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Use this form if you do not itemize

Name (as appears on social security card)		SSN	DOB	Healthcare coverage all year (y/n)
Taxpayer				
Spouse				
Street Address, City, State and Zip: <input type="checkbox"/> NEW				
Occupation		Daytime Phone	Cell Phone	
Taxpayer				
Spouse				
Taxpayer Email				
Spouse Email				
Please provide a copy of both yours and your spouse's current drivers license.				
Please provide a copy of your previous year's tax return.				

Dependents First and Last Name	SSN	Relationship	Months in Home	DOB	Disabled	FT Student	Healthcare coverage all year

Can another person qualify to claim any of your children ☐ Yes ☐ No

If yes explain:

Childcare Expense <input type="checkbox"/> Yes <input type="checkbox"/> No If yes amount \$	Provide proof of expense
Adoption Expense <input type="checkbox"/> Yes <input type="checkbox"/> No If yes amount \$	Provide proof of expense

Do you have any children under age 19 or FT student under age 24 with more than \$1900 of unearned income? (from investments not work) ☐ Yes ☐ No

Do you have financial interest in or signature authority over a financial account or asset located in a foreign country? ☐ Yes ☐ No

Healthcare Information

Did any member of your household NOT have healthcare coverage for the entire year? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>-Provide copies of all Forms 1095-A, 1095-B, 1095-C for all members of your household. If any member of your household received an exemption from the marketplace, provide the Exemption Certificate Number (ECN)</small>	
Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did anyone other than you or your spouse pay for the healthcare coverage for anyone listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you pay for healthcare coverage for anyone not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where was your insurance policy obtained? <input type="checkbox"/> Employer <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Marketplace <input type="checkbox"/> Other	
If you did not have health insurance coverage for the entire year, complete below:	
Which months did each person in your household have insurance?	
Was your previous insurance policy cancelled in 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was coverage offered by your employer or your spouse's employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of a federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you eligible for services through an Indian healthcare provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of a healthcare sharing ministry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you live in the US all year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you apply for CHIP coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you enrolled in TRICARE? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of the following apply to you? <input type="checkbox"/> Yes <input type="checkbox"/> No Became homeless, evicted in past 6 months, facing eviction / foreclosure, received a shut off notice from utility company, Experienced domestic violence, experienced a natural disaster (damage to property), filed for bankruptcy in past 6 months, experienced death of a close family member, incurred unreimbursed medical expenses that resulted in substantial debt, experienced substantial increase in essential expenses due to caring for an ill, disabled or aging family member?	

Miscellaneous Information

Income, Purchases, Sales and Debt Information:		
Did you receive any disability income during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you cash any US Savings bonds during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you sell a principal residence during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No Secondary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes provide closing documentation for the purchase and sale of property.</small>		
Did you have any debts cancelled or forgiven this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you receive or pay alimony? <input type="checkbox"/> Yes (see below) <input type="checkbox"/> No Provide a copy of divorce decree		
Alimony Paid to Name:	SSN:	Amount \$
If you paid alimony please provide a copy of your divorce decree for specific wording to see if deductible.		

Payments & Refund Information			
Did you apply an overpayment of your 2016 taxes to your 2017 estimated taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you make estimated payments toward your 2017 taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$			
Do you want your refund direct deposited to your account? <input type="checkbox"/> Or check mailed to you? <input type="checkbox"/> <small>If direct deposit, provide cancelled copy of your check.</small>			
Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	ABA#	ACCT#
May the IRS discuss your tax return with your preparer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Documentation (for office use only)			
Wages - W-2s	<input type="checkbox"/> Yes	RR Benefits – 1099-RRB	<input type="checkbox"/> Yes
1099-Misc	<input type="checkbox"/> Yes	Gambling – W2-G	<input type="checkbox"/> Yes
Retirement -1099-R	<input type="checkbox"/> Yes	Educator Expenses(teachers)	<input type="checkbox"/> Yes
Dividends - 1099-DIV	<input type="checkbox"/> Yes	K-1s	<input type="checkbox"/> Yes
Interest – 1099-INT	<input type="checkbox"/> Yes	Child Care Expense Form	<input type="checkbox"/> Yes
Unemployment – 1099-G	<input type="checkbox"/> Yes	Education Exp – 1098-T	<input type="checkbox"/> Yes
SS Benefits – 1099-SSA	<input type="checkbox"/> Yes		
Interest Paid – 1098	<input type="checkbox"/> Yes	Copy of DL Taxpayer	<input type="checkbox"/> Yes
		Copy of DL Spouse	<input type="checkbox"/> Yes
		Prev year tax return	<input type="checkbox"/> Yes
Received by:		Date Received:	

Notes: