

# 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

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Name_____	Spouse_____
SSN/ITIN_____	SSN/ITIN_____
DOB_____	DOB_____
Occupation_____	Occupation_____
Phone#_____	Phone #_____
Address_____	

SINGLE      MARRIED      SEPERATED      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 last year? 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