General information you will need for your personal tax return

Please only complete this section if you are new, you have had changes from last year, or you have child care expenses.

Taxpayer		**Spouse**	
Full name	_____	Full name	_____
Date of Birth	_____	Date of Birth	_____
Social Security # or TIN #	_____	Social Security # or TIN #	_____
Occupation	_____	Occupation	_____
Current Address	_____	Current Address	_____
	_____		_____

Dependent 1		**Dependent 2**	
Full name	_____	Full name	_____
Date of Birth	_____	Date of Birth	_____
Social Security # or TIN #	_____	Social Security # or TIN #	_____
Child care: Cost	_____	**Child care:** Cost	_____
Provider	_____	Provider	_____
Address	_____	Address	_____
Federal ID # or Individual SS#	_____	Federal ID # or Individual SS#	_____
Phone #	_____	Phone #	_____

Dependent 3		**Dependent 4**	
Full name	_____	Full name	_____
Date of Birth	_____	Date of Birth	_____
Social Security # or TIN #	_____	Social Security # or TIN#	_____
Child care: Cost	_____	**Child care:** Cost	_____
Provider	_____	Provider	_____
Address	_____	Address	_____
Federal ID # or Individual SS#	_____	Federal ID # or Individual SS#	_____
Phone #	_____	Phone #	_____

***Very important things to remember when preparing and gathering your information before your appointment:

*Always bring ALL documents you receive that say Tax Document.
*For previous clients; A customized checklist can be requested by sending an email with the subject "Checklist"
*We do not need your bank statements unless specifically requested.
*We do not need your full year of investment statements. We only need the Final Year End Summary.
*We do not need receipts. Only final figures that have been calculated.

The following is a list of information you should have with you during your appointment or when you send your information.
Having your information all at once will help ensure that your tax return is prepared completely and in a timely manner.

Please check off which documents you are submitting   **TOTAL AMOUNTS:**

☐ A copy of last years returns (only if you are a new client)

☐ W2 forms from all employers   **How many W2's are you submitting?**   # _____

☐ Health Insurance Statements (1095 A,B,or C *** **Everyone is required to bring this**

☐ State Refund (1099G)

☐ Unemployment (1099G)

☐ Social Security (SSA-1099)

☐ Spouse Social Security(SSA-1099)

☐ Pension or Retirement Income (1099R)

☐ Any *Interest* earned statements. (1099INT) Example: year end checking or savings statement

☐ Any *Dividend* income statements. (1099DIV) Example: Credit Union year end statement.

☐ Any *Investment* year end statements. (1099B) Please make sure that the information includes an original purchase date and the cost basis (original cost)

☐ K-1's from business or trust

☐ Cancellation of Debt (1099C) Example: If you have settled with a Credit Card company during the year.

☐ Real Estate Taxes & School Taxes paid (sometimes included on your Mortgage Interest statement) $ _____

☐ Mortgage Interest Statement(1098) $ _____

☐ Medical costs and mileage(17 cents per mile) $ _____

☐ State Disabil (1099G)

☐ Mortgage Insurance Premium (this is also sometimes found on your Mortgage Interest statement) $ _____

☐ Donations by cash or check $ _____

☐ Non-cash donations such as clothing(mileage driven for charity work 14 cents per mile) $ _____

☐ Any foreign income statements.

☐ Volunteer Firefighters/EMS please note your station and it's address.   _____

☐ Any estimated tax payments made to state or federal government   **SEE BELOW**

☐ Tuition information for taxpayer, spouse, or dependent children. Please bring form **(1098T)** or provide the totals and the Institutions EIN.   **Tuition:** $ _____

    Books: $ _____

☐ Cost & details of any Solar Energy systems or Geo Thermal systems $ _____

☐ Are either you or your spouse a teacher? **You-YES or NO   Spouse-YES OR NO(Circle)**

☐	If you purchased a new home, provide your HUD 1 or closing statement
☐	Do you want to do an IRA, if you can? **YES or NO** How much have you or will you contribute prior to April 15t $ _____
☐	Did you **contribute** from a qualifed Health Savings Account? **YES or NO** Amount? _____
☐	Did you **withdraw** from a qualifed Health Savings Account? **YES or NO** Amount? _____
☐	Did you **contribute to** a NYS 529 Education Plan? **YES or NO** Amount? $ _____
☐	Did you **withdraw** from a NYS 529 Education Plan? **YES or NO**
☐	Did you incur moving expenses related to the military? Amount? $ _____

Estimated Tax Payments Made:

Dates:	Federal	Dates:	State	Dates:	Local
/ /	$ _____	/ /	$ _____	/ /	$ _____
/ /	$ _____	/ /	$ _____	/ /	$ _____
/ /	$ _____	/ /	$ _____	/ /	$ _____
/ /	$ _____	/ /	$ _____	/ /	$ _____