

**FILING STATUS**

Single \_\_\_\_\_

Married Filing Joint \_\_\_\_\_

Married Filing Single \_\_\_\_\_

Head of Household \_\_\_\_\_

Qualifying Widower \_\_\_\_\_

**ADDRESS**

\_\_\_\_\_ Street & Apt. No.

\_\_\_\_\_ City

\_\_\_\_\_ State & Zip

\_\_\_\_\_ County

\_\_\_\_\_ School Code (if app)

**TAXPAYER**

Social Security Number \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_

Work Ph \_\_\_\_\_ Cell/Other Ph \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Occupation \_\_\_\_\_

Legally Blind? Y / N      Dependent of Other? Y / N

**SPOUSE**

Social Security Number \_\_\_\_\_

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_

Work Ph \_\_\_\_\_ Cell/Other Ph \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Occupation \_\_\_\_\_

Legally Blind? Y / N      Dependent of Other? Y / N

**DEPENDENTS**

<u>First, Middle Initial, Last Name</u>	<u>D.O.B</u>	<u>Social Security Number</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT & RETIREMENT INFORMATION:**

A.) Are You Employed?    Yes      No

B.) Are you Unemployed?    Yes      No

C.) Are you contributing to a 401k, 403b or other pre-tax account?    Yes      No

D.) Have you ever opened any form of pretax account in the past?    Yes      No

E.) Have you considered a ROTH conversion of pretax accounts?    Yes      No

F.) Would you like a ROTH conversion tax "WHAT IF" prepared with your return?    \_\_\_\_\_

**STATE & OTHER**

A.) Are you requesting state return(s)?    Yes      No      If yes, what State(s): \_\_\_\_\_

B.) Are you requesting local, school, RITA or county return(s)?    Yes      No      Please specify: \_\_\_\_\_

**AFFORDABLE CARE ACT**

Did **everyone** on this tax return have health insurance coverage **all 12 months** last year?    Y / N      If **no**, were you exempt?

If **yes**, coverage through (circle one)

**Taxpayer:**    Employer    Spouse    Ins    Exchange/Marketplace    Direct with Insurer    Medicare    Medicaid      Y / N

**Spouse:**    Employer    Spouse    Ins    Exchange/Marketplace    Direct with Insurer    Medicare    Medicaid      Y / N

**Dep 1:**    Employer    Spouse    Ins    Exchange/Marketplace    Direct with Insurer    Medicare    Medicaid      Y / N

**Dep 2:**    Employer    Spouse    Ins    Exchange/Marketplace    Direct with Insurer    Medicare    Medicaid      Y / N

**Dep 3:**    Employer    Spouse    Ins    Exchange/Marketplace    Direct with Insurer    Medicare    Medicaid      Y / N

**If not covered for all 12 months, complete Intake Pages 8 and 9.**

# Tax Client Income and Expense Questions

**Please Note:** The following Worksheets are to assist the taxpayer in gathering the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back-up provided. There is a "Scan Coversheet" available by separate download that will provide the preparer the list of documents necessary to complete the return. It is very important that the taxpayer provide complete information upon the first submission of these documents.

The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation. Missing information will delay the processing of the return. Please do not leave any Worksheet blank. If not applicable write "N/A" on that page and leave in stacking order. If additional pages are added beneath a Worksheet, write "see next xx pages" and correct "Intake Pg 1 of 10" to the correct total number of pages.

## BASIC QUESTIONS

Please check the box to the left for any of the following that apply. If not leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)

- 1  Did your marital status change from the prior year?
- 2  Did you change your address from last year?
- 3  Any change in your dependents from last year?
- 4  Did you have children under 19 (or 24 if a full time student) who had more than \$1,900 in unearned income?
- 5  Are all your dependents either US Residents or Citizens?
- 6  Did you pay any adoption expenses?
- 7  Did you provide over half the support for someone you aren't claiming as a dependent?
- 8  Are you being claimed or eligible to be claimed as a dependent of someone else's return?
- 9  Were either you or your spouse in the military or National Guard?
- 10  Did you purchase or sell your primary residence? Or did you refinance your primary residence?
- 11  Have you been notified by the IRS of changes to a previously submitted tax return? Or have you received any other IRS or State Notices?
- 12  Did you make any gifts over \$14,000 to any individuals?

