UNIQUE ACCOUNTING SERVICES

DROP OFF DATE: _____

Office use only

CLIENT INTAKE FORM

FULL NAME _____

SOCIAL SECURITY _____ DOB _____

SPOUSE'S NAME _____

If not applicable, write N/A

SOCIAL SECURITY _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

EMAIL _____

*** Email will be our main form of contact. Please make sure your information is correct & current.*

NUMBER OF DEPENDENTS _____ ***If more space is needed, list at bottom of page.*

DEPENDENT'S NAME _____ DOB _____ SSN _____

DEPENDENT'S NAME _____ DOB _____ SSN _____

DEPENDENT'S NAME _____ DOB _____ SSN _____

DEPENDENT'S NAME _____ DOB _____ SSN _____

_____ _____

FILING STATUS:

SINGLE ☐

MARRIED FILING JOINTLY ☐

MARRIED FILIING SEPERATELY ☐

HEAD OF HOUSEHOLD (an unmarried taxpayer who has dependents and pays for more than half the costs of the home and everyone who resides there) ☐

BANK ACCOUNT INFORMATION (IN CASE OF REFUND)

BANK NAME: ROUTING #: ACCOUNT #:

ANY OTHER PERTINENT INFORMATION WE SHOULD KNOW?

The following is a list of possible documents to include when gathering information for drop-off/appointment:

GENERAL TAXABLE INCOME

_____ W-2 Form(s) for wages, salaries and tips

_____ Interest Income Statements: Form 1099-INT & 1099-OID

_____ Dividend income statements: Form 1099-DIV

_____ Sales of stock, land, etc: Form 1099-B

_____ Sales of real estate: Form 1099-S

_____ State Tax Refunds: Form 1099-G

_____ Alimony received or paid

_____ Unemployment compensation recevied

_____ Miscellaneous income: Form 1099-MISC

RETIREMENT INCOME

_____ Retirement income: Form 1099-R

_____ Social Security Income and Railroad retirement income: Form SSA-1099

BUSINESS INCOME

_____ Business Income and expenses

_____ Rental income and expenses

_____ Farm income and expenses

_____ Form K-1 income from partnerships, trusts and S-Corporations

_____ Tax deductible miles (traveled for business purposes)

GENERAL INFORMATION

_____ Copy of last year's tax return (for new clients only)

_____ Copy of ID for yourself (for new clients or if your ID is not currently on file)

_____ Copy of ID for spouse (if applicable)

_____ Education expenses for you and/or your spouse

_____ Dependents' post high school educational expenses

_____ Child care expenses for each dependent

_____ Prior year adjusted gross income (AGI) and personal identification

_____ Routing Transit Number (for direct deposit/debit purposes)

_____ Bank Account Number (for direct deposit/debit purposes)

INSURANCE

_____ Marketplace Health Insurance Statement: Form 1095-A

_____ Proof of Insurance

TAX ESTIMATE PAYMENTS CHECKLIST

_____ Estimated tax payments made with ES Vouchers

_____ Last year's tax return overpayment, applied to this year

_____ Off highway fuel taxes paid

TAX CREDITS CHECKLIST

_____ Child care provider address, ID number and amounts paid

_____ Adoption expense information

_____ Foreign taxes paid, expense and tax deduction checklist

_____ Medical expenses for the family

_____ Medical insurance paid

_____ Prescription medicines and drugs

_____ Doctor and dentist payments

_____ Hospital and nurse payments

_____ Tax deductible miles traveled for medical purposes

_____ Home mortgage interest from Form 1098

_____ Home second mortage interest paid

_____ Real estate taxes paid

_____ State taxes paid with last year's return (if itemized)

_____ Personal property taxes paid

_____ Charitable contributions

_____ Non-reimbursed expenses related to volunteer work

_____ Miles traveled for volunteer purposes

_____ Casualty and theft losses

_____ Non-reimbursed expenses related to your job

_____ Miles traveled related to your job

_____ Union and professional dues

_____ Investment expenses

_____ Job hunting expenses

_____ IRA Contributions

_____ Student loan interest paid

_____ Moving expenses

_____ Last year's tax prepartion fee