

2019 Client Data Form

NOTE: Please fill in all applicable information in order that we may prepare a complete and accurate return. **If this is your first year with us, Federal law requires that all tax clients must provide us a copy of all social security cards for taxpayer, spouse, and dependents as well as photo ID for the taxpayer and spouse, if applicable.** Please bring your photo IDs and Social Security Cards or other acceptable proof of your Social Security Number.

If you have any questions, please call our office. Note: We electronically file all returns. Tax preparation fees are due when tax return is completed.

Please Complete ALL INFORMATION as Accurately as Possible Section 1 - Taxpayer Information

TAXPAYER NAME:	SPOUSE NAME:
DATE OF BIRTH:	DATE OF BIRTH:
SOC. SEC. NUMBER:	SOC. SEC. NUMBER:
OCCUPATION:	OCCUPATION:
ADDRESS, CITY, ST, ZIP:	
PHONE __ Cell __ Hm:	PHONE __ Cell __ Hm:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
INSURANCE COVERAGE <input type="checkbox"/> Yes <input type="checkbox"/> No	INSURANCE COVERAGE <input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENT NAME (List youngest first) <small>(First, Middle Initial, Last)</small>	DATE OF BIRTH	Insurance Coverage During 2019	DEPENDENT'S Social Security NUMBER	RELATIONSHIP To YOU	MONTHS LIVED IN YOUR HOME in 2019
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

If another taxpayer can claim YOU or your spouse as a dependent, check this box.

Taxpayer Driver's License #: _____ Spouse Driver's License #: _____
 Issue Date: _____ Issue Date: _____
 Expiration Date: _____ Expiration Date: _____

Did you buy, sell, acquire, trade, exchanged any form of digital currency, such as Bitcoin, during 2019? YES _____ NO _____
 Are you or your spouse blind or disabled? YES _____ NO _____ Did you purchase a new home in 2008? YES _____ NO _____
 If married, are you and your spouse filing separately? YES _____ NO _____
 If yes, did you and your spouse live together at any time between July 1 and December 31, 2019? YES _____ NO _____

If receive a tax refund, how would you prefer to receive it _____ Direct Deposit _____ Mail me a check
 If you have an amount due for taxes, how would you prefer to pay it? _____ ACH Debit _____ Pay by check
 If Direct Deposit or Direct ACH Debit please provide:
 Routing # _____ Account # _____ Name of Bank/CU: _____

Section 2: CHECK ALL INCOME SOURCES – Attach Documentation

<input type="checkbox"/> Salary/Wages – W-2	<input type="checkbox"/> Social Security/Railroad Retirement	<input type="checkbox"/> Lottery/Gambling Winnings
<input type="checkbox"/> Self-Employed Business Income	<input type="checkbox"/> Pension / Retirement Income	<input type="checkbox"/> Interest – 1099-INT
<input type="checkbox"/> Independent Contractor - 1099	<input type="checkbox"/> IRA Distributions / Contributions	<input type="checkbox"/> Dividends – 1099-DIV
<input type="checkbox"/> Cash Payments	<input type="checkbox"/> Rental Property Income	<input type="checkbox"/> Mutual Fund Distributions – 1099
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Partnership/S-Corp/Estate – K-1	<input type="checkbox"/> Alimony Received

Section 3: CHECK ALL THAT APPLY – Attach Documentation

<input type="checkbox"/> Business Expenses	<input type="checkbox"/> Child/Dependent Care Expenses	<input type="checkbox"/> Higher Education Expenses
<input type="checkbox"/> Health Care Expenses	<input type="checkbox"/> Mortgage Interest / Property Taxes	<input type="checkbox"/> Charitable Contributions

Please circle the proper answer

1.	Has the IRS or any state or local taxing agency notified you of any change to a prior year tax return?	Yes	No
2.	Are any dependents claimed by you not citizens or residents of the U.S.?	Yes	No
3.	Do you (or your spouse) wish to designate \$3.00 of your taxes to the Presidential Campaign Fund?		
4.	Did you or your spouse receive income from any source not listed elsewhere in this questionnaire?	Yes	No
5.	Did you or your spouse barter goods or services with others?	Yes	No
6.	Did you or your spouse receive any distributions from an IRA, pension or profit-sharing plan?	Yes	No
7.	Do you have any children age 14 or under who have investment income?	Yes	No
8.	Did you move during the past year?	Yes	No
9.	Did you or your spouse start a new business in the past year or do you anticipate starting one in the current or next year?	Yes	No
10.	Do you expect any significant changes in income, tax withholding or tax liability in the next year?	Yes	No
11.	Did you or your spouse make gifts to any individual of more than \$13,000?	Yes	No
12.	Did you or your spouse pay premiums or receive benefits from long term care insurance?	Yes	No
13.	Did you or your spouse receive educational benefit payments from your employer?	Yes	No
14.	Did you, your spouse or a dependent attend post-secondary school?	Yes	No
15.	Are you or your spouse paying off a student loan?	Yes	No
16.	Did you pay anyone who is over age 18 \$1,400 or more to work at your home during the year doing housework, yard work or other domestic help? If so, provide details and amounts.	Yes	No
17.	Did you or your spouse become disabled during the year?	Yes	No
18.	Are any members of your household disabled?	Yes	No
19.	Do you or your spouse have a foreign bank or investment account?	Yes	No
20.	Did you or your spouse have earned income and living expenses while working outside of the United States?	Yes	No
21.	Did you or your spouse open a health savings account (HSA) during the year?	Yes	No
22.	Did you have a casualty loss due to conditions in a Presidentially-declared disaster area?	Yes	No
23.	Did you receive reimbursement from insurance or another source for prior year casualty losses or medical deductions?	Yes	No
24.	If you or your spouse have reached age 70 and a half, have you begun your mandatory withdrawals from retirement savings accounts?	Yes	No
25.	Did you or any member of your family sell any stocks, bonds, mutual funds or other investment property during 2019?	Yes	No

Section 4: PLEASE ANSWER ALL QUESTIONS – For Yes answers, provide details on the lines below.

I (we) have reviewed the information in this questionnaire (including the business and rental data sheets, if applicable) and to the best of my (our) knowledge it is accurate, correct and complete.

Date: _____

(Taxpayer)

(Spouse)