Tax Year 2023: Client Intake & Quality Review Sheet

You will need:	Please complete pages 1-2 of this form (FRONT and BACK).												
 Tax documents such as Fo Social security cards or ITII 	• You are responsible for the information on your return. Please provide complete												
Picture ID (such as valid dr					and	and accurate information.							
Part I – Your Personal Informati				r names in the sa	ne order as	last year's retur	n)	~					
1. Your first name:				Social Security #:		Daytime Telephone #:							
2. Your spouse's first name:	M.I.	. Last name:			Your spouse's Social Security #:			Your Spouse's Daytime Telephone #:					
		5				31 1							
3. Mailing address:			Ľ	Apt #: City:		X4		State:	ZIP	code:			
4. Your Date of Birth:	5. Your	5. Your Job Title:			6. Your email address:			7. Last year, were you a Full-Time student?					
	$\langle \langle \langle \rangle \rangle$								🗆 Yes 🗆 No				
8. Your spouse's Date of Birth:	9. Your	9. Your spouse's Job Title:			10. Spouse's email address:			9. Last year, was your spouse a Full-Time student? □ Yes □ No					
10. Can anyone claim you or your	spouse as a de	pendent? 🗆	Yes 🗆 No	🗆 Unsure		l C	10/ 1						
11. Have you, your spouse, or dep	endents been a	a victim of tax	related identit	ty theft or been is				🗆 No					
Part II - Required Forms Checklist						Part III – Marital Status and Household Information							
1. Often looked over or forgotten:	Please indicate	whether or r	not the followir	ng applies-	1. As of	December 31, 2	022, what wa	s your marital s	tatus?				
				-	🗆 Marrie	ed 🗆 Never Ma	arried/Single						
Bought, sold or traded crypto cu	rrency-□ l have	Form1099B	which I need to	o report	Divoro	ced	Date of fina	l decree:					
					🗆 Head	of Household	Date of sep						
□ Bought, sold or refinanced a home - □ I have the Final Closing Statement which I need to report						□ Separated Year of spouse's death							
					□ Widov								
□ Stock gains or losses □ Cancellat	ion of debt				Will or h	as your spouse	filed a tax ret	urn with the fili	ing status Ma	rried Filing Sep	arate? (MFS)		
						, Did you get ma	arried in 2021	? 🗆 Yes 🗆 No)				
*By leaving this section blank, I am ind	icating the above	actions do not	apply to me or m	ny spouse		ou live with you				nths of 2021?	□ Yes □ No		
2. List names, information, and answ	ver questions fo	r your depend											
Name (first, last) Do not enter your name or spouse's name below.	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, etc.)	Social Security Number: (xxx-xx-xxx)	y Number of months lived in your home last year (1-12)	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Can this dependent be claimed by another person?	Did this dependent provide 50% or more of his/her own support last year?	Did this dependent have less than \$4,200 of income?	Did you provide more than 50% of support for this dependent?	Did you pay more than half the cost of maintaining a home for this dependent?		
				DATE	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □ No		
					□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No		
					□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No		
					□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No		

Addit	ional Info	rmation and Q	uestions Related to the Preparation of Your Return									
			d you like direct deposit? Yes No Bank Routing # Account #									
2. Dic	2. Did you or anyone on your return have health coverage through the Marketplace (Covered California/"Obama Care")? [Provide Form 1095-A] Yes 🗆 🗅 No 🗅 Unsure											
3. Do :	3. Do you have proof of health insurance? Yes No Unsure											
Check	Check appropriate box for each question in each section.											
Yes	No	Unsure	Part III – Income – Last year, Did You (or your spouse) Receive									
			1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? You: # of W2's Your Spouse: # of W2's									
			2. Retirement income or payments from Pensions. Annuities, and or IRA? (Form 1099-R)									
			3. Unemployment Compensation? (Form 1099-G)									
			4. Self- Employment income? (Form 1099-NEC, cash, virtual currency [Bitcoin], or other property or services) Cash Amount: \$									
			5. Refund of state/ local income taxes? (Form 1099-G)									
			6. Interest/ Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)									
			7. Alimony income or separate maintenance payments?									
			8. Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency, or Real Estate? (Forms 1099-S, 1099-B)									
			9. Disability income? (Such as payments from insurance, or workers compensation) (Forms 1099-R, W2)									
			10. Gambling winnings? (Form W2-G)									
			11. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)									
			12. Income (or loss) from Rental Property?									
			13. Other income? (Tip, Scholarships? [Forms W-2, 1098-T, 1099-MISC], lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, other property, or services, etc.) Specify									
Yes	No	Unsure	Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay									
			1. Alimony or separate maintenance payments? If yes, recipient S.S.# Date of Agreement:									
			2. Contributions to a retirement account? □ IRA (A) □ 401K (B) □ ROTH IRA (B) □ Other									
			3. College or post-secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)									
			4. Any of the following? 🛛 Medical & Dental (including insurance premiums) 🔅 Mortgage Interest (Form 1098)									
			Taxes (State, Real Estate, Personal Property, Sales) Charitable Contributions									
			5. Child or dependent care expenses such as daycare? If yes- You will need Name, EIN or SS#, Address of Care Provider & Amount Spent									
			6. For supplies used as an eligible educator such as teacher, teacher's aide, counselor, etc.?									
			7. Expenses related to self-employment income or any other income you received?									
			8. Student loan interest? (Form 1098-E)									
Yes	No	Unsure	Part V – Life Events – Last Year, Did You (or Your Spouse)									
			1. Purchased or sold your property/residence?									
			2. Have a credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)									
			3. Contribute to a Health Savings Account (HSA)?									
			4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year?									
			5. Purchased a new or used plug in EV or Fuel Cell Vehicle?									
			6. Purchase and install energy efficient solar panels for your primary residence and/or make energy efficient upgrades to your house?									
			7. Receive the First Time Homebuyers Credit in 2008?									
			8. Make estimated tax payments or apply last year's refund to this year's tax? If so, how much? \$									
			9. File a federal return last year containing a "capitol loss carryover" on Form 1040 Schedule D?									