2018 Intake Form

***MUST BE FILLED OUT ENTIRELY EVERY YEAR**

Office Use Only- Intake Date:____/____/2019
Scanned Date: ____/____/2019 By:_____
Assigned to: MG MR PC NH _____
Review Date: ____/____/2019 By:_____
Print Date ____/____/2019 Collated By:

***PLEASE ANSWER EACH QUESTION**

I. 1. Taxpayer Name _____(First Middle Initial Last)

2. Joint Taxpayer _____(First Middle Initial Last)

Filing Address _____

City _____ State_____ Zip _____

1. SS# _____1. DOB_____ Profession _____

2. SS#_____ 2. DOB _____ Profession _____

Are you a returning client? ☐**Yes** ☐**No** ***Has your address changed?*** ☐**Yes** ☐**No**

Contact Number(s): Home _____ Cell _____

E-Mail Address: _____

II. *Filing Status:* ☐ *Single* ☐ *Married Joint* ☐ *Married Separately* ☐ *Head of Household w/dep Child* ☐ *Legally Blind/Disabled*

*****Was everyone named on this tax return covered by health insurance for 2018?** ☐Yes ☐No ☐Partial

Do you have Dependents? ☐ Yes ☐ No

Name(s): _____Relationship _____SS# _____ DOB _____ Months lived with_____

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III. If working IRA, SEP CONTRIBUTION FOR YEAR? ☐ Yes☐ No If Yes, Amount? _____

If working Spouse IRA, SEP CONTRIBUTION FOR YEAR ☐Yes ☐No If Yes, Amount? _____

IRA Distributions? ☐Yes ☐No (If yes, provide 1099R) Over 70? ☐Yes ☐No

Sell any property? ☐Yes ☐No Refinance a Mortgage? ☐Yes ☐No (If yes provide closing papers and original cost basis information)

Pay Alimony? ☐Yes ☐ No (If yes-Name_____ SS#_____)

Qualify for child tax credit? ☐Yes ☐No Qualified child care expenses? ☐Yes ☐No (If yes provide Name, address and tax ID for facility)

IV. Any penalties for early withdrawal (ie: CD's, Annuity)? ☐Yes ☐No Did you file any changes this year to a previous tax return? ☐Yes ☐No *Do you file a State Return (not in FL)?* ☐Yes ☐No

Do you have a loss carryover from previous year's return? If yes, please provide last year's return and carryover amount $_____

Did you sell stocks, bonds, or other securities? ☐Yes ☐No (If Yes **YOU** must provide the following: Original Cost Basis, Purchase Date, Sale Date, & Sale Price.)

(Please list on back or provide on a separate sheet, additional cost may apply.)

V. INCOME: Please provide all W-2s, 1099s, information on installment sale, seller financed mortgage interest, other wages, profit or loss from business (with all gross receipts and expenses clearly listed), rental income, retirement plan distributions from pensions, annuities, rollovers, IRA, SEP, Keogh, provide all 1099s & any alimony received or any other income.

VI. ALL BROKERAGE OR INVESTMENT STATEMENTS 1099-INT, 1099-DIV, 1099-B

VII. ESTIMATED TAX PAYMENTS MADE? ☐Yes ☐No (If yes provide following.)

QRTR1 Date Paid {_____} Amount Paid {_____}

QRTR1 Date Paid {_____} Amount Paid {_____}

QRTR1 Date Paid {_____} Amount Paid {_____}

QRTR1 Date Paid {_____} Amount Paid {_____}

a. Other payments applied from previous refund (if any)?_____

VIII. DEDUCTIONS: Do you itemize your deductions, or would you like to this tax year? ☐Yes ☐No

IF NO SKIP to Section IX.

If yes, list the total of all Medical & Dental Doctor expenses for this tax year:

MEDICAL & DENTAL EXPENSES FOR 2018	Dentists
Prescription Costs	Self Employed or Health Insurance premium
Medicare B Premiums	Glasses LTC
Labs/X-rays	Hospitals/Clinics
Mileage for Medical	Other

TAXES YOU PAID ON NON-RENTAL PROPERTY	State and/or City
Real Estate Taxes Primary Other Real Estate Taxes	
Personal taxes Paid (Auto Registration, etc.)	
Sales Tax Paid (if not available automatic table used)	

INTEREST YOU PAID ON NON-RENTAL PROPERTY	1st Mortgage Interest
2nd Mortgage Interest	Loan Points Paid
Investment Interest Paid	

CASH CONTRIBUTIONS **$_____**	(Churches, Synagogues, Societies, Out of pocket charitable amount, Scouts, etc.) List organization below

NON-CASH CONTRIBUTIONS - Fair market value of items given (limited) -Charity, must provide amounts, attach item description and ***address of charity for all contributions***. Provide mileage log for charity work.

Name & Address of Charity	CASH Amount Given	Non-Cash Amounts

JOB EXPENSES- Un-reimbursed job expenses (travel, union dues, education, etc) Form 2106 may be required.

IX. LETTER OF ENGAGEMENT

OUR RESPONSIBILITIES

☐ Our work (whether consultation, tax return, tax plan or related product) is based on data you provide.

☐ We are not responsible to audit or verify the data that you give to us. ☐ We may ask for clarification of your data or additional information.

☐ We are not responsible to discover fraud or other irregularities, should any exist.

☐ We will use our professional judgment in resolving questions where the law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions.

☐ We will resolve such questions in your favor wherever possible unless otherwise instructed by you.

YOUR RESPONSIBILITIES

☐ To provide all of the information required for a complete and accurate finished product.

☐ To provide this information in a timely manner. ☐ To render the accounting/bookkeeping necessary to complete your work.

☐ To retain, with the completed work, all the documents, cancelled checks and other data that form the basis of income and deductions since you may later have to provide them to a taxing authority.

☐ To carefully review all work completed by our office before you sign. **You have the final responsibility for anything submitted to a taxing authority.**

PENALTIES, EXAMINATIONS AND NOTICES

☐ The IRS and state taxing authorities impose penalties for certain offenses, including understatement of income, filing after the deadline, underpaying estimated taxes, or under withholding taxes (If you would like more information, please contact us.) They can also select any return for examination. We are happy to assist you before the IRS or state taxing authority, if you so desire, however, these additional services are not included in the fee for preparing your return.

ARBITRATION

If a dispute arises out of or relates to this contract or engagement letter, or the obligations of the parties therein, and if the dispute cannot be settled through negotiation, the parties agree first to try in good faith to settle the dispute by mediation administered by the American Arbitration Association under its commercial Mediation Rules before resorting to arbitration, litigation, or some other dispute resolution procedure.

AGREEMENT

The foregoing is in accordance with my (our) understanding of your engagement to provide tax and financial services and you are hereby advised that each item of revenue or expense can be substantiated by receipts, cancelled checks, or other documents. This information is true, correct, and complete to the best of my (our) knowledge. Further, it is my (our) understanding that these terms will continue to be in force for the succeeding years of our engagement.

2018 IRS REQUIREMENT-WE NEED A COPY OF

YOUR DL FOR TAXPAYER & SPOUSE.

X. Signature: _____ Date: _____

_____

(Printed Name of Individual or Organization)

Signature: _____ Date: _____

_____

(Printed Name of Individual or Organization)

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

DO YOU WANT YOUR REFUND DIRECT DEPOSITED? ☐Yes ☐No

IF YES, YOU MUST PROVIDE THIS INFORMATION **OR** YOUR RETURN CANNOT BE EFILED

Routing number_____ (9 digits) ACCOUNT NUMBER_____

Bank Name_____

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