Tax	\$ _____	
Other Taxes: _____	\$ _____	

Interest Expense	Current Year
Home Mortgage Interest reported on form 1098	\$ _____ Include Form under Scan Cover Sheet
Date Mortgage Contracted*	_____ (Only needed for jumbo mortgages over \$750,000)
Date Mortgage Closed*	_____ (Only needed for jumbo mortgages over \$750,000)
Home Mortgage Interest paid to others	\$ _____
HELOC Interest Used for Home Improvement	\$ _____
Refinancing Points Paid During Tax Year	\$ _____
Investment Interest (other than K-1)	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to learn how to pay off your mortgage early?	

Contributions	Current Year
Cash Contributions	\$ _____ <input type="checkbox"/> Y <input type="checkbox"/> N Includes GoFundMe \$?
	If yes, how much of this amount \$ _____
Non-Cash Contributions	\$ _____ over \$500 include documentation
Volunteer Mileage Driven	_____

Casualty & Theft Losses – Related to Federally-declared Disaster ONLY
If you had any casualty or theft losses during the year, please provide detail below: Including date, description, amount of casualty or loss, any insurance reimbursement and basis in the property.

Schedule C or Other Business Structure - One Form Per Business

Fill out COMPLETELY or check "N/A". Use a separate Worksheet for EACH business. ****Please Note: Trial Balance, P&L and Balance Sheet preferred. If available, "see next _____ pages" and stack under this page. If not available, please use the input sheet below.**

Business Info: (Required for all) **What Legal Tax Entity:** S Corp C Corp Partnership Sole Prop

Taxpayer or Spouse or Both (comm prop state) Address of Business: _____

Name of Business: _____ Business Code: _____

EIN Number (If any): _____ Date Business Started: _____

Cash Accounting Method Yes No Do you do your own books/accounting?

Accrual Yes No Would you consider outsourcing to us?

Other(Specify): _____ Yes No Would you consider outsourcing payroll to us?

Yes No Claiming use of a home office? *If yes, complete Home Office Deduction Worksheet*

Basic Questions: (Required for all)

If S Corp or Partnership, basis reported on prior year's return (M-2, Line 8 or 9)? \$ _____

Yes No Did you put any capital in cash into the company this year? If yes, amount: \$ _____

Yes No Did you place any equip/other physical assets into company that you previously owned? If yes, enter basis when placed:

Asset 1: _____ \$ Asset 2: _____ \$ Asset 3: _____ \$

Vehicle Information: Year/Make/Model: _____ Date Placed in Service: _____

Total miles driven: _____ Business miles: _____ Commuting miles: _____

Income Questions: (Required if no P&L or Trial Balance Available)

Yes No If you received a 1099-K, is it included in this total? If not, you must file form 8949 Total Sales: \$ _____

Yes No Do you know what your business is worth? Yes No Would you like to know? Other Income: \$ _____

Yes No Were any proceeds received from SBA or other loans? Yes No If yes, included above? Amount: \$ _____

Cost of Goods Sold: (Required with or without P&L and Trial Balance)

Yes No Do you have employees other than yourself? Beginning Inventory: \$ _____

Yes No Do you use subcontractors? Purchases: \$ _____

Yes No If required to, did you issue 1099s to others? Cost of Labor: \$ _____

Yes No Do you do your own payroll? If yes, # of W-2s issued: _____ Materials and Supplies: \$ _____

Ending Inventory: \$ _____

General Expenses: (Required if no P&L or Trial Balance Available)

