|  |  |
| --- | --- |
| Bank: | **\*New Clients**Please provide a copy of your prior year Federal & State return |
| Routing #: |
| Account #: |

|  |  |
| --- | --- |
| Tax Payer Name: | Spouse: |
| Social Security #: | Social Security #: |
| Occupation: | Occupation: |
| Date of Birth: | Date of Birth: |
| Email Address: | Email Address: |
| Best Telephone Number: | Best Telephone Number: |
| Address: | Address: |
| City: State: | City: State: |
| Zip: | Zip: |
| Driver’s License State of Issuance: | Driver’s License State of Issuance: |
| Driver’s License # |  | Driver’s License # |  |
| Date of Issuance: | Date of Issuance: |
| Date of Expiration: | Date of Expiration: |

|  |
| --- |
| **Was everyone on the return covered by Health Insurance? Y / N If yes, 1095 A B C** |

|  |
| --- |
| **Contributions to IRA / ROTH / HSA** |
| Tax Payer | Spouse |
|  Self/Family | $ Amount | Self/Family | $ Amount |
| S/F |  | S/F |  |
| S/F |  | S/F |  |
| S/F |  | S/F |  |
| S/F |  | S/F |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dependent’s Name | Social Security # | Relationship | Date of Birth | Lives with youY / N | Qualify for CC |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **CHILD CARE/DEPENDENT CARE** |
| To whom paid | Address | Tax ID # | Amount Paid | Work Related CC Y/ N |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **INCOME INFORMATION (Enclose all W-2 Forms)** |
|  | **Wage/Salary** | **Taxes Withheld** |
| Employer | Total Income | Federal Taxes | Social Security | Medicare | State Tax | City Tax |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Interest Income** |  | **Dividend Income** |
| Payer | Amount |  | Payer | Ordinary | Qualified | CAP GAIN | SEC 1250 | NON-DIV | Foreign Tax |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| ***REQUIRED*: At any time during the year, did you receive, sell, exchange, or otherwise acquire any financial interest in any domestic or foreign virtual currency? Do you have any financial interest in any foreign bank?** | **YES** | **NO** |

|  |
| --- |
| **OTHER INCOME**(List Payers and Amounts. Attach Forms 1099, Schedule K-1, etc.) |
| Payer | Amount | Withholding |
|  |  | Federal | State | CODE |
| State Tax Refund |  |  |  |  |
| Social Security Benefits TP |  |  |  |  |
| Social Security Benefits – SP |  |  |  |  |
| Pensions – TP/SP |  |  |  |  |
| Pensions – TP/SP |  |  |  |  |
| Pensions – TP/SP |  |  |  |  |
| Pensions – TP/SP |  |  |  |  |
| Unemployment Compensation |  |  |  |  |
| Gambling Winnings/Prizes |  |  |  |  |

|  |
| --- |
| **STOCK OR PROPERTY INCLUDING PRINCIPAL RESIDENCE SOLD** |
| Description | Date Sold | Date Acquired | Selling Price | Cost | S/L |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **If you sold your Principal Residence, include a copy of the Closing Disclosure Statement from your Real Estate closing with your tax documents.** |

|  |  |  |
| --- | --- | --- |
| **MEDICAL** |  | **CONTRIBUTIONS** |
| PAID TO WHOM | MILEAGE | AMOUNT |  | PAID TO WHOM | AMOUNT |
| Medical insurance |  |  |  | Cash or check (list) |  |
| Prescriptions |  |  |  |  |  |
| Doctors /Dentists | mi. |  |  |  |  |
| Hospitals / Clinics | mi. |  |  |  |  |
| Eyeglasses / Contact Lenses |  |  |  |  |  |
| Hearing Aids / Batteries |  |  |  |  |  |
| Therapy / Nurses / Nursing |  |  |  |  |  |
| Long Term Care – TP |  |  |  | Charitable Miles: |  |
| Long Term Care – SP |  |  |  | Goods (list) |  |
| Other |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **TAXES** | **AMOUNT** | **NOTES** |
| State Income Tax |  |  |
| City or Head Tax |  |  |
| Real Estate Tax |  |  |
|  |  |  |
| Vehicle ownership tax (renewal tags) |  |  |
|  |  |  |
| **INTEREST EXPENSE** |  |  |
| Home mortgage |  |  |
| Home mortgage |  |  |
| Home mortgage |  |  |
| PMI |  |  |
| PMI |  |  |
|  |  |  |
| Student Loans – TP |  |  |
| Student Loans – SP |  |  |
|  |  |  |
| **MISCELLANEOUS** |  |  |
| Energy Credits |  |  |
| College costs |  |  |
| College costs |  |  |
| 1099-Q |  |  |
| **CO 529 Contributions** |  |  |

**Please use the next page for any notes/comments that you need us to know**

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_