

**Phone: 952-999-4760 Fax: 952-229-8343**

**Have we prepared your taxes before? If so, what year(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are we preparing your taxes for this year? \_\_\_\_\_\_\_\_\_\_\_If not – what year? \_\_\_\_\_\_\_\_\_\_\_**

**NOTE: As information and situations change from year to year, we ask you to help us complete your tax return in your very best interest.**

***PERSONAL INFORMATION*** **(Information provided must agree with SSA and IRS)**

 **TAXPAYER SPOUSE**

SSN (Social Security Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name & Middle Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name & Suffix (e.g. Jr, Sr, etc) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation (e.g. Sales, Teacher, Retired) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (000-000-0000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone (000-000-0000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt/Lot # \_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip+4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FILING STATUS*  Please circle correct status (All filing status categories are based on your status as of December 31st of last year)**

1. Single 2. Married Filing Joint 3. Married Filing Separate 4. Head of Household 5. Qualifying Widow(er) with dependent child

Can anyone else claim you as a dependent on their tax return? (Y/N) Taxpayer \_\_\_\_\_\_ Spouse \_\_\_\_\_\_

Do you want to contribute to the Presidential Election Campaign? (Y/N) Taxpayer \_\_\_\_\_\_ Spouse \_\_\_\_\_\_

Are you considered legally blind per IRS regulations? (Y/N) Taxpayer \_\_\_\_\_\_ Spouse \_\_\_\_\_\_

Do you own \_\_\_\_\_ your home or do you rent \_\_\_\_\_ your home?

***INCOME* (Please, check all that apply and/or list the number of forms you have for each category)**

Wages (W2) \_\_\_\_\_\_\_\_\_\_ Unemployment (1099G) \_\_\_\_\_\_\_ Taxable Interest (1099Int) \_\_\_\_\_\_\_\_\_ Dividends (1099Div) \_\_\_\_\_\_\_\_\_\_\_\_\_

Gambling (W2G) \_\_\_\_\_ Retirement/Pension (1099R) \_\_\_\_\_ Railroad Retirement (1099RBB) \_\_\_\_\_ Social Security (1099SSA) \_\_\_\_\_\_\_\_\_

Jury/Witness Duty \_\_\_\_\_ Miscellaneous (1099Misc) \_\_\_\_\_\_\_ Capital Gain/Loss Stock Sales \_\_\_\_\_\_\_\_ Self Employment (Schedule C) \_\_\_\_\_\_\_\_

Rental Income/Loss\_\_\_\_\_ Alimony Received/Paid \_\_\_\_\_\_\_\_\_ IRA Distributions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rollover Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DEDUCTIBLE ITEMS*** **(Please list the amount you spent or number that applies in each category)**

Medical Insurance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Long Term Care Insurance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Miles Driven

Doctors/Hospital: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dental Care: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Care: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescriptions: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra Sales Taxes Paid: $\_\_\_\_\_\_\_\_\_\_\_ Real Estate Tax Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mortgage Interest Paid: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash Donations: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Than Cash $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charitable Mileage: \_\_\_\_\_\_\_\_ Tax Preparation Fees $\_\_\_\_\_\_\_\_

Employee Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Casualty Losses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gambling Losses If You Won $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***POSSIBLE CREDITS* (Statements and/or invoices are recommended)**

Did You Pay Any Student Loan Interest last year? (Y/N \_\_\_\_\_ If Yes, How Much $\_\_\_\_\_\_\_\_\_\_\_ For Whom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did You Pay Any Tuition last year? (Y/N) \_\_\_\_ If Yes, How Much $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you sell a home last year? (Y/N) \_\_\_\_ If Yes, we should see your “Closing Statement” for that transaction.

Did you purchase a home last year? (Y/N) \_\_\_\_\_\_ If Yes, we should see your “Closing Statement” to maximize your “Credits/Deductions”.

Did you make energy improvements last year? (Y/N) \_\_\_\_\_\_ Amount Spent $\_\_\_\_\_\_\_\_\_\_\_ On What \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you make Estimated Tax Payments? (Y/N) \_\_\_\_\_\_ If Yes, we need the dates and amounts paid.

Date: \_\_\_/\_\_\_/\_\_\_ Amt $\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_ Amt $\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_ Amt $\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_ Amt $\_\_\_\_\_\_\_\_\_\_

Will you need Estimated Payment Vouchers for next year? (Y/N) \_\_\_\_\_\_ If Yes, how much do you want to pay each time?

Date: \_\_\_/\_\_\_/\_\_\_ Amt $\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_ Amt $\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_ Amt $\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_ Amt $\_\_\_\_\_\_\_\_\_\_

***FINAL FEW QUESTIONS***

Did you become a widow(er) last year? (Y/N) \_\_\_\_\_\_\_\_ If yes, Date Spouse Died (Mo/Day/Year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May the IRS or another taxing authority discuss your return with the preparer? (Y/N) \_\_\_\_\_\_\_\_ Initials TP-\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SP- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you prefer to e-file your Tax Return? *Safer, Faster, and No Extra Charge!!* (Y/N) \_\_\_\_\_\_\_\_ Initials TP-\_\_\_\_\_\_\_\_\_\_\_\_\_ SP- \_\_\_\_\_\_\_\_\_\_\_\_\_

If you choose e-file, we will need your Prior Year AGI (Adjusted Gross Income amount) $\_\_\_\_\_\_\_\_\_\_\_\_\_ or your prior year 5-digit PIN #\_\_\_\_\_\_\_\_\_\_

Note: By providing your prior year return (recommended), we can ascertain this information which is necessary for e-file.

If you are entitled to a refund, please select how you wish to receive your refund. If by *check in the mail*, Please initial here TP-\_\_\_\_\_ SP-\_\_\_\_\_\_

If by Direct Deposit, initial here TP-\_\_\_\_\_\_\_\_ SP-\_\_\_\_\_\_\_\_*(For Direct Deposit, we will need a voided check, please attach where indicated)*

**Taxpayer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**<<<<<<<<<<<<<<<“Attach Your Voided Check Here” >>>>>>>>>>>>>>>>>>>**

**DEPENDENT INFORMATION**

**Taxpayer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***DEPENDENT INFORMATION:*** **(If Applicable)**

 **< 1 > < 2 > < 3 > < 4 >**

First Name (as per SSA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name (as per SSA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suffix (If Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN (as per SSA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship To You \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Months Lived with You \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (Mo/Day/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childcare Expense (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student During Year (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is This Child Disabled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Income over $3,800 Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Child Is Unmarried (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Care Provider Information (Statement from Provider is Recommended)**

Provider EIN/SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid For Tax Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carryover Amt Previous Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_