

WELCOME TO THE TAX TEAM!

To better serve you and meet your tax preparation expectations, we ask that you take a few minutes to fill out the information below.

Are you a returning Tax Team Client? Y | N

Do you have a preferred Tax Specialist? (please provide name): _____

CLIENT INFORMATION:

Primary Taxpayer Name: _____

Spouse Name: _____

Date of Birth: _____

Spouse Date of Birth: _____

SSN or ITIN: _____

Marital Status: Single Married

Spouse SSN or ITIN: _____

Married filing separate Widowed

Head of household

Spouse Occupation: _____

Preferred Contact Method: English | Spanish

Instagram name: _____

Address (If different): _____

Home Address: _____

City, State, Zip: _____

Occupation: _____

Best Phone Number: _____

Best phone number: _____

Email: _____

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 Student	Disabled?

CHILDCARE INFORMATION

Provider Name	Provider Address	Provider SSN /EIN	Amount Paid

*If any dependents listed did not live at the primary taxpayers address the entire year, please discuss this with your tax professional. This is critical to help us help you accurately report your residency and dependency to the tax authorities.

INCOME:

(Check all that apply & include documents.)

- Employer (W-2)
- 1099-Misc
- Self-Employment*
- Interest (1099-Int)
- Social Security/Retirement
- Dividends (1099-Div)
- Rental Property*
- Stock or Mutual Fund sale (1099-B)
- Unemployment
- Other income not listed
Explain: _____

EXPENSES:

(Check all that apply.)

- Self Employment*
- Un-reimbursed by your employer
- Education
- Rental Property*
- Medical/Dental care
- Union Dues
- Moving cost

CREDIT & DEDUCTIONS:

(Check all that apply.)

- Donate cash or goods to a charity?
- Pay Student Loan interest?
- Pay Child/Dependent Care expense?
- Have a Mortgage Payment? (1098)
- Make an IRA Contribution?
- Make a major taxable purchase?
- Pay Property Taxes?

HEALTH INSURANCE

(Check all that apply & include documents.)

Were you or any members of your household:

- Obamacare (marketplace)
- Employer Insurance
- Medicare or medicaid
- Other

MISCELLANEOUS:

(Check all that apply.)

Did you or your spouse:

- Sell or buy a home?
- Take an IRA or 401(k) distribution?
- Pay/Receive alimony?
- Suffer catastrophic loss?
- Have gambling winnings/losses?

ADDITIONAL INFORMATIONAre you or your spouse in debt with the IRS or any other government agencies? Y | NWould you be interested in Peace of Mind (IRS audit protection) by The Tax Team? Y | NWould you be interested in credit repair? Y | NAre you purchasing a home within the next two years? Y | NDo you need a mortgage broker or realtor? Y | NDo you have a business? Y | NIf yes, are you interested in bookkeeping? Y | N

Routing Number: _____ Account Number: _____

BY SIGNING BELOW, I FULLY UNDERSTAND AND AGREE TO THE SERVICES BEING RENDERED BY THE TAX TEAM, I ALSO CONFIRM THAT THE INFORMATION I PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PERSONAL INFORMATION:Would you like your federal or state income tax refund direct deposited? Y | N Date: _____

Taxpayer signature: _____ Date: _____

Spouse signature: _____