

Intake Form

FILING STATUS

Single _____
 Married Filing Joint _____
 Married Filing Single _____
 Head of Household _____
 Qualifying Widower _____

ADDRESS

_____ Street & Apt. No.
 _____ City
 _____ State & Zip
 _____ County
 _____ School Code (if app)

TAXPAYER

Social Security Number _____
 First Name _____
 Middle Initial _____
 Last Name _____
 Occupation _____
 Mark if Legally Blind _____
 Mark if
 Dependent of Another _____
 Date of Birth _____
 Date of Death _____
 Work/Daytime Phone _____
 Home/Evening Phone _____

SPOUSE

Social Security Number _____
 First Name _____
 Middle Initial _____
 Last Name _____
 Occupation _____
 Mark if Legally Blind _____
 Mark if
 Dependent of Another _____
 Date of Birth _____
 Date of Death _____
 Work/Daytime Phone _____
 Home/Evening Phone _____

DEPENDENTS

<u>First, Middle Initial, Last Name</u>	<u>D.O.B</u>	<u>Social Security Number</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT & RETIREMENT INFORMATION:

A.) Are You Employed? _____
 B.) Are you Unemployed? _____
 C.) Are you contributing to a 401k, 403b or other pre-tax account? _____
 D.) Have you ever opened any form of pretax account in the past? _____
 E.) Have you considered a ROTH conversion of pretax accounts? _____
 F.) Would you like a ROTH conversion tax "WHAT IF" prepared with your return? _____

STATE & OTHER

A.) Are you requesting state return(s)? _____ If yes, what State(s): _____
 B.) Are you requesting local, school, RITA or county return(s)? _____ Please specify: _____

Tax Client Income and Expense Questions

Please Note: The following Worksheets are to assist the taxpayer in the gathering of the information necessary for the preparer to complete an accurate tax return. For each area the taxpayer has checked a box below, there should be corresponding back up provided. There is an "inventory checklist" included at the end of this questionnaire that will provide the preparer the list of documents necessary to complete the return. It is very important that the taxpayer provide complete information upon the first submission of these documents.

The below checklist provides basic information. There very well could be more information needed to be supplied. For situations that are beyond the information provided below, please make sure detailed notes are provided to assist the preparer in determining the proper way to account for the situation. Missing information will delay the processing of the return. Please provide the additional worksheets for areas noted. Please do not send blank worksheets. If not applicable, do not include. When including a Worksheet, please scan the worksheet and include in the appropriate order per the Tax Client Scan Checklist.

BASIC QUESTIONS

Please check the box to the right for any of the following that apply. If not leave blank. If checked, please provide a brief explanation below if the information will assist the preparer in any way. (Note: Please check for you AND your spouse)

- 1 Did your marital status change from the prior year?
- 2 Did you change your address from last year?
- 3 Any change in your dependents from last year?
- 4 Did you have children under 19 (or 24 if a full time student) who had more than \$1,900 in unearned income?
- 5 Are all your dependents either US Residents or Citizens?
- 6 Did you pay any adoption expenses?
- 7 Did you provide over half the support for someone you aren't claiming as a dependent?
- 8 Are you being claimed or eligible to be claimed as a dependent of someone else's return?
- 9 Were either you or your spouse in the military or National Guard?
- 10 Did you purchase or sell your primary residence? Or did you refinance your primary residence?
- 11 Have you been notified by the IRS of changes to a previously submitted tax return? Or have you received any other IRS or State Notices?
- 12 Did you make any gifts over \$13,000 to any individuals?

Comments/Description:

INCOME

Please check any of the following that you and/or your spouse received:

- 1 W-2 Income
- 2 Interest and/or Dividends
- 3 Tax Exempt Interest and/or Dividends
- 4 Taxable refunds, credits or offsets? (including prior year State refunds)
- 5 Alimony
- 6 Business income (Self Employment Income)
* If "yes" please fill out Schedule C Worksheet and provide financials.
- 7 Stock Sales (Capital Gains)- **(MAKE SURE ALL BASIS INFO IS PROVIDED)**
Amount of any Capital Loss Carryforward from 2010 \$ _____
- 8 Any other Assets Sold or any other Gains or Losses
- 9 Rental Real Estate Income
* If "yes" please fill out Schedule E Worksheet
Amount of any Passive Activity Loss Carryfwd from 2010 \$ _____
- 11 K-1's (1120S, 1065, 1041)
- 12 Unemployment
- 13 Social Security Income
- 14 Other Income: Please list:
 IRA or Pension Distributions
A.) Are any of these Rollovers? (Should not be taxed) _____
B.) Are any of these ROTH conversions (taxable) _____