Comments/Description:

## INCOME

Please check any of the following that you and/or your spouse received:

- 1  W-2 Income
- 2  Interest and/or Dividends
- 3  Tax Exempt Interest and/or Dividends
- 4  Taxable refunds, credits or offsets? (including prior year State refunds)
- 5  Business income (Self Employment Income)  
\* If "yes" please fill out Schedule C Worksheet and provide financials.
- 6  Stock Sales (Capital Gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**  
**Amount of any Capital Loss Carryforward from 2014 \$ \_\_\_\_\_**
- 7  Any other Assets Sold or any other Gains or Losses
- 8  Rental Real Estate Income  
\* If "yes" please fill out Schedule E Worksheet  
**Amount of any Passive Activity Loss Carryfwd from 2014 \$ \_\_\_\_\_**
- 9  K-1's (1120S, 1065, 1041)
- 10  Unemployment
- 11  Social Security Income
- 12  Foreign Income
- 13  Alimony Received \$ \_\_\_\_\_ (If yes, rcvd from whom?)  
Name/SS# \_\_\_\_\_
- 14  Other Income: Please list: \_\_\_\_\_

## ADJUSTMENTS TO INCOME

Please check any of the following that apply to you and/or your spouse:

- 1  Educator Expenses (Teaching Expenses)
- 2  Health Savings Account Deductions
- 3  Moving Expenses
- 4  Contributions to SEP, SIMPLE and other Qualified Plans
- 5  Self Employed Health Insurance
- 6  IRA Contributions
- 7  Student Loan Information
- 8  Tuition and Fees Deduction (you or your dependents)
- 9  Alimony Paid \$ \_\_\_\_\_ (If yes, paid to whom?)  
Name/SS# \_\_\_\_\_

## TAX DEDUCTIONS AND CREDITS

For the following, please check any of the following that apply:

- 1  Itemized Deductions  
\* If "yes" please fill out Schedule A Worksheet
- 2  Energy Efficiency Related Upgrades/Repairs
- 3  Oil & Gas Investment credits
- 4  Other tax shelters or credits
- 5  Child Care Expenses Paid \$ \_\_\_\_\_  
Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Provider EIN: \_\_\_\_\_

## ESTIMATED PAYMENTS (Please fill in if Estimates were made or refunds from a prior year were applied)

- 1 Estimated Payments made for 2015 Return
 

\$ _____	Federal	Date _____	_____	Qtr
\$ _____	Federal	Date _____	_____	Qtr
\$ _____	Federal	Date _____	_____	Qtr
\$ _____	Federal	Date _____	_____	Qtr
\$ _____	State	Date _____	_____	Qtr
\$ _____	State	Date _____	_____	Qtr
\$ _____	State	Date _____	_____	Qtr
\$ _____	State	Date _____	_____	Qtr

## E-FILE / FILING INFO -- REFUND / PMT INFO

**Now mandatory, return will be E-Filed!**

- 1 How do you want any refund sent to you? Must check one
  - Direct Deposit (takes a few days)
  - Applied to Next Year's Return
  - Paper Check in the Mail (could take several weeks)
- 2 Any taxes due will be paid by check along with Voucher provided by tax preparer. It is the taxpayer's responsibility to mail payments before tax due dates.

**Two Forms of ID Required For ALL Returns! At Least One MUST Be Photo!  
Both Taxpayers Must Sign This Page!**

Taxpayer Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Spouse Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Photo ID #1-Required**

**1 Other Form of ID-Required**

**Photo ID #1-Required**

**1 Other Form of ID-Required**

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**Place Voided Check Here if Client Wants Direct Deposit**

# Tax Client Schedule A Info

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Include any back-up documents under Scan Coversheet.

