



Please fill out and return this packet to TAS

Tax Year: _____

GENERAL INFORMATION:

Client Name: _____ DOB: ____/____/____ SSN: ____-____-____
Spouse Name: _____ DOB: ____/____/____ SSN: ____-____-____
Dependent 1: _____ DOB: ____/____/____ SSN: ____-____-____
Dependent 2: _____ DOB: ____/____/____ SSN: ____-____-____
Dependent 3: _____ DOB: ____/____/____ SSN: ____-____-____
Dependent 4: _____ DOB: ____/____/____ SSN: ____-____-____
Dependent 5: _____ DOB: ____/____/____ SSN: ____-____-____

Home Address: _____

Best Phone Number: (____) ____-____

Alternate Phone Number: (____) ____-____

Email Address: _____

Bank account info for direct deposit:

Checking Savings

Bank name: _____

Account #: _____

Routing #: _____

Did you buy or sell a house or other property during the tax year? If so:

First date at new address: ____/____/____

New address: _____

Prior Address: _____

Sales price of prior residence: \$_____

How much did you originally pay for the property? \$_____

Was this your **primary residence** for at least **2 of the last 5 years**? Yes No

If no:

Please provide list of costs for all major improvements to the property since you bought it.

Costs and fees of selling your property: \$_____

Please check all items you had in the tax year and provide us with supporting documentation.

INCOME:

- Wages and salaries (W-2)
- Interest income (1099-int)
- Dividend income (1099-div)
- Income from sale of stocks and securities (1099-B)
- Pension and annuity income (1099-R)
- IRA Distributions received (1099-R)
- Qualified Charitable IRA Distributions (QCD) information and 1099-R forms
- Social Security income (SSA-1099)
- Unemployment compensation received (1099-G)
- Third-party Network/Payment Card transactions (1099-K)
- Income from LLCs, partnerships, S-corps, estates, or trusts (K-1)
- Business income
 - Sales and receipts of cash (including 1099-MISC and 1099-NEC)
 - Expenses
 - Equipment or property purchases
- Rental income
 - Property description/locations
 - Rents received
 - Property-related expenses

DEDUCTIONS (if not taking the standard deduction):

- Charitable contributions
- Non-cash contributions
- Real estate tax paid
- Medical expenses (including health insurance, prescriptions, medical miles driven, hearing aids, glasses, dental work, etc.)
 - Note: Over-the-counter drugs or medical purchases are not deductible without prescription
- Mortgage interest (1098)
- Contributions to any college-savings plan
- Student loan interest paid
- Sales tax paid on vehicles
- Home office and vehicle use (if a business owner) – provide details

CREDITS:

- Child Care Credit

Childcare expenses:

Name: _____

Address: _____

SSN/EIN: _____

Phone Number: (____) ____ - _____

Amount Paid: \$ _____

- Child tax credit – Provide information on your children age 17 or younger (as of December 31 of prior year)
- Dependent care credits – Provide information including any costs you incurred for day care or similar care provided for the dependent
- Education credits – For any money spent on tuition, books, equipment and school fees — but not living expenses or transportation – Be sure to include receipts and any 1098-T statements
- Adoption credit – for any child legally adopted during tax year
- Savers credit – For saving in retirement accounts, dependent upon marital status and income
- Residential Clean Energy credit – aka “Solar Tax Credit”
- Clean Vehicle credit – purchase of an electric vehicle under a specified dollar amount
- Energy Efficient Home credit – energy-efficient window, door, furnace, etc. installation

ESTIMATED TAXES PAID:

If you paid estimated quarterly taxes throughout the year, please provide details below:

<u>Date Paid</u>	<u>Federal</u>	<u>State</u>	<u>Local</u>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

OTHER NOTES FOR US:

If you would like a detailed organizer, please let us know and we will be happy to send you one.