



Please provide us with the following information: If you need more space use pg. 4 or add sheet

Personal Information

Name: _____ Spouse name: _____

SSN: _____ Date of Birth: _____ SSN: _____ Date of Birth: _____

Address: _____

City: _____, State: _____ Zip: _____

Phone Number : _____ Email: _____

Occupation: _____ Occupation: _____

Dependents

Full name: _____ Date of Birth: _____

SSN: _____ Relationship: Son / Daughter / Niece / Nephew / Grandchild / Parent / Other: _____

Full name: _____ Date of Birth: _____

SSN: _____ Relationship: Son / Daughter / Niece / Nephew / Grandchild / Parent / Other: _____

Full name: _____ Date of Birth: _____

SSN: _____ Relationship: Son / Daughter / Niece / Nephew / Grandchild / Parent / Other: _____

Any & all income source of Income including:

Wages: _____ Interest: _____ Foreign Bank Account: Y or N

Dividends: _____ Qualified Dividends: _____

Rent: Y or N (if Y Sch E) Self Employment: Y or N (if Y Sch C) Sale of Assets: Y or N (if Y Notes)

Retirement: _____ Social Security: _____ Unemployment: _____

State Refund Prior Year: _____ Other: _____

Estimated Tax payments Made: Y or N if Y: _____

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Schedule A

Insurance Premiums: _____ Doctor Bills: _____

Prescriptions: _____ Other Medical Expenses: _____

Real Estate or Property Taxes: _____ State Taxes: _____

Any Other Taxes: _____ Major Purchases: _____

Interest on Mortgage: _____ 2nd: _____ Investment Interest: _____

Charitable Contributions Cash or Check: _____

Goodwill Donations: _____ Carry Over: _____

Theft or Loss: _____ Tax Preparation Fees: _____

Unreimbursed Employee Expenses: _____

Other: _____

Other: _____

Schedule C (for 1099-Misc. Income)

Total Income Received: _____ Returns or bad checks: _____

Advertising: _____ Bank Fees: _____ Legal and Professional: _____

Total Mileage: _____ Business Mileage: _____ Commuting Mileage: _____

Insurance: _____ Auto Insurance: _____

Office Expense: _____ Postage: _____ Telephone: _____

Rent: _____ Cell Phone: _____ Internet: _____

Supplies: _____ Repairs and Maintenance: _____

Taxes/License: _____

Travel: _____ Meals and Entertainment: _____

Utilities: _____ Wages Paid: _____

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Any 1099s issued: Y or N Contract Labor: _____

Other Expense: _____

Schedule E

Fair Rental Days: _____

Rent Received: _____

Address: _____

Mortgage Interest: _____

Real Estate Taxes Paid: _____

Advertising: _____

Auto and Travel Expense: _____

Cleaning and Maintenance: _____

Insurance: _____

Management Fees: _____

Legal and Professional Fees: _____

Mortgage Interest: _____

Other Interest: _____

Repairs: _____

Supplies: _____

Taxes: _____

Utilities: _____

Pest Control: _____

Other: _____

Depreciation:

Cost of Property: _____ Date in Service: _____ Prior Depreciation: _____

Please answer questions and include all necessary details.

Yourself Spouse

Personal Information

Please Circle:

Yes or No Yes or No

Did your marital status change during the year?

Yes or No Yes or No

If yes, explain: _____

Do both spouses' Social Security Numbers match their Social Security Card?

Yes or No Yes or No

Dependents:

Can you be claimed as a dependent by another taxpayer?

Yes or No Yes or No

Were there any changes in dependents from the prior year?

Yes or No Yes or No

Do you have any children under the age of 14 with unearned income in excess of \$1000.00?

Yes or No Yes or No

Do any of your dependents names not match the Social Security card?

Yes or No Yes or No

Purchases, Sales, and Debt Information

Did you acquire a new or additional interest in a partnership or S Corporation?

Yes or No Yes or No

Did you sell, exchange, or purchase any real estate during the year?

Yes or No Yes or No

Did you acquire or dispose of any stock during the year?

Yes or No Yes or No

Did you take out a home equity loan this year?

Yes or No Yes or No

Did you sell an existing business, rental, or other property during this year?

