

# 2018 Client Information Sheet

(please complete information on both sides of this sheet)

	<b>Taxpayer:</b>		<b>Spouse:</b>
First name	<input type="text"/>		<input type="text"/>
Middle initial	<input type="text"/>		<input type="text"/>
Last name	<input type="text"/>		<input type="text"/>
Suffix	<input type="text"/>		<input type="text"/>
>>> Please be prepared to provide a copy of your drivers license or state ID card to help prevent a delay in your refund. <<<			
Social security number	<input type="text"/>		<input type="text"/>
Date of birth	<input type="text"/>		<input type="text"/>
Date of death	<input type="text"/>		<input type="text"/>
Occupation	<input type="text"/>		<input type="text"/>
Email address	<input type="text"/>		<input type="text"/>
Home phone	<input type="text"/>		<input type="text"/>
Work phone	<input type="text"/>		<input type="text"/>
Cell phone	<input type="text"/>		<input type="text"/>
Fax number	<input type="text"/>		<input type="text"/>
Date of marriage	<input type="text"/>	Date of separation	<input type="text"/>
		Date of divorce	<input type="text"/>

Mailing address:

Street  Apt/Suite

City  State  Zip code

Dependants - Include your children under age 19 (or under age 24 if a full time student) that you are not claiming as a dependant

Claim as a dependant for 2018?	First name	Initial	Last name	Social security number	Birthdate	Relationship	# of month lived with you in 2018?
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

If you are due a refund, how do you want to receive it?

- Check sent to you in the mail
- Apply to next year's estimates
- Direct deposit\*

\*Please be able to provide a copy of a check or other verification for accounts used in direct deposit or direct debit:

If you owe taxes, how do you want to pay them?

- Paper check sent with my return
- Credit card (extra fees may apply)
- Installment Agreement (extra fees may apply)
- Direct debit from my bank account\*

Type of account:  Checking  Savings

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Yes	No	Unsure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PERSONAL INFORMATION

- Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- Did you purchase or sell your principal residence or did your address change?
- Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- Were either you or your spouse in the military or National Guard during 2018?
- Are either you or your spouse a veteran with a service related disability?
- Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?

Name \_\_\_\_\_

Address \_\_\_\_\_

email \_\_\_\_\_ Phone \_\_\_\_\_

Yes No Unsure

DEPENDENTS

- | Yes                      | No                       | Unsure                   |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are there any changes in your dependents from last year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay expenses for the care of your child or other dependent so you could work?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay post-secondary education expenses for your dependent children or yourself?                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all of your dependents either US residents or citizens?   |

Yes No Unsure

INCOME (In 2018, did you or your spouse have any of the following?)

- | Yes                      | No                       | Unsure                   |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wages? (include form(s) W-2)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Non-employee compensation? (include form(s) 1099-MISC)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interest or dividend income? (include form(s) 1099-INT, 1099-DIV or brokerage company's consolidated 1099)              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Social security or Railroad Retirement benefits? (include form(s) SSA-1099 or RRB-1099)                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Disability income? (include form(s) W-2 or 1099)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unemployment compensation? (include form(s) 1099-G)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Child Support or Alimony received?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive tip income NOT reported to your employer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you cash in any U.S. savings bonds?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you start or acquire a new business or purchase new rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any real estate this year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you sell any non-business items for more than the item cost you?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any non-taxable sources of income?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any income not reported in this Organizer?  |

Yes No Unsure

FOREIGN REPORTING

- | Yes                      | No                       | Unsure                   |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were you the grantor of or transferor to a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you receive income from a foreign source or pay taxes to a foreign government?                |

Yes No Unsure

DEDUCTIONS

- | Yes                      | No                       | Unsure                   |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any contributions to an HSA (Health Savings Account) in 2018?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any solar or geothermal energy efficient improvements to your home during 2018?        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any student loan interest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay health insurance premiums directly (not through payroll deduction)?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you make any federal, state or local estimated tax payments for 2018?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you pay alimony?  |

Yes No Unsure

OTHER QUESTIONS

- | Yes                      | No                       | Unsure                   |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did all members of your family have minimum essential health coverage for all of 2018?          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you claim a First-time Homebuyer Credit for a home purchased in 2008?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you make gifts of more than \$15,000 to any one person (including the cash value of gifts)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has your bank account information change since you last filed a tax return?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you included all of your income with this worksheet?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have documentation to support all deductions that you are claiming?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have you signed the services agreement letter that came with this worksheet?                    |

>>> Please provide copies of all tax related forms such as W2's, 1099's and documents to support deductions. <<<