



2017 Income Tax Intake Information Sheets

Thank you for allowing us to serve your tax filing needs. We look forward to helping you achieve the best possible this tax season.

Client(s) Name: _____

Client Email Address: _____

Client Phone Number: (____) _____

Date of Birth for all Income Tax Payers:

Name: _____ DOB: _____

Name: _____ DOB: _____

Date of Birth for all Income Tax Defendants:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

YOU MUST PROVIDE PROOF OF HEALTH INSURANCE COVERAGE BEGINNING ON JANUARY 1, 2017

Did you have health Insurance for **ALL** of 2017? YES NO (if no see below)

If not which months **where you covered?**

Did you purchase health insurance through the marketplace? YES (if yes please provide all tax documents such as 1095-A, 1095-B and/or 1095-C) NO

MISC Info:



R3STORE ACCOUNTING

ACCOUNTING, MEDICAL BILLING, AND TAX PREPARATION

Please provide the following Tax documents needed to prepare your return

- | | |
|--|--|
| <input type="checkbox"/> W2 from your employer(s) | <input type="checkbox"/> 1099-INT from your bank(s) |
| <input type="checkbox"/> 1099-DIV from your financial institution(s) | <input type="checkbox"/> 1099-Comp from your financial institution(s) |
| <input type="checkbox"/> 1099R from your Pension or Retirement provider | <input type="checkbox"/> W2G from your gambling winnings |
| <input type="checkbox"/> Taxpayer's RRB-1099 from taxpayer's Railroad Retirement Board (RRB) | <input type="checkbox"/> Spouse's RRB-1099 from spouse's Railroad Retirement Board (RRB) |
| <input type="checkbox"/> Taxpayer's SSA-1099 from taxpayer's Social Security Administration | <input type="checkbox"/> Spouse's SSA-1099 from spouse's Social Security Administration |
| <input type="checkbox"/> 1099-Misc from Other Income sources | <input type="checkbox"/> 1099-Q from Qualified Education Programs |
| <input type="checkbox"/> 1099-B from Broker and Barter Exchange Transactions | <input type="checkbox"/> K-1 Partnerships from your Partnerships |
| <input type="checkbox"/> K-1 Scorp from your S-Corporation | <input type="checkbox"/> K-1 Trusts from your Trust or Estates |
| <input type="checkbox"/> 1098 Home Mortgage from your bank or lender | <input type="checkbox"/> 1099-G Unemployment Compensation from Government Payments |
| <input type="checkbox"/> Prior Year Tax Return | |

Please provide the following information needed to prepare your tax return

- What is your current address? _____
- Did your marital status change before 12/31/2017 _____
- Were there any changes in dependents? _____
- Did you have any child or dependency care expenses? Please include care provider's name, address, SSN, and amount. _____
- Did you buy or sell stocks, mutual funds, bonds, or other investment properties? _____
- Did you buy, sell, or refinance your home? _____
- Did you donate money, clothes, cars, or stock? _____
- Did you incur any tuition or continuing education expenses? _____
- Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)? _____
- Did you and your dependents have health care coverage for the full-year? _____
- Did you receive any of the following IRS documents? Form 1095-A, 1095-B, or Form 1095-C? If so, please send. _____
- For direct deposit, please provide your bank name, routing number, and account number? _____
- Do you want to electronically file your tax return? _____
- Please list any questions or other concerns you might have. _____