

Client Information

Full Name(s)	Social Security Number(s)	Birthdate(s)

Mailing Address

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Email Address

Phone Number

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Filing Status

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Dependents

	Number of dependents
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Full Name(s)	Social Security Number(s)	Birthdate(s)

Income

<input type="checkbox"/>	Employment income (W-2s)?
<input type="checkbox"/>	Self-employment income ?
<input type="checkbox"/>	Rental income (Schedule E)?
<input type="checkbox"/>	Interest income (1099-INT)?
<input type="checkbox"/>	Dividend income (1099-DIV)?
<input type="checkbox"/>	Social Security benefits?
<input type="checkbox"/>	Unemployment compensation?
<input type="checkbox"/>	Other income (specify):

Deductions

<input type="checkbox"/>	Mortgage interest (Form 1098)?
<input type="checkbox"/>	Property taxes?
<input type="checkbox"/>	Charitable contributions (receipts)?
<input type="checkbox"/>	Medical expenses (receipts)?
<input type="checkbox"/>	Education expenses (Form 1098-T)?
<input type="checkbox"/>	Other deductions (specify)?

Additional Information

<input type="checkbox"/>	Prior year tax return (if available)?
<input type="checkbox"/>	Any changes in marital status, address, or number of dependents?
<input type="checkbox"/>	Any major life events (home purchase, sale, etc.)?
<input type="checkbox"/>	Any specific tax questions or concerns (specify)?