

	Personal Information					New client □		
First Name	M.I.	Last Name			SSN		Date of Birth	
Taxpayer:								
Driver's License #	State (of Issued	Issued Issue Da		Date Exp. Da		9
Spouse:								
Driver's License #		State of Issued Issued			ue D	ate	Exp. Date	
Occupation		Employer			Base			
Taxpayer:								
Spouse:								
Street A	Address		Apt.#			City	State	Zip Code
Filing Address:								
Mailing Address:								
Cell Phone Number		Hor	Home Phone Number			Email		
Taxpayer:								
Spouse:								
Filing Status								
☐ Single	☐ Married Filing Joint ☐ Qualifying Widow(er) Spouse's Date of Death							
☐ Married Filing Separate	Spouse Name: Spouse Soc. Sec. #:					. #:		
If you file MFS and itemize your deductions your spouse must also	Did you live with your spouse any time during 2023? ☐ Yes ☐ No							
itemize their deductions as well	If yes, did you live with your spouse any time after June 30 th ? ☐ Yes ☐ No							
☐ Head of Household	Name: Soc. Sec. #: Relationship: Date of Birth: Number of months live							
If you are the custodial parent and someone else is taking the						nonths lived with	ı you:	
exemption for your child, complete this section.	Who is claiming this person on their return?							
Dependent Information								
To have a qualifying dependent, income must be under \$2200 unless they are a full-time student under the age of 24.								
Name	DOB	SSN	Relat	ionship	- 1	Months at nome	Full Time Student	Disabled
							☐ Yes ☐ No	□Yes□ No
							☐ Yes ☐ No	□Yes□ No
							☐ Yes ☐ No	□Yes□ No
							☐ Yes ☐ No	□Yes□ No
							☐ Yes ☐ No	□Yes□ No
							☐ Yes ☐ No	□Yes□ No

☐Marriage Divorce/Separation		☐ Adoption ☐ ☐ Own re		□Own ren	rental property	
□Retirement (IRA, 401K) withdray	etirement (IRA, 401K) withdrawals		d a home	☐Made home energy efficient improvements		
\square Own or started a business	Own or started a business		□Sold stock			
☐ Foreign earned income Virtual Currency						
•						
At any time durii	ng 2023, dia you buy, s	sell, send, o	r exchange any virtual	currency?	⊔Yes ⊔NO	
Income - Please provide applicable Forms W2 and 1099						
Interest Income: Form 1099-INT or	□Yes □No					
Sale of Stock or Bonds- please include complete purchase and sale information: Form 1099-B					□Yes □No	
Retirement Plan Income: Form 109	99-R				□Yes □No	
Unemployment Compensation: Fo	orm 1099-G				□Yes □No	
Social Security Benefits: Form SS	SA-1099 or RRB-1099				□Yes □No	
State or Local Refund Received: F	form 1099-G, Itemized on	your 2021 ret	urn? □Yes □No		□Yes □No	
K-1 from a Corporation, Estate, Tr	ust, Partnership, etc.?				□Yes □No	
Collection of Debt: 1099-C					□Yes □No	
Gambling Winnings! Form W2-G					□Yes □No	
Business Income: 1099-MISC. Please provide 1099-MISC and complete schedule "C" to the best of your ability. We will contact you for further information and details of your business expenses.					□Yes □No	
Royalty Income: 1099-MISC.		•			□Yes □No	
Rental Income: Please attach Schedule "E" (available on our website) with preliminary notes for us to work with. We will contact you for further information.					□Yes □No	
Estimated or Quarterly Tax Payments paid in 2023 □Yes □No (made directly to the IRS usually for self-						
employment/investment incon	e, not from your W2) \$	•	Doid			
Alimony Paid Date of original divorce/separation agreement						
Alimony Paid \$ Recipient's Name: SSN:						
IRA Contributions						
Taxpayer	\$		□Roth □Traditional			
Spouse	\$	□Roth □Traditional				
Educational Deductions & Student Loan Interest						
□Student Loan Interest Paid- <i>Please provide Form 1098-E</i> □Tuition Paid- <i>Please provide Form 10</i>					098-T	
	Name		Name	Na	ame	
Years in College	○1 st ○2 nd ○3 rd ○4 th	['] ○Grad	○1 st ○2 nd ○3 rd ○4 th ○0	Grad	∘1 st ∘2 nd ∘3 rd ∘4 th ∘Grad	
Was student at least halftime?	□Yes □No □Yes □		□Yes □No		□Yes □No	
Medical Expenses & Accounts						
Health Savings Accounts (HSA) Forms 5498-SA or 1099-SA Please provide forms						
HSA Coverage □Self Only □Family						
Please provide Health Insurance Coverage 1095-A if you have coverage via the Marketplace						

