TaxPa	yer	Spouse
NAME		NAME
Social Security #		Social Security #
D.O.B		D.O.B
Job Title		Job Title
Cell Phone: ()		Cell Phone: ()
email:		email:
If you are an ITIN is it renewed? Y / N		If you are an ITIN is it renewed? Y / N
Can anyone claim you as a dependent? Y / N		Can anyone claim you as a dependent? Y / N
Lived in the U.S. at least 183 days? Y / N		Lived in the U.S. at least 183 days? Y / N
Address: Apt # City: State:		
	Single Married	,
-	_	•
Health Coverage: (1095-B employer/Medi-cal) (1095-A covered Calif.) (HSA distribution)		
IRS Pin # for filing		
W2's Last payst	ub to match W2's	Direct Deposit
1099-DIV Divident In	come	Routing #:
1099-S Sale of Ho		Account #:
1099-B Sale of Stocks /Robinhood		Savings or Checking
SSA1099 Social Security Benefits 1099-E Student Interest from Loans		
1099-E Student In W2-G Gambling		\$
1099-G Unemployi		Paid Family Leave
1099-R Retirement Distribution		Reason:
1098-T Tuition Sta		School Expenses: \$
1099-INT Interest In	come	Banks Credit Unions Mortage company
Pay rent: \$	LandLord:	
Home Owners	Business	Rental Property
1st: 1098 Mortgage	EIN #:	Rents Collected
1099- interest	DBA:	Other Cash
Solar Energy Exp.	Cash	1st: 1098 Mortgage
DMV car registr.	1099-K: Credit Card	
ATV registra.	1099-Nec	Property Taxes
Property Taxes	Uber/Lyft/Doordas	
Boat Purchase	Merchandise Exp	Management fees
Car purchase Cash Donations	Supplies Exp Phone Exp.	Property Insurance Utilities: Water
Goodwill	Total car Miles	Utilities: Trash
Union Dues	Business Miles	Utilities: Gas
Medical Expenses	P & L statement	Repairs
I/We hereby consent to the disclosure of tax information noted above and allow the tax preparer to enter a PIN on my		
behalf to verify that I/We certify all information is true & correct.		
TaxPayer Signature		Date
Spouse Signature	Date	