Medical Expenses	Current Year
Medical & Dental Expenses	\$ _____
Medical Insurance Premiums Paid (Other than Social Security Medicare Payments)	\$ _____
Long Term Care Premiums	\$ _____
Prescription Drugs and Medications	\$ _____
Medical Miles Driven	_____

Tax Expenses	Current Year
State and Local Income Taxes Paid (Other than those on W-2s, 1099s, etc...)	\$ _____
2014 Income Taxes Paid in 2015	\$ _____
Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Other Taxes:	\$ _____
_____	\$ _____
_____	\$ _____
Qualified New Vehicle Taxes	\$ _____
Additional State or Local/Taxes	\$ _____

Interest Expense	Current Year
Home Mortgage Interest reported on Form 1098	\$ _____ * Include Form under Scan Coversheet
Home Mortgage Interest paid to others	\$ _____
Refinancing Points I Paid in 2015	\$ _____
Investment Interest (other than K-1)	\$ _____

Contributions	Current Year
Cash Contributions	\$ _____
Please see page 10 for further guidance.	
Non Cash Contributions	\$ _____
Please see page 10-13 for further guidance.	
Volunteer Mileage Driven _____	

Miscellaneous	Current Year
Unreimbursed Business Expenses	\$ _____
Union Dues	\$ _____
Tax Preparation Fees (paid for previous return)	\$ _____
Other Expenses:	\$ _____
_____	\$ _____
_____	\$ _____
Safe Deposit Rental	\$ _____
Investment Expenses (other than K-1)	\$ _____
Gambling Losses (to the extent of winnings)	\$ _____

Casualty & Theft Losses
If you had any casualty or theft losses during the year, please provide detail below, including date, description, amount of casualty or loss, any insurance reimbursement & basis in the property.

# Tax Client Schedule C Info-One Form Per Business

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH Sch C

\*\* Please Note: If possible, it is preferred a Trial Balance, P&L and Balance Sheet be provided by the client. If available, write "See next xx pages" below and stack under this page. If not available, please use the input sheet below.

**Business Info: (Required for all)**

Taxpayer  or Spouse  Address of Business \_\_\_\_\_

Name of Business \_\_\_\_\_ Business Code \_\_\_\_\_

EIN Number (If any) \_\_\_\_\_ Date Business Started \_\_\_\_\_

Accounting Method  Cash  Accrual  Other \_\_\_\_\_ (Specify) Did you materially participate in the business? Yes No

**General Questions: (Required for all)**

1.) Are you claiming use of a home office? Yes No *If yes...please include Home Office Deduction Worksheet*

2.) Do you have depreciable assets? Yes No *If yes...please provide a detailed depreciation schedule. The schedule should include: (Prior year detail is preferred)*

- a. Asset Description
- b. Date Placed in Service
- c. Cost
- d. Accumulated Depreciation
- e. Method of Depreciation and Years

3.) Vehicle Information Year/Make/Model: \_\_\_\_\_ Date Placed in Service: \_\_\_\_\_

Total Miles Driven: \_\_\_\_\_ Business Miles: \_\_\_\_\_ Commuting Miles: \_\_\_\_\_

4.) Self Insured Health Insurance Deduction? Yes No *If yes...how much did you pay? \_\_\_\_\_*