Advertising: \$ _____	Depletion: \$ _____	Other Rent/Lease: \$ _____
Auto Expenses: \$ _____	Depreciation: \$ _____	Repairs & Maint: \$ _____
(Other than Mileage): \$ _____	Legal/Professional: \$ _____	Supplies: \$ _____
Commissions: \$ _____	Office Expense: \$ _____	Taxes & Licenses: \$ _____
Contract Labor: \$ _____	Wages to Self: \$ _____	Travel: \$ _____
Employee Ben Programs: \$ _____	Wages to Children: \$ _____	Meals (Client/Prospect): \$ _____
Insurance (NOT Health): \$ _____	Wages to Others: \$ _____	Utilities: \$ _____
Health Insurance: \$ _____	Pension/Prof Sharing: \$ _____	_____ : \$ _____
Mortgage Interest: \$ _____	Vehicle Rent/Lease: \$ _____	_____ : \$ _____
Other Interest: \$ _____	Machinery Rent/Lease: \$ _____	_____ : \$ _____

New Assets Placed in Service:

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Tax Client Home Office Deduction Info

Note: Effective 2018, Home Office Deduction is not available to W-2 wage earners.

Fill out COMPLETELY or check "N/A".

General

Date home was first used for business: _____

Square Footage of Area Used for Home Business: _____

Total Square Footage of the Home: _____

Simplified Option

The IRS now allows an optional standard \$5 per square foot deduction (maximum 300 square ft)

If you would like to choose this option rather than Standard Option, enter the necessary info below, otherwise, skip this section and complete the Standard Option section below.

Yes No I would like to use the "Simplified Option" to claim my Home Office Deduction

Total square feet claimed for Home Office (cannot exceed 300 sq ft): _____

See: <https://www.irs.gov/businesses/small-businesses-self-employed/simplified-option-for-home-office-deduction> for further information regarding Home Office Deduction

--OR--

Standard Option – Deduction Expenses

Current Year

Casualty Losses: \$ _____

Deductible Mortgage Interest: \$ _____

Real Estate Taxes: \$ _____

Insurance: \$ _____

Rent: \$ _____

Repairs and Maintenance: \$ _____

Utilities: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Depreciation:

Yes No Do you have depreciable assets?

If yes, describe: _____

Additional Questions/Information

Yes No Are you being forced to work from home by your employer for pandemic related reasons?

Describe anything unique that the tax preparer should know about your situation: _____

TAX Client Schedule E info-One Page Per Property

Fill out COMPLETELY or check "N/A". Use a separate worksheet for EACH property

General: (Required for all)

Property Description: _____

Taxpayer Spouse Joint - Owner of Property

Address: _____

City: _____ State: _____ Zip: _____

General Questions:

1. Yes – Check for Active Participant

2. Yes – Check if property was used for personal use by you or your family for more than 14 days or 10% of the total rented days

If checked, enter the number of days for personal use: _____

If checked, enter the number of days rented: _____

Questions Related to Rental of Your Personal Dwelling (Airbnb, VRBO, etc.)

If only a portion of the dwelling is rented out:

1a. Enter number of rooms, OR square footage of area rented: _____ Rooms Sq Ft (Check one)

1b. Enter total number of rooms OR total square footage of dwelling: _____ Rooms Sq Ft (Check one)

2. Repairs/Supplies* related directly to area being rented (can deduct all): \$ _____

*Do NOT include these again in Repairs/Supplies below

3. Rent you paid (if you rent rather than own the dwelling you're renting out): \$ _____

Income:

Current Year

Rents Received \$ _____

Royalties \$ _____

Income received from SBA type loans \$ _____ Yes No Included Above?

Property Expense:

Current Year

Note: IF printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below.

Advertising \$ _____

Cleaning/Maintenance \$ _____

Commissions \$ _____

Insurance \$ _____

Legal and Other Professional \$ _____

Management Fees \$ _____

Qualified Mortgage Interest \$ _____

Other Interest \$ _____

Repairs \$ _____

Supplies \$ _____

Real Estate Taxes \$ _____

Other Taxes \$ _____

Utilities \$ _____

Depreciation Carry-forward \$ _____

New Depreciation Start \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

New Assets Placed in Service:

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____

Description: _____ Date Placed in Service: _____ Purchase Amount: \$ _____