



Year _____

Name _____

Email _____

Filing Status: Single Married/Joint Married/Separate Head of Household

(Returning clients do not need to complete this section)

Your SS# _____ Your date of birth _____ Home phone _____

Spouse SS# _____ Spouse date of birth _____ Work phone _____

Dependents: _____ Cell phone _____

Name _____ Date of birth _____ SS# _____

Name _____ Date of birth _____ SS# _____

Name _____ Date of birth _____ SS# _____

New Clients: ** Please provide a copy of last year's tax return. **

INCOME - please provide copies of income items

W-2s combined _____

1099 Forms _____

Unemployment _____

Social Security _____

Pension _____

Severance Pay _____

IRAs _____

Disability _____

Rental * _____

K-1s _____

Farm Income _____

Partnerships _____

Trusts _____

Self-Employment* _____

Tax Refunds _____

Interest _____

Dividends _____

Sales of Stocks _____

Sales of Property _____

Cancellation of Debt _____

Alimony Received _____

Health Savings Acct _____

Prior yr. tax prep fee _____

DEDUCTIONS - please provide totals

Moving exp. Re: New job _____

Student loan interest _____

Alimony _____

 Paid to: Name and SS# _____

Tuition & fees (1098-T) _____

Teacher classroom materials _____

Medical: (Provide Form 1095A or 1095B) *NEW*

Proof of Medical Insurance _____

Doctors & dentists _____

Prescriptions _____

Hospital _____

Insurance premiums _____

Eyeglasses & contacts _____

Vision surgery _____

Misc. eqmt. _____

Mileage _____

Taxes:

Real Estate _____

Personal (vehicles) _____

Interest:
(Provide copies of all Forms 1098)

Home Mortgage (1098) _____

Home Equity _____

Points _____

* Additional checklist available

If you purchased and/or sold a home, please provide HUDs

Please Send To: janice@janicecrookcpa.com or fax to 1.855.310.6456