**Income Questions: (Required if no P&L or Trial Balance Available)**

Total Sales \_\_\_\_\_

Other Income \_\_\_\_\_

**Cost of Goods Sold: (Required if no P&L or Trial Balance Available)**

Beginning Inventory \_\_\_\_\_

Purchases \_\_\_\_\_

Cost of Labor \_\_\_\_\_

Materials and Supplies \_\_\_\_\_

Ending Inventory \_\_\_\_\_

**General Expenses: (Required if no P&L or Trial Balance Available)**

Advertising	\$ _____	Repairs & Maintenance	\$ _____
Auto Expenses	\$ _____	Supplies	\$ _____
(other than Mileage)	\$ _____	Taxes & Licenses	\$ _____
Commissions	\$ _____	Travel	\$ _____
Contract Labor	\$ _____	Meals (Total)	\$ _____
Depletion	\$ _____	Utilities	\$ _____
Depreciation (Need Sched)	\$ _____	Wages	\$ _____
Employee Benefit Programs	\$ _____	Other:	
Insurance (Other than Health)	\$ _____	_____	\$ _____
Interest	\$ _____	_____	\$ _____
a.) Mortgage	\$ _____	_____	\$ _____
b.) Other	\$ _____	_____	\$ _____
Legal & Professional	\$ _____	_____	\$ _____
Office Expense	\$ _____	_____	\$ _____
Pension & Profit Sharing Plans	\$ _____	_____	\$ _____
Rent or Lease	\$ _____	_____	\$ _____
a.) Vehicles, Machinery	\$ _____	_____	\$ _____
b.) Other	\$ _____	_____	\$ _____

# Tax Client Home Office Deduction Info

Fill out COMPLETELY or mark "N/A". DO NOT leave blank.

<b>General</b>	
Date home was first used for Business?	_____
Square Footage of Area Used for Home Business	_____
Total Square Footage of the Home	_____

<b>Deduction Expenses:</b>	<b>Current Year</b>
Casualty Losses	\$ _____
Deductible Mortgage Interest	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Rent	\$ _____
Repairs and Maintenance	\$ _____
Utilities	\$ _____
Other:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Depreciation:</b>	
Do you have depreciable assets?	Yes      No
If yes, describe:	

<b>Special Information for the Tax Preparer</b>	YES	NO
Is there something "unique" that the preparer should pay special attention to or know?	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the next page.

# Tax Client Schedule E Info-One Page Per Property

Intake Page 7 of 10

Fill out COMPLETELY or mark "N/A". DO NOT leave blank. Use a separate Worksheet for EACH property

Taxpayer Name \_\_\_\_\_  
 Spouse Name \_\_\_\_\_

Social Security Number \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

**General: (Required for all)**

Property Description \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner of Property  Taxpayer  
 Joint

**General Questions:**

1. Enter "X" for Active Participant.
2. Enter "X" if Property was used for personal use by you or your family for more than 14 days or 10% of the total rented days.   
 If Checked, enter the number of days for personal use \_\_\_\_\_  
 If Checked, enter the number of days rented \_\_\_\_\_
3. Do you have depreciable assets?      Yes      No      *If yes...please provide a detailed depreciation schedule.*  
*The schedule should include: (Prior year detail is preferred)*
  - a. Asset Description
  - b. Date Placed in Service
  - c. Cost
  - d. Accumulated Depreciation
  - e. Method of Depreciation and Years

Income:	Current Year
Rents Received	\$ _____
Royalties	\$ _____

Property Expense:	Current Year	Note: If printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below. No need to re-write here as long as info is easily readable by tax preparer  * Use a separate Worksheet for EACH property
Advertising	\$ _____	
Cleaning/Maintenance	\$ _____	
Commissions	\$ _____	
Insurance	\$ _____	
Legal and Other Professional	\$ _____	
Management Fees	\$ _____	
Qualified Mortgage Interest	\$ _____	
Other Interest	\$ _____	
Repairs	\$ _____	
Supplies	\$ _____	
Real Estate Taxes	\$ _____	
Other Taxes	\$ _____	
Utilities	\$ _____	
Other:	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	

**Assets**

Depreciation (Please provide detailed schedule - see above)

New Assets Placed in Service This Year:

Description	Date Placed in Service	Purchase Amount
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____
4 _____	_____	\$ _____
5 _____	_____	\$ _____

**If you didn't have coverage for part or all of the year, answer YES below for any household member**

<input type="checkbox"/>	Was your previous insurance policy cancelled?
<input type="checkbox"/>	Do you have an exemption from the Marketplace/Exchange? <b>Must provide Certificate</b>
<input type="checkbox"/>	Was coverage offered by taxpayer's or spouse's employer?
<input type="checkbox"/>	Are you a member of a federally recognized Indian tribe?
<input type="checkbox"/>	Are you eligible for services through an Indian health care provider?
<input type="checkbox"/>	Are you a member of a health care sharing ministry?
<input type="checkbox"/>	Did you live outside the United States for any part of the year?
<input type="checkbox"/>	Are you enrolled in TRICARE, or did you apply for CHIP?
<input type="checkbox"/>	Do any of the following apply to you? Do <b>NOT</b> indicate which one: Became homeless; evicted in the past 6 months; facing eviction or foreclosure; received utility shutoff notice; recently experienced domestic violence; recently experienced death of close family member; filed for bankruptcy in last 6 months; unexpected increases in essential expenses due to caring for an ill, disabled or aging family member; incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt; recently experienced fire, flood or other natural or human caused disaster that resulted in substantial damage to your property (deep breath here :))

Please continue on the next page.



