

Daniel M. Conti – Income Tax Preparation

2020 TAX CLIENT ORGANIZER :

TAXPAYER NAME: _____

SPOUSE NAME: _____

ADDRESS : _____

HOME PHONE : _____ CELL PHONE: _____

TAXPAYER SOCIAL SECURITY NUMBER : _____

SPOUSE SOCIAL SECURITY NUMBER : _____

TAXPAYER EMAIL ADDRESS: _____

SPOUSE EMAIL ADDRESS : _____

TAXPAYER DATE OF BIRTH: _____

SPOUSE DATE OF BIRTH: _____

TAXPAYER OCCUPATION : _____

SPOUSE OCCUPATION : _____

LIST THE FULL NAMES- RELATIONSHIP -SOCIAL SECURITY NUMBERS – DATES OF BIRTH FOR YOUR CHILDREN:

LIST THE FULL NAMES – SOCIAL SECURITY NUMBERS – DATES OF BIRTH FOR OTHER DEPENDANTS AND THEIR RELATIONSHIP TO YOU :

PLEASE ANSWER THE QUESTIONS ON THE NEXT PAGE.....

- Did you have health insurance coverage for the tax year? Yes No
- If so, how much did you pay in premiums? \$ _____
- Are you a veteran? Yes No
- Are you a TENANT paying rent?? Yes No If so, monthly rent amount:
- Do you wish to receive your refund via direct deposit? Yes No If YES :

Bank routing number : _____

Bank account number : _____

- Do you receive or pay Alimony? Yes No If yes, PAID \$ _____ RECEIVED :\$ _____

• Do you have any Itemized Deductions? Mortgage Interest, Real Estate Taxes, Charitable Donations, Medical Expenses? Gambling losses, Casualty losses? If so, please present all bank statements and / or an itemized list of the deductions. **I DO NOT NEED ACTUAL RECEIPTS.**

- Did you pay any ESTIMATED tax payments to the IRS ? Yes No. If so, how much? \$ _____
- Did you pay any ESTIMATED tax payments to any state(s) ? Yes No If so list the state and amounts paid. \$ _____
- Did you have any self-employment income? Yes No. If yes, please submit the 1099 form indicating the income, or list the amount you earned.

Also submit an itemized list of all your self-employment expenses. **I DO NOT NEED THE ACTUAL RECEIPTS.**

- If you have an Investment Rental Property I need the total rents received for each property, and the expenses For each property. Please submit a detailed list.
- If you paid for Child Care for any children during the tax year please list :
 Name of provider _____
 Address : _____
 Tax ID or Social Security number of provider : _____
 Amount paid per child :

- Did the children you listed on Page one live with you? Yes No
- If you had any children that were attending college, please supply the FORM 1098T available from the institution. **I CANNOT PROCESS EDUCATION CREDITS OR DEDUCTIONS WITHOUT THE 1098T.**

The following page is a quick checklist to remind you of any other items you might need to include with your tax paperwork.....

CHECKLIST

TAXPAYER DRIVER LICENSE NUMBER: _____

ISSUE DATE : _____ EXP. DATE: _____

SPOUSE DRIVER LICENSE NUMBER : _____

ISSUE DATE : _____ EXP. DATE : _____

_____ W-2 and 1099 FORMS. _____ 1098T TUITION STATEMENTS

_____ 1099 FOR INTEREST AND DIVIDENDS _____ 1099R FOR RETIREMENT INCOME

_____ SOCIAL SECURITY INCOME STATEMENTS _____ STOCK OR PROPERTY SALE STATEMENT

_____ K-1 STATEMENTS FROM PARTNERSHIPS _____ IRA WITHDRAWALS

_____ UNEMPLOYMENT INCOME STATEMENTS _____ 401k WITHDRAWALS

_____ TRADITIONAL IRA OR ROTH IRA CONTRIBUTIONS _____ HEALTH SAVINGS ACCOUNTS

_____ 1095 A B or C FOR AFFORDABLE CARE ACT _____ DID YOU SELL A HOME?

DISCLOSURE AND DUE DILIGENCE REQUIREMENTS

As an IRS AFSP compliant tax preparation professional I am required to conduct due diligence with regard to the information provided by clients in preparing their tax returns. Clients are advised that I reserve the right at any time to request additional paperwork including but not limited to birth certificates and social cards. In addition, the client is advised that all income, deductions, and / or expenses provided in preparing the return are supported by contemporaneous written documentation to be provided to me or the IRS on demand.

By your signature below you agree to the above and certify that all information provided in preparation of this tax return is true to the best of your knowledge.

TAXPAYER SIGNATURE : _____ DATE : _____

SPOUSE SIGNATURE : _____ DATE : _____