TAX AND CREDITS

For the following, please check any of the following that apply:

- 1 Itemized Deductions
* If "yes" please fill out Schedule A Worksheet
- 2 Child and Dependent Care Expenses
- 3 First Time/Long Time Homebuyer
- 4 Energy Efficiency Related Upgrades/Repairs
- 5 Oil & Gas Investment credits
- 6 Other tax shelters or credits

ESTIMATED PAYMENTS (Please fill in if Estimates were made or refunds from a prior year were applied)

- 1 Estimated Payments made for 2011 Return

\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	Federal	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr
\$ _____	State	_____	Date	_____	Qtr

ADJUSTMENTS TO INCOME

Please check any of the following that apply to you and/or your spouse:

- 1 Educator Expenses (Teaching Expenses)
- 2 Health Savings Account Deductions
- 3 Moving Expenses
- 4 Contributions to SEP, SIMPLE and other Qualified Plans
- 5 Self Employed Health Insurance
- 6 Alimony
- 7 IRA Contributions
- 8 Student Loan Information
- 9 Tuition and Fees Deduction (you or your dependents)

E-FILE INFO / FILING INFO

Now mandatory, return will be E-Filed!

- 1 How do you want any refund sent to you? Must check one
 - Direct Deposit (takes 7 days)
 - Applied to Next Year's Return
 - Paper Check in the Mail (could take 8 weeks)
- 2 How do you want to pay any taxes due? Must check one
 - Paper Check sent in with E-File Voucher match
 - Credit Card (Please provide credit card info)

Special Information for the Tax Preparer

General	YES	NO
Is there something "unique" that the preparer should pay special attention to or know?	<input type="checkbox"/>	<input type="checkbox"/>

Tax Client Home Office Deduction Info

General	
Date home was first used for Business?	_____
Square Footage of Area Used for Home Business	_____
Total Square Footage of the Home	_____

Deduction Expenses:	Current Year
Casualty Losses	\$ _____
Deductible Mortgage Interest	\$ _____
Real Estate Taxes	\$ _____
Insurance	\$ _____
Rent	\$ _____
Repairs and Maintenance	\$ _____
Utilities	\$ _____
Other:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Depreciation:
Do you have depreciable assets? _____ Yes or No <i>If yes...please provide a detailed depreciation schedule.</i>
<i>The schedule should include: (Prior year detail is preferred)</i>
a. <i>Asset Description</i>
b. <i>Date Placed in Service</i>
c. <i>Cost</i>
d. <i>Accumulated Depreciation</i>
e. <i>Method of Depreciation and Years</i>

Tax Client Photo ID and Voided Check--Required For ALL Returns!

Taxpayer Name _____

Social Security Number _____

Spouse Name _____

Social Security Number _____

Photo ID #1-Required

1 Other Form of ID-Required

Photo ID #1-Required

1 Other Form of ID-Required

Place Voided Check Here
Required Regardless of Refund/Payment Method Requested

I hereby authorize the use of this identification above to electronically file my federal tax return according to IRS Publication 1345.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Spouse)

Tax Client Schedule A Info

Medical Expenses	Current Year
Medical & Dental Expenses	\$ _____
Medical Insurance Premiums Paid (Other than Social Security Medicare Payments)	\$ _____
Long Term Care Premiums	\$ _____
Prescription Drugs and Medications	\$ _____
Medical Miles Driven	_____

Tax Expenses	Current Year
State and Local Income Taxes Paid (Other than those on W-2s, 1099s, etc...)	\$ _____
2009 Income Taxes Paid in 2010	\$ _____
Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Other Taxes:	\$ _____
_____	\$ _____
_____	\$ _____
Qualified New Vehicle Taxes	\$ _____
Additional State or Local/Taxes	\$ _____

Interest Expense	Current Year
Home Mortgage Interest reported on Form 1098	\$ _____
Home Mortgage Interest paid to others	\$ _____
Refinancing Points Paid in 2009	\$ _____
Investment Interest (other than K-1)	\$ _____

Contributions	Current Year
Cash Contributions	\$ _____
(Note: Please provide a detailed list for donations over \$500)	
Non Cash Contributions	\$ _____
(Note: Please provide a detailed list for donations over \$500)	
Volunteer Mileage Driven	_____

Miscellaneous	Current Year
Unreimbursed Business Expenses	\$ _____
Union Dues	\$ _____
Tax Preparation Fees (paid for previous return)	\$ _____
Other Expenses:	\$ _____
_____	\$ _____
_____	\$ _____
Safe Deposit Rental	\$ _____
Investment Expenses (other than K-1)	\$ _____
Gambling Losses (to the extent of winnings)	\$ _____

Casualty & Theft Losses
If you had any casualty or theft losses during the year, please provide detail below, including date, description, amount of casualty or loss, any insurance reimbursement & basis in the property.

