

## Tax Year 2023: Client Intake & Quality Review Sheet

- Tax documents such as Forms W-2, 1099, 1098, 1095, etc.
- Social security cards or ITIN letters for all persons on your tax return.
- Picture ID (such as valid driver's license) for you and your spouse.

- Please complete pages 1-2 of this form (**FRONT and BACK**).
- You are responsible for the information on your return. Please provide complete and accurate information.

**Part I – Your Personal Information** (If you are filing a joint return, enter your names in the same order as last year's return)

1. Your first name:		M.I.	Last 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 #:	
3. Mailing address:				Apt #:	City:		State:	ZIP code:
4. Your Date of Birth:	5. Your Job Title:			6. Your email address:			7. Last year, were you a Full-Time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Your spouse's Date of Birth:	9. Your spouse's Job Title:			10. Spouse's email address:			9. Last year, was your spouse a Full-Time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Can anyone claim you or your spouse as a dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure								
11. Have you, your spouse, or dependents been a victim of tax related identity theft or been issued an Identity Protection PIN? <input type="checkbox"/> Yes <input type="checkbox"/> No								

## Part II - Required Forms Checklist

1. **Often looked over or forgotten:** Please indicate whether or not the following applies-

☐ Bought, sold or traded crypto currency- ☐ I have Form1099B which I need to report

☐ Bought, sold or refinanced a home- ☐ I have the Final Closing Statement which I need to report

☐ Stock gains or losses ☐ Cancellation of debt

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**\*By leaving this section blank, I am indicating the above actions do not apply to me or my spouse**

### Part III – Marital Status and Household Information

**1. As of December 31, 2022, what was your marital status?**

☐ Married   ☐ Never Married/Single

☐ Divorced      Date of final decree: \_\_\_\_\_

☐ Head of Household      Date of separation: \_\_\_\_\_

☐ Separated      Year of spouse's death: \_\_\_\_\_

☐ Widowed

Will or has your spouse filed a tax return with the filing status Married Filing Separate? (MFS)

☐ Yes   ☐ No

a. If Yes, Did you get married in 2021?      ☐ Yes   ☐ No

b. Did you live with your spouse during any part of the last six months of 2021?      ☐ Yes   ☐ No

**2. List names, information, and answer questions for your dependents below.**

[illegible]

Additional Information and Questions Related to the Preparation of Your Return			
1. If you are due a refund, would you like direct deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No   Bank Routing # _____ Account # _____			
2. Did you or anyone on your return have health coverage through the Marketplace (Covered California/"Obama Care")? <b>[Provide Form 1095-A]</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
3. Do you have proof of health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
<b>Check appropriate box for each question in each section.</b>			
<b>Yes</b>	<b>No</b>	<b>Unsure</b>	<b>Part III – Income – Last year, Did You (or your spouse) Receive</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages or Salary? <b>(Form W-2)</b> If yes, how many jobs did you have last year?   You: _____ # of W2's   Your Spouse: _____ # of W2's
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Retirement income or payments from Pensions, Annuities, and or IRA? <b>(Form 1099-R)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Unemployment Compensation? <b>(Form 1099-G)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Self- Employment income? <b>(Form 1099-NEC, cash, virtual currency [Bitcoin], or other property or services)</b> Cash Amount: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Refund of state/ local income taxes? <b>(Form 1099-G)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Interest/ Dividends from: checking/savings accounts, bonds, CDs, brokerage? <b>(Forms 1099-INT, 1099-DIV)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Alimony income or separate maintenance payments?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency, or Real Estate? <b>(Forms 1099-S, 1099-B)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Disability income? (Such as payments from insurance, or workers compensation) <b>(Forms 1099-R, W2)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Gambling winnings? <b>(Form W2-G)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Social Security or Railroad Retirement Benefits? <b>(Forms SSA-1099, RRB-1099)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Income (or loss) from Rental Property?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other income? (Tip, Scholarships? <b>[Forms W-2, 1098-T, 1099-MISC]</b> , lottery, prizes, awards, jury duty, <b>Sch K-1</b> , royalties, foreign income, other property, or services, etc.) Specify _____
<b>Yes</b>	<b>No</b>	<b>Unsure</b>	<b>Part IV – Expenses – Last Year, Did You (or Your Spouse) Pay</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Alimony or separate maintenance payments? If yes, recipient S.S.# _____ Date of Agreement: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Contributions to a retirement account? <input type="checkbox"/> I IRA (A) <input type="checkbox"/> 401K (B) <input type="checkbox"/> ROTH IRA (B) <input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. College or post-secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Any of the following? <input type="checkbox"/> Medical & Dental (including insurance premiums) <input type="checkbox"/> Mortgage Interest (Form 1098) <div style="padding-left: 40px;"><input type="checkbox"/> Taxes (State, Real Estate, Personal Property, Sales)   <input type="checkbox"/> Charitable Contributions</div>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Child or dependent care expenses such as daycare? If yes- You will need Name, EIN or SS#, Address of Care Provider & Amount Spent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. For supplies used as an eligible educator such as teacher, teacher's aide, counselor, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Expenses related to self-employment income or any other income you received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Student loan interest? (Form 1098-E)
<b>Yes</b>	<b>No</b>	<b>Unsure</b>	<b>Part V– Life Events – Last Year, Did You (or Your Spouse)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Purchased or sold your property/residence?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have a credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? <b>(Forms 1099-C, 1099-A)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Contribute to a Health Savings Account (HSA)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Purchased a new or used plug in EV or Fuel Cell Vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Purchase and install energy efficient solar panels for your primary residence and/or make energy efficient upgrades to your house?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Make estimated tax payments or apply last year's refund to this year's tax? If so, how much?   \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. File a federal return last year containing a "capitol loss carryover" on Form 1040 Schedule D?

Tax Payer Signature: \_\_\_\_\_

Date: \_\_\_\_\_