

TAX&OPTIMACC PROFESSIONAL					DATE _____				
PREPARACION PROFESIONAL DE IMPUESTOS									
Primary Taxpayer Name: _____									
Date of Birth: _____									
SSN or ITIN: _____									
Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Widowed									
Occupation: _____									
Address: _____									
City, State, Zip: _____									
Preferred Contact Method: <input type="radio"/> Email <input type="radio"/> Phone									
Best Phone Number: _____									
Email: _____									
Spouse Name: _____									
Spouse Date of Birth: _____									
Spouse SSN or ITIN: _____									
Occupation: _____									
Address (If different): _____									

Best Phone Number: _____									
Email: _____									
Can you be claimed as a dependent by someone else Y N									
DEPENDENTS* (or person living in your household)									
Name Relationship Date of Birth SSN or ITIN Full Time Disabled?									
*If any dependents listed did not live at the primary taxpayers address the entire year, please discuss this with your tax professional.									
critical to help us help you accurately report your residency and dependency to the tax IRS									
DROP OFF DOCUMENT CHECKLIST									
INCOME:									
(Check all that apply & include documents.)									
<input type="checkbox"/>	Employer (W-2)								
<input type="checkbox"/>	Self-Employment*								
<input type="checkbox"/>	Interest (1099-Int)								
<input type="checkbox"/>	Social Security/Retirement								
<input type="checkbox"/>	Dividends (1099-Div)								
<input type="checkbox"/>	Rental Property*								
<input type="checkbox"/>	Stock or Mutual Fund sale (1099-B)								
<input type="checkbox"/>	Unemployment								
EXPENSES:									
(Check all that apply & include documents.)									
<input type="checkbox"/>	Self Employment*								
<input type="checkbox"/>	Un-reimbursed by your employer								
<input type="checkbox"/>	Education								
<input type="checkbox"/>	Rental Property*								
<input type="checkbox"/>	Medical/Dental care								
<input type="checkbox"/>	Union Dues								
CREDIT & DEDUCTIONS:									
(Check all that apply & include documents.)									
<input type="checkbox"/>	Donate cash or goods to a charity?								
<input type="checkbox"/>	Pay Student Loan interest?								
<input type="checkbox"/>	Pay Child/Dependent Care expense?								
<input type="checkbox"/>	Have a Mortgage Payment? (1098)								

<input type="checkbox"/>	Make an IRA Contribution?						
<input type="checkbox"/>	Make a major taxable purchase?						
<input type="checkbox"/>	Pay Property Taxes?						
MISCELLANEOUS*:							
(Check all that apply.)							
Did you or your spouse:							
<input type="checkbox"/>	Sell a home?						
<input type="checkbox"/>	Take an IRA or 401(k) distribution?						
<input type="checkbox"/>	Pay/Receive alimony?						
<input type="checkbox"/>	Adopt a child?						
<input type="checkbox"/>	Suffer catastrophic loss?						
<input type="checkbox"/>	Have gambling winnings/losses?						
HEALTH INSURANCE							
(Check all that apply & include documents.)							
Were you or any members of your household:							
<input type="checkbox"/>	Covered by a qualified private or government health insurance plan?						
<input type="checkbox"/>	Enrolled in a health insurance					plan through the federal or	
	state marketplace?						
TAX PROFESSIONAL OR CLIENT SERVICE PROFESSIONAL COMPLETE THIS							
Legal Disclaimers							
Client received Privacy Policy, Consent to Use and Consent to Disclose service provider documents, and the documents were explained and executed as applicable.							
Y N							
Did the client review and sign the Client Service Agreement? oY oN							
Follow Up							
How would the client like to review and approve their tax return?							
Appointment time and date: _____							
MIL GRACIAS POR SU TRABAJAR CONMIGO.							
CARLOS HERRERA. TAX SPECIALIST				CLIENTE			
TAX & OPTIM ACC PROFESSIONAL							