



**Please fill out and return this packet to TAS**

Tax Year: \_\_\_\_\_

**GENERAL INFORMATION:**

Client Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_  
Spouse Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_  
Dependent 1: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_  
Dependent 2: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_  
Dependent 3: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_  
Dependent 4: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_  
Dependent 5: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_

Home Address: \_\_\_\_\_

Best Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Alternate Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Email Address: \_\_\_\_\_

Bank account info for direct deposit:

Checking Savings

Bank name: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

**Please check all items you had in the tax year and provide us with supporting documentation.**

**INCOME:**

- Wages and salaries (W-2)
- Interest income (1099-int)
- Dividend income (1099-div)
- Income from sale of stocks and securities (1099-B)
- Pension and annuity income (1099-R)
- IRA Distributions received (1099-R)
- Qualified Charitable IRA Distributions (QCD) information and 1099-R forms
- Social Security income (SSA-1099)
- Unemployment compensation received (1099-G)
- Third-party Network/Payment Card transactions (1099-K)

- Income from LLCs, partnerships, S-corps, estates, or trusts (K-1)
- Business income
  - Sales and receipts of cash (including 1099-MISC and 1099-NEC)
  - Expenses
  - Equipment or property purchases
- Rental income
  - Property description/locations
  - Rents received
  - Property-related expenses

**DEDUCTIONS (if not taking the standard deduction):**

- Charitable contributions
- Non-cash contributions
- Real estate tax paid
- Medical expenses (including health insurance, prescriptions, medical miles driven, hearing aids, glasses, dental work, etc.)
  - Note: Over-the-counter drugs or medical purchases are not deductible without prescription
- Mortgage interest (1098)
- Contributions to any college-savings plan
- Student loan interest paid
- Sales tax paid on vehicles
- Home office and vehicle use (if a business owner) – provide details
- Childcare expenses:
  - Name: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - SSN/EIN: \_\_\_\_\_
  - Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_
  - Amount Paid: \$\_\_\_\_\_

**CREDITS:**

- Child tax credit – Provide information on your children age 17 or younger (as of December 31 of prior year)
- Dependent care credits – Provide information including any costs you incurred for day care or similar care provided for the dependent
- Education credits – For any money spent on tuition, books, equipment and school fees — but not living expenses or transportation – Be sure to include receipts and any 1098-T statements
- Adoption credit – for any child legally adopted during tax year
- Savers credit – For saving in retirement accounts, dependent upon marital status and income
- Residential Clean Energy credit – aka “Solar Tax Credit”
- Clean Vehicle credit – purchase of an electric vehicle under a specified dollar amount
- Energy Efficient Home credit – energy-efficient window, door, furnace, etc. installation

**Did you buy or sell a house or other property during the tax year? If so:**

Was this your primary residence for at least 2 of the last 5 years?    Yes    No

Address: \_\_\_\_\_

Date of original purchase: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount originally paid for property: \$ \_\_\_\_\_

Date of Sale: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount received from sale: \$ \_\_\_\_\_

**ESTIMATED TAXES PAID:**

If you paid estimated quarterly taxes throughout the year, please provide details below:

<u>Date Paid</u>	<u>Federal</u>	<u>State</u>	<u>Local</u>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

**OTHER NOTES FOR US:**

---

---

---

---

If you would like a detailed organizer, please let us know and we will be happy to send you one.