	AXPAYER & SPOUSE:	COPY OF DRIVER'S LICENSE	-	
Αl	LL PERSONS ON RETURN	COPY OF SOCIAL SECURITY CARD	os	
	(IRS & State requir	e us to have these on file. It protects our clie	ents and us from potentia	l fraud)
ME:				
AIN (CONTACT:	MAIN PH#:		TEXT?
DRE	<mark>SS:</mark>			
1AIL:	*			_
		*If you provide an email, please monit	tor it for questions.	
1.	If New, who REFERRED you	to our office?		
2.	Are all W2's & 1099's provid	Shall		
	·			
3.	Did anyone receive any RET	REMENT DISTRIBUTIONS & are all 1099-Rs	provided?	
4.		u are claiming this tax year?		
4.	a. If they are a NEW d	ependent, we need Full LEGAL Name with a		ity Card & Date of Birth
4.	a. If they are a NEW db. Have you included a		a copy of the Social Secur	ity Card & Date of Birth
	a. If they are a NEW db. Have you included ac. Are you REMOVING	ependent, we need Full LEGAL Name with a any of your <mark>Dependent's W2s</mark> ? a prior dependent? Name	a copy of the Social Secur	
	 a. If they are a NEW d b. Have you included a c. Are you REMOVING CHILDCARE expenses? Letted	ependent, we need Full LEGAL Name with a any of your <mark>Dependent's W2s</mark> ?	a copy of the Social Secur the following informatio	n:
5.	a. If they are a NEW d b. Have you included a c. Are you REMOVING CHILDCARE expenses? Lette a. Daycare Name/Tax	ependent, we need Full LEGAL Name with a any of your <mark>Dependent's W2s</mark> ? a prior dependent? Name ar from childcare provider needs to provide	the following information	n: of Provider
5. 6.	a. If they are a NEW d b. Have you included a c. Are you REMOVING CHILDCARE expenses? Lette a. Daycare Name/Tax Total CHILD SUPPORT receiv	ependent, we need Full LEGAL Name with a any of your <mark>Dependent's W2s</mark> ? is a prior dependent? Name or from childcare provider needs to provide ID# b. Amount Paid per month/How ma	the following information months c. Address only conditions:	n: of Provider
5. 6.	a. If they are a NEW d b. Have you included a c. Are you REMOVING CHILDCARE expenses? Lette a. Daycare Name/Tax Total CHILD SUPPORT received, if a	ependent, we need Full LEGAL Name with a sany of your Dependent's W2s? is a prior dependent? Name or from childcare provider needs to provide ID# b. Amount Paid per month/How mater (This is not taxable but needed for possible to the provide of th	the following information on months c. Address on the credits:	n: of Provider
5. 6. 7.	a. If they are a NEW d b. Have you included a c. Are you REMOVING CHILDCARE expenses? Lette a. Daycare Name/Tax Total CHILD SUPPORT receive Total ALIMONY received, if a a. Required: Name an	ependent, we need Full LEGAL Name with a sany of your Dependent's W2s? is a prior dependent? Name er from childcare provider needs to provide ID# b. Amount Paid per month/How mater (This is not taxable but needed for possiblent)? Year alimony stars	the following information on months c. Address on the credits: rted: ho paid if payments start	n: of Provider ed before 2019.
 6. 7. 	a. If they are a NEW d b. Have you included a c. Are you REMOVING CHILDCARE expenses? Lette a. Daycare Name/Tax Total CHILD SUPPORT receive Total ALIMONY received, if a a. Required: Name an	ependent, we need Full LEGAL Name with a lany of your Dependent's W2s? is a prior dependent? Name or from childcare provider needs to provide ID# b. Amount Paid per month/How mated (This is not taxable but needed for possible any? Year alimony stand Social Security #'s of who received and we have a large to the standard of the sta	the following information on months c. Address on the credits: rted: ho paid if payments start	n: of Provider ed before 2019.
 6. 7. 8. 	a. If they are a NEW d b. Have you included a c. Are you REMOVING CHILDCARE expenses? Lette a. Daycare Name/Tax Total CHILD SUPPORT receive Total ALIMONY received, if a a. Required: Name an	ependent, we need Full LEGAL Name with a cany of your Dependent's W2s? is a prior dependent? Name or from childcare provider needs to provide ID# b. Amount Paid per month/How mated (This is not taxable but needed for possible any? Year alimony stand Social Security #'s of who received and was receive, sell, send, exchange, or acquire, a	the following information on months c. Address on the credits: rted: ho paid if payments start	n: of Provider ed before 2019.
 6. 7. 8. 	a. If they are a NEW d b. Have you included a c. Are you REMOVING CHILDCARE expenses? Lette a. Daycare Name/Tax Total CHILD SUPPORT receive Total ALIMONY received, if a a. Required: Name an DIGITAL CURRENCY: Did you a. If yes, we will need Are you SELF-EMPLOYED? a. If yes, please be sur	ependent, we need Full LEGAL Name with a cany of your Dependent's W2s? is a prior dependent? Name or from childcare provider needs to provide ID# b. Amount Paid per month/How mated (This is not taxable but needed for possible any? Year alimony stand Social Security #'s of who received and was receive, sell, send, exchange, or acquire, a	the following information on months c. Address of the credits): rted: ho paid if payments start ny digital currency, such a	n: of Provider red before 2019. as bitcoin or property?

	PAID Property Taxes, Mortgage Interest (1098 Statement), Charitable Contributions, Gamb Losses. Substantiating paperwork must be provided.	iling Income & Gambling					
12.	12. Did you purchase an ELECTRIC CAR ? If so,						
	Make & Model of vehicle Vehicle Year						
	Purchased New or Used? Purchase Price Date of Purchase						
13.	13. Did you have any HOME ENERGY IMPROVEMENTS that would qualify you for an Enexamples are energy efficient windows, doors, insulation, roofing, water heaters, so (NO APPLIANCES). If so, receipts that show where it was purchased, what the purchased improvement and the total cost, must be provided.	solar panels, furnace, etc.					
14.	MICHIGAN CREDITS – If you paid health insurance premiums during the tax year, ple paid, this helps calculate the credits. 14. Do you RENT? (Rent Credit) a. Name(s) on the lease (yours MUST be on it in order to receive the credit):	·					
	b. Who did you pay it to and what is their address: c. Amount paid per month / # of months paid:						
15.	 d. Is heat in your name? YES NO Is heat included in Rent cost? YES NO 15. HOMEOWNERS PROPERTY TAX CREDIT: Please provide copies of <u>both</u> summer and winter property tax bills. The tax bills of Verify the bills are for the correct year. The summer tax bill comes during the tax comes the <i>following year</i> even though it is for the tax year being prepared. 						
16.	16. <u>Direct Deposit</u> for Refunds						
	Bank Name Checking Sav	ings (Circle One)					
	Bank Routing Number: Account Number						
17.	<u>Debit Account</u> to Pay When E-filing Tax Return for Tax Owed Instead of Mailing a Check						
		ings (Circle One)					
	Bank Routing Number: Account Number						

11. <u>ITEMIZED ITEMS</u>: (Only include if you usually itemize) out of pocket Medical Expenses, Medical Mileage, License Tabs,

r preparation fee. If you do not get a refund or owe back taxes, you			if the bank does not approve of
is transaction, you will be responsible for the tax preparation fee.	YES	NO	
(TURN OVER)			

18. Would you like your tax preparation fee taken out of your refund? The bank charge is \$72.95 which is *in addition* to the