

CLIENT INFORMATION SHEET

Primary Taxpayer Full Name (from Social Security Curd) Inspersor will be listed first on the tax return will be listed first on	(Site A)		Tax Year	Today's	Date
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(from Social Security Card) (if different) Student?		3510		Months Date of Birth	Illiganien7

DID YOU OR YOUR SPOUSE LAST YEAR... If yes, list the st ates and the dates ☐ Live in any other states? ☐ Work in any other states? you lived or worked there: City/County of Residence or Workplace **School District Check all that apply** Receive wages, salaries, or any other employer compensation? List all W-2 Wages from Box 1 Below: Receive W-2 forms from ALL employers you worked for last year? **Employer Name** Wages Receive unemployment compensation? \$ ☐ Receive alimony? \$ ☐ Receive Social Security Income? \$ ☐ Pav alimonv? If Yes, Name of Recipient **SSN of Recipient** \$ \$ Pay daycare expenses? (Name, address and SSN (or EIN) of provider is required) ☐ Have a job-related move? Receive winnings from gambling? (lottery, race track, casinos, raffles, etc.) ☐ Contribute to a: ☐ Traditional IRA \$ ☐ ROTH IRA \$ Receive any miscellaneous income? (prizes, awards, jury duty, etc.) ☐ Keogh \$_ ☐ SEP \$ Amount and description are required ☐ Simple Retirement Plan \$ ☐ Pay interest on student loans? ☐ Take a distribution from any retirement account? ☐ Receive a state tax refund? ☐ Pay real estate taxes? **201**7 Amount **2018 Amount 2019 Amount** ☐ Have a Home Mortgage? \$ \$ ■ Have medical expenses or pay for health insurance? ■ Pay college tuition expenses? ☐ Contribute to charity, church, etc? ☐ Are you enrolled as a: Receive pension, annuity, ROTH, IRA or retirement income? ☐ FT Student ☐ PT Student Receive interest on savings, cash, US bonds, stock dividends? ☐ Was the Earned Income Credit ever disallowed for you? ☐ Have a Health Savings Account (HSA)? ☐ Do you currently have health insurance coverage? ☐ Have out-of-pocket expenses, use personal vehicle on the job, etc? ☐ Are you receiving health insurance coverage through an ACA Have a loss from casualty? (fire, theft, natural disaster, etc.) Marketplace? ☐ Use a portion of your home exclusively for business? ☐ Sell stock, mutual fund, or other securities? Receive any 1099s (e.g. 1099-A, 1099-C, 1099-Misc)? Sell your home? Sell any other property? (equipment, land, etc.) Own your own business or work as self-employed? ☐ Make estimated tax payments? **Business Name Date of Business Start Proprietor Name** Own rental property or convert rental property to personal use? ☐ Receive installment payments on property sold? ■ Receive royalties? ☐ Have an interest in a partnership, S-corporation, estate or trust? Operate a farm? ☐ Have income as a minister? ☐ Receive housing allowance? REQUIRED CHECKLIST ■ Copy of Taxpayer's Driver's license State ID Previous Year's Tax Return ☐ Copy of Taxpayer's Driver's license State ID ■ Copy of Voided Check for Refunds All information I have given is true and correct to the best of my knowledge. Date **Client's Signature** Spouse's Signature Date (Prepare.tax Employee)