

CLIENT INFORMATION SHEET- PLEASE FILL OUT COMPLETELY

Please bring the following documents to your tax appointment:

*Photo Id for you & your spouse, SSN cards for you, your spouse & dependents

Name _____ Spouse _____

SSN/ITIN _____ SSN/ITIN _____

DOB _____ DOB _____

Occupation _____ Occupation _____

Phone# _____ Best time to call _____

Address _____

SINGLE MARRIED SEPARATED WIDOWED

Dependent information- Do not include yourself or your spouse. Please list everyone who lived in your home. If you are claiming a child that does not live with you, you must provide a form 8332 signed by the custodial parent.

Name	DOB	SSN	Relationship	Live w/you?

Did you provide more than half of the support for the dependents listed above? YES NO

Did anyone live with you more than 6 months that is being claimed on another tax return? YES NO

Have you ever had any tax credits disallowed by the IRS? YES NO

Can you be claimed as a dependent on another person's tax return? YES NO

Did you receive tax credits for medical insurance last year? YES NO

Did you pay college tuition last year? YES NO

Did you pay for childcare or after school programs last year? YES NO

How many months did you live in **Idaho**? All year? _____ months

Did you receive food stamps from Idaho last year? YES NO

Did you receive unemployment from Idaho? YES NO

REFUND

If you are receiving a federal or a state tax refund you may choose direct deposit into your bank account or receive a check in the mail.

CHECKING

SAVINGS

MAILED CHECK

Bank RT# _____

Account# _____

Questions or additional information that you would like to share with your tax preparer:

Privacy Notice

Types of nonpublic personal information we collect

We collect nonpublic personal information about you that is provided by you or obtained with your authorization.

Parties to whom we disclose information

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of this practice except as required or permitted by law. Permitted disclosures include for instance providing information to an unrelated third party that needs to know that information to assist in providing services to you. In all situations, the confidential nature of the information is stressed.

Taxpayer's Signature _____ Date _____

Spouse's Signature _____ Date _____

Tax Appointment Checklist

INCOME

Employed

Forms W2

Unemployment

Form 1099G

Self Employed

Forms 1099-MISC, Schedules K-1, income records to verify amounts not reported on 1099s

Records of all expenses- check registers, bank statements, credit card statements and receipts

Business asset information (cost, date placed in service, mileage for vehicles)

Home office information if applicable

Retirement Income

Pension/IRA/Annuity income (1099-R)

Social Security/RRB income (1099SSA, RRB-1099)

Savings & Investments or Dividends

Interest, dividend income (1099-INT, 1099-DIV)

Health Savings Account (1099-SA)

Income from sale of stock (1099-B, 1099-S)

DEDUCTIONS

Home Ownership

Forms 1098 or other mortgage interest statements

Real estate and personal property tax records

Charitable Donations

Cash amounts donated to churches, schools and other organizations

Records of non- cash charitable donations

Medical Expenses

Amounts paid for healthcare expenses to doctors, dentists, hospitals & pharmacy

Medical insurance premiums paid out of pocket (not paid through your employer)

Childcare Expenses

Amounts paid to a licensed day care center or family day care or baby-sitter

Tax ID#/SSN/ITIN required for child care provider

Educational Expenses

Forms 1098-T from University/College/School

Receipts for books and supplies

Records of any scholarships you received

Form 1098-E if you paid student loan interest