

Please indicate if any of the following items apply to you or your spouse and mark the appropriate box.

Yes	No	General Information
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change over the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any child care expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Did you change jobs during the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you move during the last year?
<input type="checkbox"/>	<input type="checkbox"/>	Are you being claimed (or eligible to be claimed) as a dependent on anyone else's return?

Yes	No	Income Information
<input type="checkbox"/>	<input type="checkbox"/>	Have you received all W-2's from all employers? How many? _____
<input type="checkbox"/>	<input type="checkbox"/>	Did you earn interest from a foreign bank?
<input type="checkbox"/>	<input type="checkbox"/>	Are you an authorized signature holder on a foreign bank account?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse have any IRA accounts?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a Schedule K-1 from a partnership, S Corporation or trust?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any social security benefits during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive any prize or gambling winnings during the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse receive Unemployment Compensation or Jury Duty pay?

Yes	No	Business Information
<input type="checkbox"/>	<input type="checkbox"/>	Did you start a new business or purchase any rental property during the past year?
<input type="checkbox"/>	<input type="checkbox"/>	Have you purchased any business assets or converted any assets to business use?
<input type="checkbox"/>	<input type="checkbox"/>	Did you dispose of any business assets?
<input type="checkbox"/>	<input type="checkbox"/>	Did you cease operating any business or rental property?

Yes	No	Other Information
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay any tuition costs?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or your spouse pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or sell your principal home?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any federal or state estimated tax payments?
<input type="checkbox"/>	<input type="checkbox"/>	Did you or any member of your tax household have insurance through the Health Insurance Marketplace?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, did you or any member of your tax household receive a Form 1095-A?

Yes	No	Itemized Deductions
<input type="checkbox"/>	<input type="checkbox"/>	Cash donations
<input type="checkbox"/>	<input type="checkbox"/>	Real estate and personal property taxes paid
<input type="checkbox"/>	<input type="checkbox"/>	Health/Dental/Other insurance premiums
<input type="checkbox"/>	<input type="checkbox"/>	Long term insurance premiums
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medications
<input type="checkbox"/>	<input type="checkbox"/>	Medical mileage
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Interest statement
<input type="checkbox"/>	<input type="checkbox"/>	Gambling losses (up to amount of winnings)

Information to Bring:

<input type="checkbox"/>	Driver's License & Social Security Cards
<input type="checkbox"/>	Copy of prior year return
<input type="checkbox"/>	Original W-2's and other statements of income received from employers
<input type="checkbox"/>	1099's and other statements reporting interest/dividend/miscellaneous income
<input type="checkbox"/>	Other income received

Income

Primary Number of W-2's?	_____	Received?	_____
Spouse Number of W-2's?	_____	Received?	_____
Number of 1099's?	_____	Received?	_____
Income from Mutual Funds	_____		
Rental Income?	_____	Other?	_____

Business Income

Business Activity:	_____	Name:	_____
Product:	_____	Gain/Loss:	_____
Income from Sales:	_____	Other:	_____
Insurance Proceeds Paid:	_____	Casualty:	_____
Bad Debts for Prior Year:	_____	Theft:	_____
Home Office %:	_____	Mortgage:	_____
Depreciable Equipment:	_____	Rent:	_____
Records:	_____		_____
Taxes Paid:	_____	Records:	_____
Purchases:	_____	Records:	_____
Improvements:	_____	Records:	_____
Travel/Lodging:	_____	Records:	_____

Deductions

IRA Contributions Made:	_____	HAS/MSA:	_____
Student Loan Interest Paid:	_____		
Prior Year Itemized Deduction:	_____		
Medical Expenses:	_____	Major:	_____
Vision Expenses:	_____	Dental:	_____
Routine Medical:	_____	Prescriptions:	_____
Transportation:	_____	Other:	_____
Casualty Losses:	_____		
Charitable Contributions:	_____		
Donations:	_____		
Gambling Losses:	_____		
Other:	_____		

Miscellaneous

Do you have a copy of your Prior year return?	_____
Any non-standard forms?	_____