

Client Information

New Client? Yes/No
circle Y or N

New Clients-(Provide Prior years Return) For Yes or No Questions please

Name	SSN	DOB (if new)	Occupation	College
Tuition?				Yes No
Taxpayer _____				Yes No
Spouse _____				Yes No
Mailing Address _____				
School district _____		Township/borough _____		
If you moved provide prior address/move date _____				
Prior School district _____		Prior township/borough _____		
If MD PO Box enter actual address _____				
Phone(s) _____				
E-mail(s) _____				

Dependent Name (always Statement?)	SSN (if new copy)	Relationship	DOB (if new)	Day Care?	Health Ins.?	College Tuition?
_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	Y/N	Y/N	Y/N
_____	_____	_____	_____	Y/N	Y/N	Y/N

Note any Change from prior year in claiming dependents IF CLAIMING DEPENDENT(S) COMPLETE ADD'L SHEET →

Day Care Name _____ Amount \$ _____ EIN/SSN _____
 Day Care Address _____

Received Unemployment Benefits? Yes No (Provide 1099-G)
 Received money from an IRA/Pension? Yes No (Provide 1099-R)
 Paid estimated federal taxes? Yes/No Amount \$ _____ Paid estimated state taxes? Y
 N Amount? _____
 Did/will you make an IRA contribution? Yes/No If yes: Traditional IRA \$ _____ Roth IRA \$ _____

 Did you receive any tips not reported to your employer? Yes/No Amount \$ _____

Did you receive any other income not provided (rental expenses, rental income)? Yes/No If yes, please explain _____

Did you have any debts forgiven this year? Yes No Please explain _____

Are all individuals listed on your return covered ALL 12 months by health insurance? Yes No If NO: list months NOT covered _____

Is health insurance from the marketplace? (Exchange, Obamacare, Marketplace) Yes No
Premium tax credit? Yes No (Please provide 1095A)

Did you receive any distributions from a Health Savings Acct (HSA), Archer MSA, or Medicare Advantage MSA during the year? Yes No OR make any contributions? Personal \$ _____
Employer \$ _____

ITEMIZED DEDUCTIONS:

Mortgage/Equity Int. _____ If home equity, what was used as collateral?

What were the Mortgage/Home Equity funds used for?

Real Estate Taxes _____

Church/Charity - Cash _____

Medical/Miles _____

Non-Cash - Goodwill _____

Gambling Losses (can only use up to winning amount)

Mileage-charity _____

*Mileage (work) _____

*Work expense (i.e. uniforms, union, etc.) _____

For state use only

Do you want Direct Deposit for any Refund(s)? Yes No

Bank Name _____

Please provide a voided check for routing and account numbers and driver's license to photocopy.

Notes _____

Dependent Verification Sheet

I (we) _____ acknowledge that I (we) may claim the following dependents for Earned Income Credit (EIC) and/or Child Tax Credit purposes: (full name of dependents below)

		College Years	Prior
credit?			
1 _____	Full time student?	Y N	_____
2 _____	Full time student?	Y N	_____
3 _____	Full time student?	Y N	_____
4 _____	Full time student?	Y N	_____

Are any dependents pursuing a degree? Yes No

If YES, List who _____

Please note above what year of college they are in and how many years Education Credit claimed before.

The dependents lived with me (us) more than half the year and I (we) provide more than one half of their living expenses. I (we) have proof of their residency in the form of:

School/Daycare records or statement: Y N Medical expense: Y N Employment: Y N

Other (Specify): _____

Could another person claim the dependent(s)? Yes No

If YES, provide the dependent(s) relationship with the other person: _____

If YES, and the Tie Breaker rule applies (who makes more money) Would you be eligible to claim the dependent (s)? Yes No (explain if needed) _____

Please provide a custody agreement or form 8332 if necessary.

TAXPAYER

DATE

SPOUSE

DATE