Taxpayer Information	Spouse Information
Last name	Last name
First name	First name
Middle Initial Suffix	Middle Initial Suffix
Social security number	Social security number
Occupation	Occupation
Work phone Ext	Work phone Ext
Cell phone	Cell phone
E-mail address	E-mail address
Date of birth	Date of birth

Please provide a copy of driver's license

Dependent Information

First Name	Last Name, if different	Md intl /suf fix	SSN	Relationship	DOB	Month lived with you	Child care /tuition exp?

- 1. Does taxpayer or spouse have tuition/continuing education expense?
 - a. Is it for a degree?
 - b. Freshman, Sophomore, Junior, or Senior?
 - c. Have you ever taken a tuition deduction before?
 - d. Are you a convicted felon?
 - e. Did you use any Series EE or I bonds
 - f. Provide Form 1098-T
- 2. Any moving expenses?
- 3. If teacher, do you have any educator expense?
- 4. Are you a reservist?
- 5. Did you receive or pay any alimony?
- 6. Did you contribute to an IRA?
- 7. Do you have any Student loan expenses?

Income

- Form(s) W-2 ' Wages, Salaries, Tips and Other Compensation
- Form(s) 1099-R 'Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc
- Form(s) SSA-1099 'Social Security/Railroad Benefits Taxpayer Spouse
- Form(s) 1099-MISC 'Miscellaneous Income
- Form(s) 1099-INT 'Interest Income
- Form(s) 1099-DIV 'Dividend Income
- Form(s) 1099-B, 1099-S 'Sales of Stocks, Bonds, Real Estate, etc
 - o all stock sale transaction information, including initial cost information.
- Form(s) 1099-G 'Certain Government Payments, Schedule K-1s 'Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G
- Gambling or Lottery Winnings, Form(s) 1099-Q ' Payments from Qualified Education Programs
- Other Income:
 - Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms:
 Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

Deductions

Medical and Dental Expenses

- Prescription medications
- Health insurance premiums
- o Doctors, dentists, etc
- Eyeglasses and contact lenses
- Miles driven for medical purposes- Provide a log
- Lodging
- Long term care

• Noncash / Cash Charitable Contributions- Provide receipts with dates and descriptions

Miscellaneous Deductions

- Union and professional dues
- Professional subscriptions, books, supplies
- Uniforms and protective clothing (including cleaning)
- o Tools
- Job search costs
- Educator expenses
- o Expenses that your employer didn't reimburse you for
- Mileage for work (not commuting), provide log
- Tax return preparation fees
- Safe deposit box rental
- Investment management/consulting fees
- Gambling losses (to the extent of gambling income)
- Do you have a home office?
- Real estate taxes paid on principal residence
- Real estate taxes paid on additional homes or land
- Personal Property tax on vehicles
- Home mortgage interest paid Form(s) 1098
- Did you buy, sell or refinance a home- provide Hud Statements

If answering yes to any of the below, please provide receipt or explanation.

- 1 Did a lender cancel any of your debt? (Attach any Forms 1099-A or 1099-C)
- 2 Did you make energy efficient improvements to your home or purchase any energy-saving property?
- **3** Did you purchase a motor vehicle or boat?
- **4** Did you purchase a hybrid or electric vehicle?
- **5** Did you donate a vehicle? If **yes**, attach Form 1098C
- **7** Did your marital status change during?
- 8 Were you or your spouse permanently and totally disabled?
- **9** Do you have dependents who must file?
- **10** Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,100?
- 11 Did you provide over half the support for any other person?
- 12 Did you incur adoption expenses?
- **13** Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?
- 14 Did you incur any casualty or theft losses that insurance didn't cover?
- **15** Did you pay any individual for domestic services in?
- **16** Did all members of your household have health insurance coverage for the full year? provide forms 1095-A, B, or C
- 17 If receiving a refund, would you like your refund direct deposited?
 - a Provide banking information
 - **b** Would you like it deposited to a My IRA account?
- 18 If you have a balance due, would you like to have it electronically withdrawn?
 - Would you like to set up a payment plan?
- **19** Did you make any estimated tax payments?
- 20 Do you have, or are you a cosigner on a foreign bank account?
- **21** Did you make any purchases online that you did not pay sales tax on?