

Client Data Sheet

This form is to assist you in gathering your 2023 income tax information.

TAXPAYER NAME _____ (M / F) SPOUSE NAME _____ (M / F)
 OCCUPATION _____ OCCUPATION _____
 SSN _____ BIRTHDATE _____ SSN _____ BIRTHDATE _____
 EMAIL _____ EMAIL _____
 ADDRESS _____ APT # _____ STATE OF RESIDENCE _____
 CITY _____ STATE _____ ZIP _____
 MAIN PHONE _____ EXT. _____ CELL ALT. PHONE _____ CELL

Marital Status: -Single -Married -Widowed If **Married**, did you and your spouse live together at any time after **June 30th 2023**? Yes No
 You (or your spouse if MFJ) lived in the USA for more than half of 2023 Yes No

Dependents: (List youngest first) Name (first, initial and last name)	Month, Day & Year of Birth	Dependent's SSN	Relationship to you	Months lived in your home this tax year?

CHECK ALL THAT APPLY

1. You, your spouse and/or any your qualifying dependents in 2023 received insurance through the Marketplace.
 Yes No If yes, please provide form 1095-A to your tax professional.
2. You or your spouse received, sold, sent, exchanged, or otherwise acquired any financial interest in any digital assets.
 Yes No If yes, please provide form 1099-K from your cryptocurrency exchange (or your crypto gains and losses calculation for the tax year).
3. Someone else can claimed you and/or your spouse as a dependent. Yes No
4. Your child did not live with you, but is claimed as your dependent. Yes No

Are you self-employed? Yes No If yes, please fill out the Net Profit from Business Worksheet.

Would you like your refund (tax due) deposited (direct debit) into your bank account? Yes No
 If yes, please provide your bank account information.

Checking acc Saving acc
 Routing Number _____ Account Number _____

CHILD CARE INFORMATION

DAY-CARE, AFTER-SCHOOL-CARE, NANNIES, ETC

(Note: This information is required for each provider. Use the back of this sheet if more space is needed.)

Provider's Name _____ Provider's SSN/EIN _____
 Provider's Address _____ Amount Paid to Provider \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, AND THAT I WOULD LIKE MY TAXES PREPARED ACCORDING TO THE INFORMATION PROVIDED.

Taxpayer's Signature _____ Date _____
 Spouse's Signature _____ Date _____

Tax Preparation Checklist 2023

Information about your income

- W-2 forms for you and your spouse
- 1099-C forms for cancellation of debt
- 1099-G forms for unemployment compensation, or state or local tax refunds
- 1099-NEC, 1099-K forms for you and your spouse (for any independent contractor work)
- 1099-R, Form 8606 for payments/distributions from IRAs or retirement plans
- 1099-S forms for income from sale of a property
- 1099-INT, 1099-DIV, 1099-B, K-1s for investment or interest income
- SSA-1099 for Social Security benefits received
- Alimony received
- Business or farming income - profit/loss statement, capital equipment information
- Rental property income and expenses: profit/loss statement, suspended loss information
- Miscellaneous income: jury duty, gambling winnings, Medical Savings Account, scholarships, etc.
- Foreign income, foreign bank account, financial interest in or signature or other authority over foreign financial account (location, name of bank, account number, peak value of account during the year, the aggregate value of the financial account)

Adjustments to your income and itemized deductions:

- Form 1098-E for student loan interest paid (or loan statements for student loans)
- Form 1098-T for tuition paid (or receipts/canceled checks for tuition paid for post-high school)
- Records of IRA contributions made during the year
- Receipts for any qualifying energy-efficient home improvements (solar, windows, etc.)
- Records of Medical Savings Account (MSA) contributions
- Self-employed health insurance payment records
- Alimony paid
- Keogh, SEP, SIMPLE, and other self-employed pension plans
- Forms 1098: Mortgage interest, private mortgage insurance (PMI), and points you paid
- Charitable donations (cash amounts, official charity receipts, canceled checks; value of donated property; miles driven and out-of-pocket expenses); qualified one-time charitable distribution from individual retirement account
- Medical and dental expense records
- Receipts for new qualified plug-in electric drive motor vehicle or previously owned clean vehicle
- State and local income taxes paid
- Real estate taxes paid

Signature of the taxpayer

Date

Name

Signature of the spouse

Date

Name