**FILING STATUS**

**Circle One:**

Single Married Filling Joint Married Filing Separate Head of Household Qualifying Widow(er)

**PRIMARY TAXPAYER**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_

S.S.N. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxpayer PIN: \_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Would you like to enroll in our Monthly News Letter Y / N

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are a Dependent on another Tax Return? Y / N

Legally Blind: Y / N Disabled: Y / N

**SPOUSE INFORMATION**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_

S.S.N. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taxpayer PIN: \_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Would you like to enroll in our Monthly News Letter Y / N

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are a Dependent on another Tax Return? Y / N

Legally Blind: Y / N Disabled: Y / N

**ADDRESS**

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Information for Direct Deposit of Refund**

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Type: Savings Checking

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

Will this refund go outside of the US? Y / N

**DEPENDENTS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | Last Name | Birthdate | SSN | Relationship | # of months | Dep. Code | EIC |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Children who lived with you and are being claimed on another return

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Please Circle All. No Blanks!**

**ACA and Medical Insurance**

Receive health care through employer for the entire year? **YES NO N/A**

Receive health care from the government such as Medicaid, Medicare **YES NO N/A**

Or any other governmental health care program for the entire year?

Purchase private health care insurance through the “Marketplace” for **YES NO N/A**

the entire year?

At least one family member on this return cannot select any of the above. **YES NO N/A**

**Taxpayer/Household Info**

Any Personal Changes such as address, married, kids, etc? **YES NO N/A**

Did client change jobs or retire? **YES NO N/A**

Child/Dependent care expenses to claim: (Day Care) **YES NO N/A**

Did client pay or receive alimony? **YES NO N/A**

**Wages, Tips, Gambling and other Income**

Are there wages reported on FormW-2? **YES NO N/A**

Spouse Wages Income: (W-2)? **YES NO N/A**

Is there gambling income reported on Form W2-G? **YES NO N/A**

Is there income reported on Form 1099-G? **YES NO N/A**

Are there unreported tips to report? (Form 4137) **YES NO N/A**

Is there retirement income reported on Form 1099- R? **YES NO N/A**

Is there Social Security income reported on Form 1099-SSA? **YES NO N/A**

Are there Railroad Retirement benefits reported on 1099-RRB? **YES NO N/A**

Is there “other income”, such as a prize, jury duty, etc.? **YES NO N/A**

If Yes, Describe the income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interest, Dividends and Other Investments**

Is there Interest income reported on Form 1099-INT? **YES NO N/A**

Are there Dividends reported on form 1099-DIV? **YES NO N/A**

Are there any Capital Gains to report? (Sch. D / Form 8949) **YES NO N/A**

Are there Rental Properties or Royalty income? (Schedule E) **YES NO N/A**

**Business Income and Expenses**

Is there a sole proprietorship business? (Schedule C) **YES NO N/A**

Is there a Schedule K-1 (1065) related to a partnership? **YES NO N/A**

Is there a Schedule K-1 (1120S) related to an S Corporation? **YES NO N/A**

Is there a Farming Activity? (Schedule F) **YES NO N/A**

Is client using farm income averaging this year? (Schedule J) **YES NO N/A**

Did Client receive a Form 1099- Misc? **YES NO N/A**

Did client receive a Form 1099-K? **YES NO N/A**

**Deductions and Credits**

Are there itemized deductions such as medical expenses, real estate taxes,

license fees, mortgage interest, charitable donation, gambling losses,

and tax prep fees? (Schedule A) **If yes, complete below.** **YES NO N/A**

Did client have a financial interest in or signature authority over,

 Foreign financial accounts? (Schedule B) **YES NO N/A**

Was there qualified college expenses paid either reported on Form 1098-T,

or client has receipts for? (Form 8863) **If yes, complete below.** **YES NO N/A**

Residential energy efficiency improvements? (Form 5695) **YES NO N/A**

Did client dispose of a home that had a 1st time homebuyers credit taken? **YES NO N/A**

Did client have business expenses as an employee? (Form 2106)  **YES NO N/A**

Is the client a teacher that had educator expenses? **YES NO N/A**

Did client have a loss from a theft or casualty? (Form 4684) **YES NO N/A**

Did client move over 50 miles for work? (Form 3903) **YES NO N/A**

Did client adopt a child? (Form 8839) **YES NO N/A**

Did client buy an electric car? (Form 8936) **YES NO N/A**

**Other Tax Situations**

Does client need to include an installment repayment for a

First-Time Homebuyer Credit received in TY 2008? **YES NO N/A**

Did client make estimated tax payments? When, How Much? **YES NO N/A**

Did client receive a Form 1099-C? (Cancellation of Debt) **YES NO N/A**

Is client an injures Spouse? (Form 8379) **YES NO N/A**

Did client receive a Form 1098-E for student loan interest? **YES NO N/A**

If client didn’t receive a W-2/1099-R and already contacted employer,

does client need a substitute form? (Form4852) **YES NO N/A**

Did client receive and IRS Letter 4869C with an IP PIN? If So \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Income: **YES NO N/A**

Prior Year’s State and Local Income Tax Refund: (1099-G) **YES NO N/A**

IRA Contributions: **YES NO N/A**

Tax Payer Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alimony Received: **YES NO N/A**

Alimony Paid**: YES NO N/A**

Recipient’s SSN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Recipient’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATION CREDITS**

American Opportunity Credit**: YES NO N/A**

If Yes, used in priors?**\_\_\_\_\_\_\_** What years used?\_\_\_\_\_\_\_

Life Time Learning qualified expenses: **YES NO N/A**

If Yes, used in priors?**\_\_\_\_\_\_** What years used?\_\_\_\_\_\_\_

**ITEMIZED EXPENSES DEDUCTIONS (Schedule A)**

Miles driven to Dr./Dental office visits during year: **YES NO N/A**

Number of miles driven? \_\_\_\_\_\_\_\_\_\_

Medical/Dental Expenses Paid out of pocket: **YES NO N/A**

Real Estate Property Taxes Paid: **YES NO N/A**

Home Mortgage Interest: (1098) **YES NO N/A**

Points Paid (Purchase of Principle Residence OR Qualified Refinance): **YES NO N/A**

Miles driven for Volunteer Work with Charitable Organization: **YES NO N/A**

How many? \_\_\_\_\_\_

Charitable Cash or Check Contributions: **YES NO N/A**

Non-Cash Charitable Contributions: **YES NO N/A**

Un-reimbursed employee expenses: **YES NO N/A**

Tax Preparation Fees: (Prior Year) **YES NO N/A**

How much? \_\_\_\_\_\_\_\_

Other Miscellaneous Expenses: **YES NO N/A**

**Refund Options:**

Check Mailed form IRS: **YES NO**

Direct Deposit to TP’s Bank account: **YES NO**

Refund Transfer (bank product): **YES NO**

**NOTES: ­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identification**

|  |
| --- |
|  |
| Identification Information: Driver’s License DMV/BMV State ID Military ID US Passport/Resident Alien ID  T**axpayer ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ EXP. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Spouse ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ EXP. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**The above information is true and correct, and I/we understand that the information given on this questionnaire and your attached forms will be used to complete my/our tax return(s). I/ We agree to hold Be Prepared Tax Service LLC harmless for any errors that they may make on my / our tax return. I /We also understand that error on my/ our return will cause a delay in the processing of the return and the receipt of the refund, if any.**

Taxpayer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_