



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

Personal Information

Name: _____ Spouse name: _____

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

Address: _____

City: _____, State: _____ Zip: _____

Phone Number : _____ Email: _____

Occupation: _____

Occupation: _____

Drivers License #:	State:	Issue Date:	Exp Date:
Spouse Drivers License #:	State:	Issue Date:	Exp Date:

Dependents

Full name: _____ SSN: _____ Months in Home: _____

Date of Birth: _____ Relationship: Son / Daughter / Niece / Nephew / Grandchild / Parent / Other: _____

Full name: _____ SSN: _____ Months in Home: _____

Date of Birth: _____ Relationship: Son / Daughter / Niece / Nephew / Grandchild / Parent / Other: _____

Full name: _____ SSN: _____ Months in Home: _____

Date of Birth: _____ 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: _____ Did you Itemize last year? Y or N

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 Itemized Deductions

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: _____

Please provide Profit and Loss and Balance Sheet
Schedule C (for 1099-Misc. Income) Income From Self Employment (or Sch F Farming)

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: _____

Year, Make and Model of Vehicle used in business: _____ Date Purchased _____

Travel: _____ Meals and Entertainment: _____ Taxes/License: _____

Utilities: _____ Wages Paid: _____ Call about office in home expenses.

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

OTR Driver: Yes or No

Other Expense: _____

If OTR Days on the Road: _____

Schedule E Rental Property Income

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 \$1k?

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: _____		
Did you or someone else on your return attend college?	Yes or No	If yes please provide a
copy of Form 1098T and a breakdown of expenses: Tuition Paid, Books Paid, Computer, Room and Board.		
Did you pay for daycare expense so that you could work or look for work?	Yes or No	If yes please provide a
statement of daycare paid including the EIN number of the provider		
Was any dependent claimed on this intake not biologically related to you?	Yes or No	If yes please provide a
statement explaining the circumstances.		

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

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Fill out the last page for information regarding the Health Insurance Mandate

	Child 1	Child 2	Child 3
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 biological or legal relationship to you			
Number of months child lived in your home			
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:	
bank statements	Included: 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

Has the Earned Income Credit or Child Tax Credit or American Opportunity Tax Credit been reduced or disallowed in a prior year? Yes or No If yes – which Credit and what year?

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Health Care Coverage Questionnaire

List household members below:

Health Ins: Yes or No	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Name:												
Name:												
Name:												
Name:												
Name:												
Name:												

Everyone on return: Had health coverage for the entire year: Yes or No. No health care coverage at all: Yes or No

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 2017? 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 2017: _____

Total Advance Premium Credit Received in 2017: _____

*****Please include your 1095-A if you received premium credit. Please provide your statement of Health Insurance or 1095-B or 1095-C if your received Health Insurance from employment or obtained health insurance outside of the marketplace.

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