Medical Expenses Medical Expenses must exceed 7.5% of your income. Do not include amounts paid by insurance or with pre-tax dollars								
Medical miles driven:			Optometry Contacts and Glasses: \$					
Doctors, Dentist, & Hospitals: \$			Prescription Medicine: \$					
Health Care Tax Credit □Yes □No Please provide Form 8885 or 1099-H if eligible								
Moving Expenses for Active-Duty Military ONLY								
Date of Move:	*Move must be of related*	*Move must be of primary residence more than 50 miles and job related*						
Miles from new home to job:	Miles from old hon	ne to job:						
Miles Driven:			Lodging Expenses: \$					
Moving Supplies & Rentals: \$ Reimbursement				□ YES □ NO				
Home Ownership (provide 1098-Mort forms)								
Mortgage Interest:			Property Taxes:					
Points Paid:			PMI Insurance:					
		Sa	les Tax					
*The IRS allows a preset amount be	e included based on ye	our income, ho	wever your number mig	ht be higher espec	cially if it was a y	ear of big purchases		
Sales tax paid on a car, boat, RV, o	or aircraft in 2023: \$	3						
Total sales tax paid on ALL purchases in 2023: \$ Optional								
Charitable Contributions								
* Regardless of the amount, to deduct a contribution of cash, check, or other monetary gift, you must maintain a bank/ payroll deduction record or a written communication from the organization. Containing the name of the organization, the date and amount of the contribution. Please provide receipts.								
Cash Contribution Amount: \$			Charitable miles driven:					
Non-Cash Contribution Amount: \$			goodwill, purple heart, or salvation army it all counts!					
goodwiii, purple fleart, or salvation affiny it all counts!								
Casualty Theft & Loss								
Type Of Property	Reason for Damage	Date of Event	Date Acquired	Value before loss or damage	Value after loss or Damage	Insurance Reimbursement		
Miscellaneous Expenses								
Safety deposit box rental: \$			Educator Expenses: \$					
Margin or Investment interest paid/Fees: \$			Personal property taxes: \$					
Tax preparation Fees: \$			Tax preparation books or software: \$					
Unreimbursed Employee Expenses								

Eliminated for tax years 2018 through 2025 due to FEDERAL tax reform. Employee deductions are still available for AL, AR, CA, HI, MN, NY, and PA. Talk to us about what is deductible.

Child Care Expenses								
Dependent Care Benefits through	employer: □Yes □No	*Child must be under the age of 13, exception applies for qualifying adult.						
Provider	Address	Tax ID or SS#	Childs Name	Amount				
Energy Efficient Improvements								
*You may be able to take a credit of up to 30% of your costs of qualified solar electric property, solar water heating property, small wind energy property, geothermal heat pump property, and fuel cell property. Include any labor costs properly allocable to the onsite preparation, assembly, or original installation of the residential energy efficient property and for piping or wiring to interconnect such property to the home.								
Energy Efficient Improvements □]Yes □No Please Explain:							
	Filing I	Instructions						
Would you like to electroni	cally file your return?							
□Yes, It's FREE, safe, and	the quickest way to receiv	e your refund						
□No, *\$20 additional fee* S	ign and date your paper re	eturn upon arrival and mai	I to the appropriat	e agencies.				
Would you like direct depo	sit?							
☐Yes, It's FAST & FREE!!!			0 1 11					
Bank Name:			□ Checkir	ng □Savings				
Routing Number#: Account #:								
☐ If no, your refund will be mailed to your filing address in approximately 3-6 weeks after it has been accepted.								
Additional Comments:								