NEW CLIENT PRE-CHECKLIST



- O I was referred by: 1040 INCOME TAX RETURN
- o I did a web search for a local accounting office.
- Here is what you will need to include when sending your tax documents:
 - o A copy of the last tax return filed.
 - o A copy of all social security cards (taxpayers and dependents).
 - A copy of a valid driver's license for taxpayer and spouse (if applicable).

(please print CLEARLY) PAGE 1

TAXPAYER NAME	SPOUSE NAME					
ADDRESSAPT	CITYSTATEZIP					
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER					
OCCUPATION	OCCUPATION					
DATE OF BIRTH	DATE OF BIRTH					
EMAIL	EMAIL					
BEST CONTACT PHONE Cell Home Work	BEST CONTACT PHONE (circle one) Cell Home Work					
NJ TENANTSMONTHLY RENT \$ NO RENT PA	AID VETERAN ? HEALTH INSURANCE 2023? YES NO					
Children and Other Dependents CLAIMED ON The	HIS RETURN EXACTLY AS SHOWN ON SOCIAL SECURITY CARD					
First Name Last Name Soc.Security#	College/School Relationship Date of Birth Year/Grade Lived with you?					
Child Care Information Name(s) of Child(ren) under 1.	3 years old					
NAME of PROVIDER						
ADDRESS						
Tax ID# or SS# (REQUIRED)	Amount Paid					
College Tuition Information TAXPAYER, SPOUSI	E and/or DEPENDENTS CIRCLE ONE as of SEPT 2023					
StudentSchool	Tuition Paid \$Fresh / Soph / Jr / Sr / Other					
StudentSchool	Tuition Paid \$Fresh / Soph / Jr / Sr / Other					
MANDATORY: Please include Tuition Stat	ement (FORM 1098-T) with your tax paperwork					
Bank Information (OPTIONAL) ► DIRECT	DEPOSIT for REFUNDS					
► DIRECT DEBIT for Balance Due (automatic wit						
□ Checkin	g □ Savings					
Bank Routing# <u> </u>	Acct#					
◆ PERSONAL PROTECTION COVERAGE - (avoid hourly rates for responses to IRS/state/local correspondence) → We will respond on your behalf to all tax agency correspondence regarding the 2023 tax return for additional charge of \$29.00 ☐ I agree to coverageadd \$ 29.00 to fee						
PICK ONE METHOD OF DELIVERY FOR COMPLETED RETURN: ☐ Will Pick-up ☐ Mail Copy						
SPECIAL INSTRUCTIONS						
PAY YOUR TAX PREPARA We accept CASH, CHECKS or CREDIT CARDS. PI	TION FEE (fee cannot be deducted from refund) lease complete the following or call us with credit card info:					
(circle one): VISA/MASTERCARD /AMEX/ DISCOVER ► CARD NUMBER:	-					
NAME ON CARD	EXP DATE SEC CODE					

BILLING ADDRESS_

Income Information: PLEASE PR W2s and 1099s Interest & Dividends Pension Income	☐ Self Empl ☐ Stock/Pro ☐ IRA Withd	oloyment Income roperty Sales drawals	□ S: □ U □ F:	arm/Trust Income	ORM 1099-G REQUIRED		
☐ Partnership/S-Corp Inco ☐ <mark>Alim</mark>	ome (K-1) □ Gambling Gambling		OF DIVORCE	Aisc. Income (Debt	Cancellation, Unreported Tips)		
Miscellaneous: PLEASE PROVIDE HUD-1 or CLOSING DISCLOSURE FOR PURCHASES/SALES/REFI OF PROPERTY □ Student Loan Interest Paid □ Adoption Expenses □ Filing Status Change from last year? □ Health Savings Acct Contributions & Distributions □ Form 1099-K □ State Use Tax □ Retirement Contributions, Rollovers, Conversions: ► Traditional IRA, SEP, SIMPLE, KEOGH (Roth contributions are NOT deductible) □ Energy Credit □ Health Insurance □ Alimony Paid \$ DATE OF DIVORCE							
Foreign Bank Accounts Over \$10,000 in Foreign	n Account at any ti	me during the ye	ar? □ N	I O foreign acco	unts 🗆		
Capital Gains and Losses (provide 1099s): ◆ PLEASE PROVIDE COST BASIS TO MATCH ALL GROSS PROCEEDS ◆ Date of Sale, description, GROSS PROCEEDS (including commission) ◆ Date of Purchase, description, COST BASIS (including commission) ◆ IMPORTANT: PLEASE REVIEW STATEMENTS TO ENSURE ACCURATE COST BASIS IS PROVIDED FOR TRANSACTIONS							
	EWOINEMENTO	BOIL AGGERTIE	OT DAGIO IOT.	DED FOR HUMAS.	, rions		
Itemized Deductions: □ Medical, Dental, Prescriptions (breakdown summary of out-of-pocket expenses AFTER reimbursements, including medical travel) □ Health Ins/Long Term Care Premiums □ Gambling Losses (up to wins) □ State & Local Taxes □ Real Estate Taxes □ Mortgage Interest (inc. all 1098s & private mortgage info) □ Charitable Donations (cash and non-cash) □ Points Paid (Refi/Purchase) □ Investment Interest □ Casualty Losses							
Estimated Tax Paid (DO N	IOT INCLUDE W-	2 or 1099 WIT	HHOLDINGS)		•		
2023 Estimated Payments:	<u>FEDERAL</u>	April \$	June \$	Sep \$	Jan 2024 \$		
2023 Estimated Payments:	STATE (Specify) April \$	June \$	Sep \$	Jan 2024 \$		
2023 Estimated Payments:	LOCAL (Specify) April \$	June \$	Sep \$	Jan 2024 \$		
	TOTAL DEN'	TAL INCOME 2		Nhar	The Mandad		
Investment Rental Proper ☐ Mortgage Interest	<u>rty:</u> IOIAL RENI ☐ Property			Number nsurance Premiu	of Days Rented		
☐ Utilities Paid	☐ Mainten	nance Costs	□R	Repairs and Supp	olies		
☐ Auto and Travel Exper		ional & Legal Fees		andscaping & Sr			
(NIULTIPLE HAVESTIVE	MENT RENTAL PROPERTI	ES: PLEASE LIST INC	UME & EXPENSES	SEPAKATELT FOR L	:ACH ADDRESS)		
Self-Employment Expense		nses recorded		_	for vehicles?		
☐ Auto/Truck Expenses (including☐ Tolls and Parking	ng yr/make/model/we ☐ Cost of Goods So	_	_	actual expens ng & Insurance (in			
☐ Fees/Licenses/Permits	☐ Cost of Goods So				nc. nealth) provide <u>W2s/1099s</u>)		
☐ Telephone & Utilities	☐ Dues & Prof. Pub	olications	☐ Postage/F	Freight/Delivery/			
☐ Computer Hardware	☐ Software and Into		☐ Miscellan				
COMMENTS: (attach a	additional she	 ets as need	led)				
Lauthorize MANY HAPPY RETURNS to pr	ronare my 2023 tax return	and create my PIN num	her to be used as my s	ignature for electroni	ic filing. The information I/we have		
I authorize MANY HAPPY RETURNS to prepare my 2023 tax return and create my PIN number to be used as my signature for electronic filing. The information I/we have provided is COMPLETE.							

Signature Spouse_

Signature Taxpayer_