

TAXPAYER INFORMATION

Full Name:	Phone Number:
Social Security #:	DOB:
Occupation in 2014:	

SPOUSE'S INFORMATION

Full Name:	Phone Number:
Social Security #:	DOB:
Occupation in 2014:	

ADDRESS & CONTACT INFORMATION

Address:

City:	State:	ZIP Code:
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Email Address:

DEPENDENTS (Children under age 19 or under 24 if a full time student) Additional space on back.

First Name	Last Name	DOB	SS Number	Relationship to You	# of Months Lived with you in 2014

We will need to make copies of Social Security Cards, please present them to us at this time.

If requested by the IRS, what documentation can you provide that shows evidence of the relationship between you and each of your dependents listed above (birth certificates, marriage certificates, court documents, etc.)?

If requested by the IRS, what documentation can you provide that shows evidence that each of your dependents lived with you for the number of months stated above during 2014 (school, medical, childcare provider records, etc.)?

Can you, your spouse, or any of your dependents be claimed as a dependent on someone else's tax return? Yes No

Are you claiming a child who is not your own son or daughter? If yes, please explain why the parents of the child are not claiming the child.

Yes No

Are you claiming a child who is permanently and totally disabled? Yes No

Are you claiming a child who is under the age of 13? Yes No

If yes, were there any childcare expenses? Yes No

Name of Daycare: _____ Address: _____

EIN: _____ Expense: _____

Name(s) of Child(ren) expenses were for:

Are you claiming a child between the ages of 19 and 23 who was a full-time student for any part of five calendar months during 2014? Yes No

FILING STATUS

Marital Status as of 12/31/2014: <input type="checkbox"/> Single <input type="checkbox"/> Married	If single, Did you pay for over half the cost of keeping up your home during 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If married, did you live apart from your spouse for the last 6 months of 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No	By answering "Yes", you are confirming that if requested by the IRS, you can provide documentation that verifies you paid for over half the cost of keeping up your home, such as rent receipts, utility bills, grocery receipts, and other household bills.
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AFFORDABLE CARE ACT INFORMATION (We will need a copy of your health insurance card.)

Using the chart below, please list all individuals being claimed on your tax return (yourself included) and indicate if each person had healthcare coverage in 2014. Please indicate which months healthcare coverage was provided for each individual. (Full means the individual had the minimum essential coverage as required by the Affordable Care Act.)

Name	Full	None	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

If you, your spouse, or your dependents did not have health care coverage for 2014, do you qualify for an exemption as outlined by the ACA? (See the board under the TV for the list of exemptions.) Yes No

DURING 2014, DID YOU OR YOUR SPOUSE....

Receive any of the following?

<input type="checkbox"/> Wages or Salaries	<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Gambling Winnings
<input type="checkbox"/> Self-employment income or a 1099-MISC form	<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Pensions, annuity, IRA or retirement income
<input type="checkbox"/> Interest on Savings	<input type="checkbox"/> Interest on stock dividends	<input type="checkbox"/> Other:

Make payments on any of the following?

<input type="checkbox"/> Real Estate Taxes	<input type="checkbox"/> Home Mortgage Interest	<input type="checkbox"/> Student Loan Interest
<input type="checkbox"/> College Tuition	<input type="checkbox"/> IRA Contribution	<input type="checkbox"/> Other:

Own your own business? Yes No Own rental property? Yes No

Receive alimony? Yes No Pay alimony? Yes No

Name & SSN of recipient/payee:

Purchase energy upgrades for your home? Yes No

Are you a volunteer firefighter or ambulance worker? Yes No Name & Address of Company:

HOW DO YOU WANT TO FILE YOUR TAX RETURN?

<input type="checkbox"/> E-File	When your return is complete & paid for, we will electronically transmit your tax return. You may choose to have your refund direct deposited, or mailed to you in check form.
<input type="checkbox"/> Fee Collect (RAC)	The charge for our preparation is deducted from your refund amount. You may choose to have your refund direct deposited, a check delivered to our office, or you can have it loaded onto a Diamond Plus Debit Card. You must be receiving a refund to choose this option.

If you are due a refund how would you like to receive it? Mailed Diamond Plus Card (Fee Collect only)

<input type="checkbox"/> Direct Deposited	Name of Bank:	<input type="checkbox"/> Personal <input type="checkbox"/> Business
Account #:	Routing #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

TERMS OF ENGAGEMENT

We will prepare your Federal and State income tax returns as requested using information you provide. We may ask for clarification of some items, but we will not audit or otherwise verify the information you provide us. It is your responsibility to provide all the information required for preparation of complete & accurate tax returns. You should retain all documents, cancelled checks, and other data that support your reported income and deductions. These may be necessary to prove the accuracy to a taxing authority. You have the final responsibility for your income tax returns, and therefore, you should review them carefully before you sign them.

All of the information I have given is true and correct to the best of my knowledge. I also agree to accept the Terms of Engagement.

Taxpayer Signature: _____

Date: _____