# ACA Continued:

**Coverage Details. Check each month that applies for each question.**

**Note: 1095-A and Exemption Certificates should be included under the Tax Document Coversheet.**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Taxpayer:</b>												
Insured through Marketplace												
Coverage from other source												
Exempt from Mandate												
<b>Spouse</b>												
Insured through Marketplace												
Coverage from other source												
Exempt from Mandate												
<b>Dependent 1</b>												
Insured through Marketplace												
Coverage from other source												
Exempt from Mandate												
Required to file a return?	Y / N	AGI of that return:		\$								
<b>Dependent 2</b>												
Insured through Marketplace												
Coverage from other source												
Exempt from Mandate												
Required to file a return?	Y / N	AGI of that return:		\$								
<b>Dependent 3</b>												
Insured through Marketplace												
Coverage from other source												
Exempt from Mandate												
Required to file a return?	Y / N	AGI of that return:		\$								

**If employer sponsored health coverage was declined:**

	<b>Taxpayer:</b>	<b>Spouse:</b>
What would cost of SELF coverage have been?	\$	\$
What would cost of FAMILY coverage have been?	\$	\$
Would FAMILY policy have covered spouse?	Y / N	Y / N

**Other Calculation Questions:**

Did you pay for health coverage for anyone not on your return?	Y / N
Did anyone else pay for health coverage for someone on your return?	Y / N

## Charitable Contributions Policy

By law all charitable contributions claimed as a deduction on your tax return must be substantiated by keeping a written record of the contribution. Acceptable written records used to substantiate each contribution include a cancelled check or bank record that supports the donation, or a written receipt or similar statement that includes (1) the name of the donee organization and (2) the date and amount of the contribution and (3) if any goods or services were received in exchange for the contribution. Contributions of \$250 or more require a statement from the charitable organization. If the resulting returns are examined by the IRS, requests may be made for the written record of the contribution. It is recommended that for any charitable contributions claimed, you retain the written records for at least seven years.

The substantiation rules for non-cash contributions require the donated property's fair market value (FMV) to be determined. FMV is the depreciated, or used, value of the donated property. It is not the purchase price of a similar "new" item. The following methods can be used to determine FMV:

~ Valuation guides available from organizations such as the Salvation Army or Goodwill. Many guides include a value range that can be used to determine FMV based upon location and condition of property. Keep any guides used to determine FMV with your tax records.

~ Compare prices at area thrift stores for items in comparable condition. Visit a few stores to determine price and demand for property.

~ Search on line auctions or classified ads for comparable items. Keep printouts of such listings used to determine FMV of the donated property.

~ For donated items with a FMV of more than \$5,000, valuation by a qualified appraiser will be required in most cases. Keep the appraiser's report with your tax documents.

To further substantiate your non-cash contribution, keep any acknowledgment letters, receipts, or similar statements from the organization. Consider keeping a picture of the donated item(s) with your tax documents. See IRS Publication 561, Determining the Value of Donated Property for further information. (<https://www.irs.gov/pub/irs-pdf/p561.pdf>).

I have read and understand the Charitable Contributions Policy and have the supporting documentation necessary to substantiate my (our) charitable cash and non-cash contributions.

Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_

### **For assistance in pricing your Charitable Contribution:**

We have included a Substantiation and Valuation Guide or you can go to:  
<http://www.goodwillpeo.org/sites/default/files/documents/DonationValueGuide.pdf>  
 These are only guidelines and may vary by condition of the items being donated.