Yes or No Yes or No

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Income Information

Are you missing any W-2's, 1099's, or other income documents?	Yes or No	Yes or No
If yes, please explain: _____		
Did you have any foreign income or pay any foreign taxes during the year?	Yes or No	Yes or No
Did you receive any income from property sold prior to this year?	Yes or No	Yes or No
Do you receive any lump-sum payment from a retirement, pension, or 401(K) plan?	Yes or No	Yes or No
Did you make any withdrawals from an IRA, Keogh, Simple or SEP account?	Yes or No	Yes or No
Did you receive any disability income during the year?	Yes or No	Yes or No
Did you cash any Series EE U.S. Savings bonds issued after 1989?	Yes or No	Yes or No

Itemized Deduction Information

Do you have evidence to substantiate charitable contributions of \$250.00 or more?	Yes or No	Yes or No
Did you use your car on the job, for other than commuting?	Yes or No	Yes or No
Did you work out of town for part of the year?	Yes or No	Yes or No
Did you have any educational expenses during the year?	Yes or No	Yes or No
Did you have any expenses related to seeking a new job during the year?	Yes or No	Yes or No

Miscellaneous Information

Did you make gifts of more than \$10,000 to any individual?	Yes or No	Yes or No
Did you engage in any barter transactions (trading services) in lieu of payment?	Yes or No	Yes or No
Are you covered by a pension plan?	Yes or No	Yes or No
Did you incur moving costs because of a job change?	Yes or No	Yes or No
Did you have any financial activity or transactions in a foreign country?	Yes or No	Yes or No
Did you receive correspondence from the State or the Internal Revenue Service?	Yes or No	Yes or No
If yes, explain: _____		

Additional Information

Please include any income and / or expense items that are not already entered above and provide a brief explanation:

I the undersigned declare the information provided in the above intake interview is complete and accurate to the best of my knowledge.

Client Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

**Fill out the following page if you have dependents or may qualify for the Earned Income Credit
Fill out the last page for information regarding the Health Insurance Mandate**

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	Child 1	Child 2
Child's Name		
Childs SSN		
Childs Date of Birth		
Age on December 31		
Student at least 5 months	Yes or No	Yes or No
Permanently and totally disabled	Yes or No	Yes or No
Childs relationship to you		
Number of months child lived with you last year		
Was child married at end of year	Yes or No	Yes or No
Child live in USA at least 7 months last year	Yes or No	Yes or No
Could someone else qualify to claim child as their dependent on tax return	Yes or No	Yes or No
Childs relationship to that person		
Does child have a SSN that allows him or her to work in the USA	Yes or No	Yes or No
School attended last year		
School records available	Yes or No	Yes or No
does the address match yours	Yes or No	Yes or No
Medical records available for child	Yes or No	Yes or No
does the address match yours	Yes or No	Yes or No
Birth Certificate available	Yes or No	Yes or No
Other residency records available	Type:	Type:
does the address match yours	Yes or No	Yes or No
If not Biological Parent, where is parent		

Are you married	Yes or No
Do you have a SSN valid for work	Yes or No
Do you have foreign income	Yes or No
Nonresident of USA last year	Yes or No
Total Investment income	
Could someone claim you as a dependent on their taxes	Yes or No

Are you self-employed:	Yes or No	
If yes please provide copies of the following:	Included:	
	bank statements	Yes or No
	reconstruction of income and expenses	Yes or No
	Forms 1099	Yes or No
	any business license available	Yes or No
If filing status Head of Household		
Have you ever been married	Yes or No	
If yes, is a Divorce Decree available	Yes or No	
If claiming abandoned spouse you must call in and verify information		

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Health Care Coverage Questionnaire

List household members below:

Had health coverage for the entire year _____

Had coverage for part of the year (less than 12 months) _____

No health care coverage at all _____

Did anyone besides taxpayer or spouse pay for health care coverage for anyone listed above? Yes or No

Did you pay for health care coverage for any one not listed above? Yes or No

If you **had** coverage for any part of the year:

Where was the policy obtained? Employer / Medicare / Medicaid / Marketplace (Exchange) / Other

If you **did not** have coverage for any part of the year:

Answer YES if it applies to any members of the household

Was your previous insurance policy canceled in 2015? Yes or No

Do you have an Exemption from the Marketplace (also called Exchange)? Yes or No

Was coverage offered by taxpayer's or spouse's employer? Yes or No

Are you a member of a federally-recognized Indian tribe? Yes or No

Are you eligible for services through an Indian health care provider? Yes or No

Are you a member of health care sharing ministry? Yes or No

Did you live in the United States the entire year? Yes or No

Are you enrolled in TRICARE? Yes or No

Did you apply for CHIP coverage? Yes or No

Did any of the following apply to you? Do NOT indicate which one. Yes or No

- Become Homeless
- Evicted in past six months, or facing evection or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Total Premiums paid for Health Insurance 2015: _____

Total Advance Premium Credit Received in 2015: _____

*****Please include your 1095-A if you received premium credit.