Tax Client Schedule C Info

**** Please Note: If possible, it is preferred a Trial Balance, P&L and Balance Sheet be provided by the client. If not available, please use the input sheet below.**

Business Info: (Required for all)	
Taxpayer <input type="checkbox"/>	or Spouse <input type="checkbox"/> Address of Business _____
Name of Business _____	Business Code _____
EIN Number (If any) _____	Date Business Started _____
Accounting Method <input type="checkbox"/> Cash	Did you materially participate in the business? _____ Yes or No
<input type="checkbox"/> Accrual	
<input type="checkbox"/> Other _____ (Specify)	

General Questions: (Required for all)	
1.) Are you claiming use of a home office? _____ Yes or No	<i>If yes...please include Home Office Deduction Worksheet</i>
2.) Do you have depreciable assets? _____ Yes or No	<i>If yes...please provide a detailed depreciation schedule.</i>
<i>The schedule should include: (Prior year detail is preferred)</i>	
a. Asset Description	
b. Date Placed in Service	
c. Cost	
d. Accumulated Depreciation	
e. Method of Depreciation and Years	
3.) Vehicle Information	
Date Vehicle Placed in Service _____	Total Miles Driven _____
Total Business Miles _____	Total Commuting Miles _____
4.) Self Insured Health Insurance Deduction? _____ Yes or No	<i>If yes...how much did you pay? _____</i>

Income Questions: (Required if no P&L or Trial Balance Available)	
Total Sales _____	
Other Income _____	

Cost of Goods Sold: (Required if no P&L or Trial Balance Available)	
Beginning Inventory _____	
Purchases _____	
Cost of Labor _____	
Materials and Supplies _____	
Ending Inventory _____	

General Expenses: (Required if no P&L or Trial Balance Available)			
Advertising	\$ _____	Repairs & Maintenance	\$ _____
Auto Expenses	\$ _____	Supplies	\$ _____
(other than Mileage)	\$ _____	Taxes & Licenses	\$ _____
Commissions	\$ _____	Travel	\$ _____
Contract Labor	\$ _____	Meals (Total)	\$ _____
Depletion	\$ _____	Utilities	\$ _____
Depreciation (Need Sched)	\$ _____	Wages	\$ _____
Employee Benefit Programs	\$ _____	Other:	
Insurance (Other than Health)	\$ _____	_____	\$ _____
Interest	\$ _____	_____	\$ _____
a.) Mortgage	\$ _____	_____	\$ _____
b.) Other	\$ _____	_____	\$ _____
Legal & Professional	\$ _____	_____	\$ _____
Office Expense	\$ _____	_____	\$ _____
Pension & Profit Sharing Plans	\$ _____	_____	\$ _____
Rent or Lease	\$ _____	_____	\$ _____
a.) Vehicles, Machinery	\$ _____	_____	\$ _____
b.) Other	\$ _____	_____	\$ _____

Tax Client Schedule E Info

Taxpayer Name _____
 Spouse Name _____

Social Security Number _____
 Social Security Number _____

General: (Required for all)

Property Description _____
 Address _____
 City _____ State _____ Zip _____

Owner of Property Taxpayer
 Joint

General Questions:

1. Enter "X" for Active Participant.

2. Enter "X" if Property was used for personal use by you or your family for more than 14 days or 10% of the total rented days.
 If Checked, enter the number of days for personal use _____
 If Checked, enter the number of days rented _____

3. Do you have depreciable assets? _____ Yes or No *If yes...please provide a detailed depreciation schedule. The schedule should include: (Prior year detail is preferred)*

- Asset Description
- Date Placed in Service
- Cost
- Accumulated Depreciation
- Method of Depreciation and Years

Income:	Current Year
Rents Received	\$ _____
Royalties	\$ _____

Property Expense:	Current Year
Advertising	\$ _____
Cleaning/Maintenance	\$ _____
Commissions	\$ _____
Insurance	\$ _____
Legal and Other Professional	\$ _____
Management Fees	\$ _____
Qualified Mortgage Interest	\$ _____
Other Interest	\$ _____
Repairs	\$ _____
Supplies	\$ _____
Real Estate Taxes	\$ _____
Other Taxes	\$ _____
Utilities	\$ _____
Other:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Assets

Depreciation (Please provide detailed schedule - see above)

New Assets Placed in Service This Year:

Description	Date Placed in Service	Purchase Amount
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____
4 _____	_____	\$ _____
5 _____	_____	\$ _____