

**CLIENT INFO**

**I AM A...**  Returning client (same info as last year)  Returning client (updated info below)  New client  Referral? (Name: \_\_\_\_\_)

Taxpayer name \_\_\_\_\_  
 SSN (if NEW client): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Blind  Disabled  Student  Member of US Armed Forces

Claimed as a dependant on someone else's return

Text message permission  \$3 presidential campaign fund donation

Residential address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ School District: \_\_\_\_\_

TAX FILING STATUS :  Single  Married filing jointly  Married filing separately  Head of household

Spouse (if married): \_\_\_\_\_  
 SSN (if NEW client): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

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**STATE RESIDENCY/INCOME**

**LIST ALL THE STATES YOU LIVED IN LAST YEAR AS WELL AS THE DATES LIVED IN EACH:**

State: \_\_\_\_\_ County: \_\_\_\_\_ School district: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ School district: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ School district: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Did you live in a federally declared disaster area?  Yes  No If yes, where? \_\_\_\_\_

Did you earn income in any other states?  Yes  No If yes, list states \_\_\_\_\_

**MISCELLANEOUS**

**THESE ARE NOT VERY COMMON SITUATIONS**

At any time during the year, did you receive, sell, exchange, or dispose of a digital asset?  Yes  No

At any time during the year, did you have a financial interest in or signature authority over a financial account located in a foreign country?  Yes  No

At any time during the year did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?  Yes  No

**OTHER INCOME/EXPENSE INFO**

**DID YOU HAVE ANY INCOME/EXPENSES FROM ANY OF THE FOLLOWING DURING THE TAX YEAR?**

Self-employment/1099 income:  Yes  No

Rental property income:  Yes  No

Farming or farm rental:  Yes  No

If you answered YES to any of the above, DO NOT PROVIDE RECEIPTS for expenses. Instead, provide ONLY a summary of your income and expenses below.

**DEPENDENT/CHILD INFO**

**RETURNING CLIENTS:**  Same info as last year  Updated information below  NO dependents/children (skip this section)

**NEW CLIENTS:**  All dependents/children listed below  NO dependents/children (skip this section)

Dependent's full name as listed on SS card	Social security #	Date of birth	Relationship to you	# months living at home	Disabled?	Student?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If applicable, please explain the circumstances of why you are claiming a dependent not related to you and the support you have provided: \_\_\_\_\_  
 \_\_\_\_\_

If the last name of any dependent is different than the last name of the taxpayer or spouse, please indicate the reason for that difference: \_\_\_\_\_  
 \_\_\_\_\_

Were there any child care costs incurred for any of the dependents?  Yes  No If yes, please summarize: \_\_\_\_\_

For Iowa: For any dependents that were K-12 students were there any school related costs, such as tuition, fees, books, uniforms, etc.? \_\_\_\_\_  
 \_\_\_\_\_

If your annual income is at or below \$14,000, how are you able to maintain the household? For example: Did you receive government assistance such as Section 8, Snap, Medicaid, WIC, or other? \_\_\_\_\_  
 \_\_\_\_\_

**TAX REFUND**

**HOW WOULD YOU PREFER TO RECEIVE YOUR REFUND?**

- Mail refunds to address on tax return.  Direct deposit to the SAME ACCOUNT as last year.  Direct deposit to NEW ACCOUNT listed below.

Bank name \_\_\_\_\_ Routing number \_\_\_\_\_ Account number \_\_\_\_\_

**AUTHORIZATION & CONFIRMATION**

**MUST BE SIGNED AND DATED BY TAXPAYER AND SPOUSE**

My signature below confirms that the information provided on this form is true to the best of my knowledge and authorizes Tax Edge to prepare my tax return based upon the tax forms provided. I also understand that all documents provided will be electronically scanned and the original documents will not be returned.

Taxpayer signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

# TAX RETURN ORGANIZER AND CHECKLIST

## INCOME ITEMS:

- Wage W-2 Forms From Every Employer.
- Gambling W-2G Forms.
- Retirement 1099-R Forms.
- Unemployment 109-9G Forms.
- Social Security 1099-SSA Forms.
- Dividend 1099-DIV Forms.
- Interest 1099-INT Forms.
- Investment/Stock Brokerage Statement.
- Sale of Residence Form.
- Cancellation of Debt 1099-C Form.
- Miscellaneous Income 1099-MISC Form.

## DEDUCTIBLE ITEMS:

- Student Loan Interest Statements.
- Educator Expenses (Classroom Teachers).
- Traditional IRS Contributions.
- Health Savings Account (HSA).
- Health Insurance Premiums (post-tax only).
- Out of Pocket Medical/RX Expenses.
- Long Term Care Insurance Premiums.
- Medical Miles Driven.
- Home Mortgage Interest Form 1098.
- Real Estate/Property Taxes.
- Car License Fees.
- Monetary Donations to Charity.
- Non-Monetary Donations (Goodwill, etc).
- Charitable Miles Driven.
- Gambling Loss Statement.
- Unreimbursed Employee Expenses.
- Investment/Advisory Expenses.
- Iowa College Saving 529 Plan Contributions or Distributions.

## INCOME TAXES PAID

- Federal & State Income Taxes Paid in Current Tax Year for Prior Years.
- List of ESTIMATED Tax Payments Made for Current Tax Year. MUST Include date paid and amount paid.

## DEPENDENT / CHILDREN ITEMS:

- Childcare Expenses.  
(including name, address & EIN or SS# of Childcare Provider).
- Kindergarden-12th grade Education Expenses.
- College Tuition 1098-T Forms.  
(Check your college student's online college portal).
- Social Security 1099-SSA Forms.

IMPORTANT: IF your child worked and will be filing a tax return, be sure they DO NOT CLAIM THEMSELVES on their own tax return if you plan on claiming them.

## SELF EMPLOYMENT / SMALL BIZ

- Miscellaneous Income 1099-MISC Forms.
- List of ALL INCOME sources.
- Categorized Summary of Expenses.
- Business Use of Home Worksheet.
- Business Mileage Log.
- List of Purchased Equipment/Vehicles.

IMPORTANT: Include Income Statement which summarizes ALL income and expenses into categories. DO NOT include all your receipts as we only need totals for each category. You keep the receipts for your records .

## RENTAL PROPERTY

- List of Rental Income and Expenses for EACH Property Individually.
- Mortgage Interest & Property Tax Info.
- If sold during tax year, closing statement of sale and associated expenses.

IMPORTANT: Rent income and expenses MUST be separated on a PER PROPERTY basis.

## FARM RENTAL / FARM OPERATION

- Rental / Farm Operation Income.
- Categorized Summary of Expenses.
- Livestock/Equipment Purchased or Sold.

## PARTNERSHIP / S CORP / TRUST

- Schedule K-1.
- Unreimbursed Expenses.