



Christina's Tax Service, Inc.

INDIVIDUAL TAX RETURN INFORMATION CHECKLIST

IMPORTANT: YOU ARE RESPONSIBLE for providing complete and legible information to ensure your returns will be prepared properly. Please have all receipts and documents used for tax preparation in order and in the event of an audit.

CLIENT

NEW CLIENT ____ EXISTING CLIENT ____ REFERRED BY: _____

NEW CLIENTS: OUR OFFICE NEEDS PRIOR YEAR TAX RETURN FOR REVIEW TO DETERMINE if we can accept new clients

HEALTH CARE COVERAGE

Did you or your dependents have healthcare coverage for the full year? YES ____ NO ____

If Yes, please provide Form 1095A

TAXPAYER

Name: _____ Occupation: _____ Social Security Number: _____
Date of Birth: _____ Current Address: _____
Tel: HM: _____ WK: _____ Cell: _____ Fax: _____
Email: _____
Filing Status: S ____ HOH ____ MFS ____ MFJ ____ Surviving Spouse ____

SPOUSE: *** Name as it currently appears on Social Security Card ***

Name: _____ Occupation: _____
Social Security Number: _____ Date of Birth: _____
Current Address: _____
Tel: HM: _____ WK: _____ Cell: _____ Fax: _____
Email: _____

IDENTITY THEFT

Have YOU or your Spouse been a Victim of Identity Theft?

If yes, please provide the NEW IRS PIN # _____

**If you do not have the IRS PIN #, please call IRS at 1-800-908-4490 or visit
www.irs.gov/identity-theft-fraud-scams/get-an-identity-protection-pin**

CHILD/DEPENDENT: * Name as it currently appears on Social Security Card *****

Are you authorized to claim the following dependents? YES or NO: If yes, please provide proof

Name: First _____ Initial _____ Last _____ Months at home _____ DOB: _____
Relationship _____ SS# _____

Name: First _____ Initial _____ Last _____ Months at home _____ DOB: _____
Relationship _____ SS# _____

Name: First _____ Initial _____ Last _____ Months at home _____ DOB: _____
Relationship _____ SS# _____

Name: First _____ Initial _____ Last _____ Months at home _____ DOB: _____
Relationship _____ SS# _____

Name: First _____ Initial _____ Last _____ Months at home _____ DOB: _____
Relationship _____ SS# _____

CHILD CARE

Babysitters Name: _____ Social Security Number: _____

Address: _____ Amount Paid: _____

Day Care Name: _____ Fed ID Number _____

Address: _____ Amount Paid: _____

REFUND

If you are due a refund, please provide your direct deposit details: a voided check and/or your bank name, routing number, account number, and account type (checking or savings). Please also provide the credit/debit card used for payment.

NO RETURNS WILL BE RELEASED WITHOUT PAYMENT IN FULL OF TAX PREP

CLIENT SIGNATURE: _____ Date: _____ Time: _____

STAFF SIGNATURE: _____ Date: _____ Time: _____

INCOME

___ W-2 and 1099s

___ Interest earned from Banks Credit Unions, Savings and Loans ... etc. Total Interest received \$ _____

___ Retirement Distribution – 1099-R or 1099-P. I.e. Distribution from 401K, IRAs, Roth IRAs, Pensions, etc. - Was there a rollover within 60 days of the distribution? Rollover Amount \$ _____

___ Unemployment Compensation (1099-G)? _____

___ Did you receive any prizes, awards, gifts, lottery winnings, gambling winnings (W2-G), etc. _____
> Gambling Losses: Must provide Win/Loss Statement from Casino (W2-G)

___ Did you receive any dividend income (1099-Div)? YES/NO Dividends Received \$ _____

___ Did you receive a Cancellation of Debt (1099-C) or Foreclosure (1099-A)? _____

___ Did you receive Social Security or Disability Income (SSA-1099)? Provide statement

___ Did you have any other sources of income? Yes ___ or ___ No

If yes, please provide information _____

Please provide K1 - Partnership, Estates & Trust, S-Corporation

OTHER

Contributions – Provide Receipts/Cancelled checks showing organization and amounts donated over \$250.

Tuition: Yes ___ or ___ No.

If yes, Please provide **1098T**

Sale of Stocks/Bonds/Mutual Funds (1099-B) - Please provide Brokerage Statement

Sale of House – First 2 pages of Settlement sheet from the closing-HUD 1 and 1099-S, if issued

Purchase of House – First 2 pages of Settlement sheet from the closing-HUD 1

Re-finance of House – First 2 pages of Settlement sheet from the closing-HUD 1

Is this an Equity Loan? _____

What were the proceeds used for? _____

VIRTUAL or CRYPTO - CURRENCY TRANSACTIONS

Please verify if at any time during the tax year, did you receive, sale, sent, exchange, or otherwise acquire any financial interest in any Virtual or Crypto Currency

Check: Yes _____ or _____ No. - If Yes, please provide a **Broker's Statement**.

