

Healthcare Information

Was coverage offered by your employer or your spouse's employer? <input type="checkbox"/> Yes <input type="checkbox"/> No											
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											
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 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										
If you did not have health insurance coverage for the entire year, complete below:											
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>											
Which months did each person in your household have insurance?											
Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	June <input type="checkbox"/>	July <input type="checkbox"/>	Aug <input type="checkbox"/>	Sept <input type="checkbox"/>	Oct <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>
Was your previous insurance policy cancelled in 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Do any of the following apply to you? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>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?</small>											

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 start a new business or purchase any rental property 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		
Itemized Deduction Information – Schedule A		
Did you make any major purchases during the year (vehicles, boats, etc) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you make any cash / non-cash donations during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you use your vehicle on the job other than for commuting to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you have gambling income / expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Expenses:		
Health Insurance Premiums:	Long Term Care premiums:	
Mileage driven for medical:	Medical and Dental Expenses:	
Taxes Paid:		
Property Tax:	Personal Property Tax:	Sales Tax:
Mortgage Interest paid:	Investment Interest paid:	

Mortgage interest paid to individual (not Company) Must have social security number to claim:		
Name:		SSN or EIN:
Address:		
Retirement Information:		
Did you receive any payment from a pension, profit sharing, 401(k) plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you make any withdrawals from any qualified retirement plan this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you receive any Social Security benefits during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Education Information:		
Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did anyone in your household attend a post-secondary school during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you pay student loan interest for yourself, your spouse or dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student Name:		Student Name:
Tuition & Fees:		Tuition & Fees:
Course Related books/Supplies:		Course Related books/Supplies:
Other Expenses:		Other Expenses:
Felony Charges: <input type="checkbox"/> Yes <input type="checkbox"/> No		Felony Charges: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please note room and board is not deductible!		
Miscellaneous Information:		
Did you make any gifts to any one person in excess of \$15,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes are you splitting the gift with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did you make any contributions to a Health Savings Account (HSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount paid by: Taxpayer \$		Spouse: \$
Contributions made to and Individual Retirement Account (IRA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount paid by: Taxpayer \$		Spouse: \$
Contributions made to Roth IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount paid by: Taxpayer \$		Spouse: \$
Did you make any energy-efficient improvements to your main home during the 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 \$
Casualties and Thefts: ONLY ALLOWED IF DECLARED NATURAL DISASTER AREA BY PRESIDENT		
Did you incur a loss due to damaged or stolen property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the incident date, value of property, and amount of insurance reimbursements		
Property Description:		Property Location:
Date property was stolen/damaged:		Cost of property stolen/damaged
Amount of Damage:		Ins. Reimbursement:

Self -Employed Information – Schedule C	
Business Name:	
Business Address:	
Employer ID#	Product or Svc:
Business Acquired in 2018 <input type="checkbox"/> Yes <input type="checkbox"/> No	Business Closed in 2018 <input type="checkbox"/> Yes <input type="checkbox"/> No
Subcontractors <input type="checkbox"/> Yes <input type="checkbox"/> No	Issue 1099s <input type="checkbox"/> Yes <input type="checkbox"/> No
Inventory at end of year: \$	Business Mileage:
Payments made for Self-Employed Health Insurance (you, spouse & dependents):	
Payments Made for Self-Employed Pension Plan (SEP)? Taxpayer: \$ Spouse \$	
Vehicle Expense:	
Name of Business vehicle used in:	
Description of Vehicle Used:	
Date placed in service:	Miles driven: Business _____ Personal _____
Another vehicle is available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Use of Home:	
Name of Business home is used in:	
Total Square Foot of home?	Total Square foot used exclusively for business?
For daycare facility:	
How many days in year was area used?	How many house per day?
Rental Real Estate – Schedule E	
Property Description:	
Property Address:	
Type of Property: <input type="checkbox"/> Single-Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Vacation <input type="checkbox"/> Commercial <input type="checkbox"/> Land <input type="checkbox"/> Other: _____ <input type="checkbox"/> Property is your main home	
Number of Days Rented:	Number days used for personal use:
If multi-dwelling unit, % you occupy:	Property sold in 2016: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>provide closing docs</small>
Provide: P&L: <input type="checkbox"/> Balance Sheet <input type="checkbox"/> Assets <input type="checkbox"/>	Property owned a joint venture: <input type="checkbox"/> Yes <input type="checkbox"/> No
Farming – Schedule F	
Principal Product:	Employee ID:
Farm disposed of during 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No	Farm received gov't subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provide: P&L: <input type="checkbox"/> Balance Sheet <input type="checkbox"/> Assets <input type="checkbox"/>	File 1099s? <input type="checkbox"/> Yes <input type="checkbox"/> No

Payments & Refund Information	
Did you apply an overpayment of your 2018 taxes to your 2019 estimated taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you make estimated payments toward your 2019 taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No - Provide copies of checks	
Do you want your refund direct deposited to your account? <input type="checkbox"/> Or check mailed to you? <input type="checkbox"/> If direct deposit, provide cancelled copy of your check.	
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	Education Exp – 1098-T	<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		Profit & Loss <input type="checkbox"/> Yes
SS Benefits – 1099-SSA	<input type="checkbox"/> Yes		Balance Sheet <input type="checkbox"/> Yes
Interest Paid – 1098	<input type="checkbox"/> Yes		Asset Lists <input type="checkbox"/> Yes
			Business closed in 2019 <input type="checkbox"/> Yes
Received by:		Date Received:	
Make sure have these docs before accepting:			
Copy of DL Taxpayer	<input type="checkbox"/> Yes	Copy of DL Spouse	<input type="checkbox"/> Yes
Prev year tax return	<input type="checkbox"/> Yes	Engagement Letter	<input type="checkbox"/> Yes

Notes: