



Referred By:

DO

## 2023 NEW CLIENT INFORMATION WORKSHEET

How would you like your tax return:

DocuSigned

Printed for pickup

Filing as:

Single

Married

Married Filing Separate

Head of Household

### TAXPAYER

First Name	Last Name	M.I.
Social Security Number	Occupation	Date of Birth

### SPOUSE

First Name	Last Name	M.I.
Social Security Number	Occupation	Date of Birth

### ADDRESS

Mailing Address	Unit/Apt. #
City	State Zip

### CONTACT INFORMATION

Taxpayer Contact Number	Can we text you?	Taxpayer Email
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse Contact Number	Can we text you?	Spouse Email
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### DEPENDENT(S)

Full Name	Social Security #	Date of Birth	Months lived in home	Relationship (son/daughter)	College Student?

Is it anticipated that a different taxpayer will seek to claim a dependent listed above for tax year 2023?  Yes  No

### DIRECT DEPOSIT/WITHDRAWAL

Bank Name	<input type="checkbox"/> Direct deposit of refund	<input type="checkbox"/> Checking
	<input type="checkbox"/> Direct debit of balance due	<input type="checkbox"/> Savings
Routing Number	Account Number	

\*Please write legibly or include a voided check

## DEPENDENT CARE

Provide the amount you paid to have someone care for your dependent while you were earning a salary.

All information is **required** to claim the dependent care credit

<b>Providers Full Name</b>		<b>Dependent(s) name</b>	
<b>Address</b>			<b>Unit/Apt. #</b>
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Providers Phone Number</b>		<b>Providers SS # or Fed. ID #</b>	<b>Amount Paid</b>
			\$

If there is more than one dependent or provider, please write the information on back of form

### QUARTERLY ESTIMATED TAX PAYMENTS PAID (IF APPLICABLE)

Installment	Date Paid	FEDERAL	Date Paid	STATE
First		\$		\$
Second		\$		\$
Third		\$		\$
Fourth		\$		\$

### INCOME

- Wages ( W-2)
- Interest Income ( 1099-INT)
- Dividend Income ( 1099-DIV)
- Gambling Income (W-2 G)
- Stock Sales (1099-B)
- Social Security (SSA-1099)
- Retirement Income (1099-R)
- Unemployment Income and State Tax Refund (1099-G)
- Miscellaneous Income, Independent contractor (1099-NEC/ 1099- MISC.)

### DEDUCTIONS

- Student Tuition (1098-T) *required*
- Books and Supplies \$
- Student Loan (1098-E) *required*
- Do you pay rent?  Yes  No
- Mortgage Interest (1098) *required*
- DMV fees (VLF fee) \$
- Real Estate Property Taxes:
 

County							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Date Paid</th> <th style="width: 40%;">Amount Paid</th> </tr> </thead> <tbody> <tr> <td>Payment #1 Due February 2023</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Payment #2 Due November 2023</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	Date Paid	Amount Paid	Payment #1 Due February 2023	\$	Payment #2 Due November 2023	\$
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### CHARITABLE CONTRIBUTIONS

If **OVER \$500** in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.

**Monetary contributions**   
(cash, check, credit card)

**Noncash contributions**   
Clothing or household items

**Charitable miles**  at \$0.14 per mile

**Did you transfer an IRA**  Yes  No **directly to a charity?**

### OUT OF POCKET MEDICAL EXPENSES

Medical expenses must exceed 7.5% of income to be a benefit. Include cost for dependents. Do not include and expenses that were reimbursed by insurance or paid with funds from an FSA, HSA, or HRA

Prescription medicine and drugs	\$
Doctors, Dentists and Nurses	\$
Hospitals and Nursing homes	\$
Insurance Premiums, not pre-taxed	\$
<b>Taxpayer</b>	\$
Long Term Care <b>Spouse</b>	\$
Other Medical Expenses	\$
Describe (eyeglasses, etc.) <input style="width: 100px;" type="text"/>	
Medical Miles Driven <input style="width: 100px;" type="text"/>	at \$0.22 per mile

## MEDICAL COVERAGE CALIFORNIA ONLY

California requires you to have medical coverage all year. You MUST include Federal Form 1095. NOT applicable to Medi-care recipients.

Did all family members have medical  Yes  No coverage ALL last year?

Did anyone have Covered California?  Yes  No

## ALIMONY

Did you pay or receive alimony in 2023?

Paid  Received  \$

Recipient's SSN  Date of divorce or separation

## VIRTUAL OR FOREIGN CURRENCY

Do you have Virtual currency (Bitcoin etc.)  Yes  No Do you have a Foreign bank account?  Yes  No

## REMINDERS

- ✓ Provide totals only. Please no receipts, we will not add them up. Receipts are for you to keep for your records only
- ✓ If you sold a home, include a copy of the "Final" closing documents, not "Estimated" closing documents
- ✓ EXTENSIONS: We must receive confirmation from you to put your tax return on extension. We do not do this automatically.
- ✓ Don't forget Federal Form 1095

## TAXPAYER RESPONSIBILITIES

- You agree to provide us all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information.
- You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records.
- You must be able to provide written records of all items included on your return if audited by either the IRS or State Tax Authority.
- You must review the returns carefully before signing to make sure the information is correct.
- Fees must be paid before your tax returns are delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed.
- You should retain a copy of your tax return and any related tax documents. You will be assessed a fee if you request a printed duplicate copy of your return.. Yu may log into your SmartVault portal at any time for a PDF copy of your return.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities. For a joint return, both taxpayers must sign.

*Taxpayer*

*Spouse*

*Date*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## PRIVACY POLICY

The nature of our work requires us to collect certain nonpublic information. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment.

Under our policy, all information we obtain about you will be provided by you or obtained with your permission.

Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to a third party without your express written permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.