FOREIGN BANK ACCOUNT (FBA)

Did you have financial interest in a foreign country bank account ?

Check: Yes _____ or _____ No

If yes, please provide **Bank Statement** and fill out **FBAR CHECKLIST** (on website in documents)

RENTAL PROPERTY:

+ Please fill out the following for each rental property

+ Provide expenses for each property

+ Complete Rental Checklist for each Property

Location of Property: _____

Rents Received: _____

Date Purchased: _____

Cost: _____

Date Placed in Service: _____

OTHER INFORMATION

- ___ Did you make any estimated payments to the IRS?
If yes, Please provide copy of payments with date and amount paid: _____
- ___ Did you pay any student loan interest? Provide statement _____
- ___ Did you purchase and install energy-efficient home items? (Windows, furnace, insulation, etc.) _____
- ___ Mortgage Statement – Form 1098
• Total Interest Paid: _____
• Total Real Estate Taxes Paid with Mortgage: _____
• Real Estate Taxes, if paid separately, please provide receipts. _____
- ___ Did you suffer a Federally Declared Casualty Loss this year? Yes ___ or ___ No

VEHICLE

VEHICLE MILEAGE from January 1st to December 31st: _____

Provide Purchase Document for New Vehicles

	Vehicle 1		Vehicle 2	
	Main Job	Side Job	Main Job	Side Job
Year, Make, Model	_____	_____	_____	_____
Date Placed in Service:	_____	_____	_____	_____
Mileage - Total Miles:	_____	_____	_____	_____
Business Miles:	_____	_____	_____	_____

Ownership: ___ Own ___ Lease (Monthly Lease Amount) ___ Own ___ Lease (Monthly Lease Amount)

Were you reimbursed for your vehicle mileage expenses? **YES** ___ or ___ **NO** - Amount reimbursed \$ _____

___ Do you have records to substantiate the above mileage information? YES ___ NO ___

IF AUDITED YOU MUST BE ABLE TO SUBSTANTIATE ALL EXPENSES SUBMITTED.

TAXPAYER NAME: _____ SS# _____

SPOUSE NAME: _____ SS# _____

TAXPAYER NAME: _____ SSN: _____

SPOUSE NAME: _____ SSN: _____

I have engaged your firm to prepare my individual (1040) Federal and State income tax returns for the year ended December 31st _____. I understand that it is my responsibility to provide you with all the information required to complete my tax return. In that regard I state that, to the best of my knowledge and belief.

1. I have provided true, accurate and complete information regarding my income as listed on the attached schedules, computer disks, and tax organizers, W-2s, 1099s and/or attached written summaries. I understand that it is my responsibility to provide all the information necessary to complete the returns. I will retain for 7 years all the documents, receipts, cancelled checks and other records required to substantiate the item of income and expenses claimed on my return.
2. I have provided true, correct and complete information regarding amounts I have provided to you to claim as tax deductions, and have maintained written documentation supporting all amounts, including logbooks and receipts. I understand that if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities interpretation of the law and other supportable positions, that you will use your professional judgment in resolving the issue.
3. I understand that tax authorities may examine the return, that documentation should be retained to support the information provided to you, specially business travel & entertainment deductions, business use % of autos and other assets, and barter activities, and that penalties may be imposed on returns that are late, underpaid or incorrect.
4. I understand that you will not audit or otherwise verify any information that you may require clarification or additional information, that you are not responsible for disallowed deductions, or the inclusion or additional unreported income or any resulting taxes, penalties or interest.
5. I understand that I will be charged an additional fee if you are asked to assist or represent me in the tax examination or INQUIRY. I understand that, in the event of preparer error, I am responsible for additional tax that may be due, but the extent of your responsibility is to pay for any penalty that the IRS or above state revenue department may assess.
6. I will contact you immediately if I discover additional information that will lead to a change in my return, or if I receive any letter from the IRS or state taxing authorities.
7. I understand that your policy is to put all tax advice in writing, and that I will not rely upon any unwritten advice because it may be tentative incomplete or not fully viewed.
8. I understand that your bill will be due and payable upon completion of these returns, and those additional services will not be performed until the bill for these services is paid in full. I understand that your bill will be based upon standard billing which is available upon request.
9. I understand that you will not file a Federal, State or local tax extension without my request to do so.
10. If there are other services or tax returns that I expect you to prepare, such as Corporation, Partnership, Estate, gift, sales, fiduciary, property, or other states or cities I will note them at the bottom of this letter.
11. There is no refund policy upon actual preparation of tax return.
12. No information will be released unless a Notice of Disclosure is received. I have read, understand and accept the condition of the engagement letter above and the attached privacy policy. (For Tax Preparation, Consultation and Bookkeeping Services)

Client Signature

Date

Client Signature

Date