

Personal Information		Taxpayer		Spouse	
First name & Initial					
Last name					
Social Security number	On File if Current Client				On file if Current Client
Date of birth	Om File if Current Client				On file if Current Client
Occupation					
E-mail address					
Work phone		Cell		Work	Cell
Home phone		Fax		Home	Fax
Address				Apt/Suite	
City				State	ZIP

Taxpayer Legally Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Legally Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taxpayer Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Disabled	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pres Campaign Fund (Taxpayer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pres Campaign Fund (Spouse)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Widower	<input type="checkbox"/> Year of Spouse death? _____	

Dependents (Children & Others) in Calendar Year 2018 SSNs only needed 4 new dependents)

Name	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please answer the following questions to determine maximum deductions:

1. Did your marital status change during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Did your address change during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Did you give a gift of more than \$14,000 to one or more people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Were there any changes in dependents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Did you go through bankruptcy, foreclosure, or repossession proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Did you receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Did you incur a loss because of damaged or stolen property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Did you receive any unemployment or disability income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Were you notified or audited by either the IRS or State taxing agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Did you buy or sell any stocks, bonds or other investment property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Did you work from a home office or use your car for business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Did you purchase, sell, or refinance your principal home or second home, or take out a home equity loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. May the IRS discuss your tax return with your preparer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. Did you convert part or all of your traditional/SEP/SIMPLE IRA to a ROTH IRA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. Were you a citizen of, have income from, or live in a foreign country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Could you be claimed as a dependent on another person's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. Did you include your bank routing and account number for Direct Deposit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Did you pay anyone for domestic services in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	21. Did you buy any internet merchandise for which you did not pay sales/use tax?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Did you pay anyone for childcare services? Write on Page 2 On Back	<input type="checkbox"/> Yes	<input type="checkbox"/> No	22. Health Insurance Did you have ACA compliant health insurance during the year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Health Insurance continued

TaxPayer _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____
Spouse _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____
Dependent _____	<input type="checkbox"/> I was insured through the Marketplace <input type="checkbox"/> Insured privately, through employer, or Medicaid	Attach Form 1095-A, 1095-B, <input type="checkbox"/> Not insured at all <i>Indicate months covered:</i> <input type="checkbox"/> Full year <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Was exempt from health care mandate. <input type="checkbox"/> Yes <input type="checkbox"/> No Has Exemption Certificate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide number _____
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Acct Info for Direct Deposit of Refunds and Payment by E Check of prep fees:

Please indicate if your Account information is the same as on file for last year. Yes No
 If the Account information is not the same, please include a copy of a Voided check with your other tax information.

We need your DayCare Providers name, address, SSN and/or Tax ID and amount paid in 2018.

Provide any other documents received noted as "Important – Tax Documents"

Wage and Salary Income

Supply all W-2s

Interest and Dividend Income –

Supply Forms 1099-INT and 1099-DIV forms

Partnership, Trust, and Estate Income – supply all Form K-1s...(No Specific receive deadline exists)

IRA's, Pension, and Annuities – supply Forms 1099-R and 5498 forms

Did you receive Social Security Benefits? Provide Social Security Statement

Sale of Assets (stock, investments, property) – Supply Forms 1099-B, 1099-S

If not included on sale documents, be sure to provide date of purchase and cost basis at time of purchase.

Also, please provide any other tax documents you feel are needed to prepare your 2017 taxes!
 Do not request that front desk staff fax or copy any of your documents, as TaxSavers will be charged per page for this. If you need to provide us additional documentation, please fax it to us on your own to 913-649-6817 our secure e fax.