

TAXES PLUS

P.O. Box 1199
Rockport, ME 04856
Phone: 207-230-8624
Fax: 617-963-7147

Online & Drop Off Form

Date: _____

Tax Preparation Client Information and Checklist

To better serve you and meet your tax preparation expectations, we ask you to take a few minutes to fill out the information below. If you have any questions while completing this form, please do not hesitate to ask.

Fill out this form to the best of your knowledge, and review and sign the engagement checklist.

Client Information:

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed
Primary Taxpayer Name: _____ Spouse Name: _____

Date of Birth: _____ Spouse Date of Birth: _____

SSN or ITIN: _____ Spouse SSN or ITIN: _____

Occupation: _____ Spouse Occupation: _____

Address: _____ Spouse Address (if different): _____
City, State, Zip: _____

Are you a US Citizen or Green Card Holder? _____ Yes _____ No Type of Visa: _____
Preferred Contact Method: _____ E-mail _____ Phone Best time to reach you: _____
Best Phone Number: _____ Best Phone Number: _____
E-mail: _____ E-mail: _____

Can you be claimed as a dependent by someone else? _____ Yes _____ No
Is anyone on this tax return an active member of the military? _____ Yes _____ No
Would you like to designate \$3.00 to the presidential campaign fund? _____ Yes _____ No

At any time during _____, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
 Yes No

Dependents* (or person living in your household)

Name:	Relationship:	Date of Birth:	SSN or ITIN:	Full Time Student:(Y or N)	Disabled: (Y or N)

*If any dependents listed did not live at the primary taxpayer's address the entire year, please discuss this with us. This is critical to help us help you accurately report your residency and dependency to the tax authorities

*** Please provide copies of last year's tax return for you and your spouse Provided: _____ Yes _____ No
** Please provide copies of you and your spouses driver's license or State ID Provided: _____ Yes _____ No

Bank Account Number and Routing Number if wish to have refund Direct Deposited:
Bank Routing Number: _____ Bank Account Number: _____
*** If balance due, by initialing, I/we authorize direct debit: _____

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Checklist:

Income:

- Employer W-2's
- Self-Employment (1099-Misc)
- Interest (1099-Int), Dividends (1099-Div), Stock or Mutual Fund Sale (1099-B), or K-1's
- Social Security (SSA-1099)
- Payments / Distributions from IRAs or Retirement Plans (1099-R, Form 8606)
- Income from Sale of a Property (1099-S)
- Rental Property Income – Profit / Loss Statement, Suspended Loss Information
- Cancellation of Debt (1099-C, 1099-A)
- Unemployment, or State or Local Tax Refunds (1099-G)
- Alimony Received - year divorce decree final _____ / revised (if applicable) _____
- Business or Farming Income – Profit / Loss Statement, Capital Equipment Information
- Prior Year Installment Sale Information – (Forms 6252), Principal and Interest Collected During the Year, SSN, and Address for Payer
- Miscellaneous Income: Jury Duty, Gambling Winnings, Medical Savings Account, Scholarships
- Other

Adjustments to Your Income:

- Student Loan Interest Paid (1098-E / or Loan Statements for Student Loans)
- Tuition Paid (1098-T / or Receipts / Canceled Checks for Tuition Paid for Post-High School)
- For Teachers: Canceled Checks or Receipts for Expenses Paid for Classroom Supplies, Etc
- Records of IRA Contributions Made During the Year
- Receipts for any Qualifying Energy – Efficient Home Improvements (Solar, Windows, Etc)
- Records of Medical Savings Account (MSA) Contributions
- Records of Moving Expenses *** Only if military or move started in 2017
- Alimony Paid - year divorce decree final _____ / revised (if applicable) _____
- Keogh, SEP, SIMPLE, and Other Self-Employed Pension Plans

Deductions and Credits:

- Self-Employment Expenses
- Child Care Costs: Provider's Name, Address, Tax ID, and Amount Paid
- Adoption Costs: SSN of Child, Records of Legal, Medical and Transportation Costs
- Mortgage Interest, Private Mortgage Insurance (PMI), and Points You Paid (Forms 1098)
- Investment Interest Expenses (ex: Margin Interest)
- Charitable Donations: Cash Amounts, Official Charity Receipts, Canceled Checks; Value of Donated Property; Miles Driven and Out of Pocket Expenses
- Medical and Dental Expense Records
- Casualty & Theft Losses: Amount of Damage, Insurance Reimbursements

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- _____ Loss *** Only if in a Presidentially Designated Disaster Area
- _____ Record of Home Business Expenses, Home & Office square footage, Home Expenses
- _____ Rental Property Income / Expenses: Profit / Loss Statement, Rental Property Suspended Loss
- . Information

Taxes You've Paid

- _____ State and Local Income Taxes Paid
- _____ Real Estate Taxes Paid
- _____ Personal Property Taxes
- _____ Excise Tax on vehicles (ex: car, boat, trailer)

Other Information

- _____ Estimated Tax Payments Made During the Year, please include amounts and dates when paid
- _____ Prior Year Refund Applied to Current Year and / or Any Amount Paid with an Extension to File
- _____ Foreign Bank Account Information: Location, Name of Bank, Account Number, Peak Value
- . Account During the Year
- _____ Foreign financial asset or activity *** almost all are reportable and failure to report may bring
- . penalties starting at \$10,000

Questions for your tax preparer:

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PRIVACY POLICY It is the policy of Joyce Mohr EA, d/b/a Taxes Plus, to handle the information you provide us with the utmost confidentiality and care. Your personal information will only be shared with members of our firm who need to know this information in order to complete the work you have hired our firm to do. We will not disclose your personal and confidential information to anyone outside our firm and digital vendors without your express written permission to do so or unless we are legally required to do so. We maintain physical, electronic and procedural safeguards to protect your information. In addition, your initial permits us to send you periodic newsletters and to provide general tax advice. **Initial:** _____

ENGAGEMENT OF SERVICES We will prepare your Individual Federal and State(s) income tax returns for the year ended 12/31/2020 from the information you furnish us. We will not audit the data you submit but may request further documentation and clarification. It is your responsibility to provide all the information necessary to complete your tax returns and to maintain, in your records, the documentation (e.g. receipts, cancelled checks, logs, other records) necessary to prove the accuracy and completeness of the returns to the taxing authority. If you have any questions as to the type of records required, please ask us for advice. Since you have the final responsibility for the information on your tax returns, we highly recommend that you review the tax returns carefully before signing and filing them. Your fee for your tax return will not include audit support. **Initial:** _____

IRS/STATE DOR CHECKBOX AUTHORIZATION You may authorize the IRS or the Department of Revenue to contact your tax return preparer if they have any questions regarding the processing of your tax return after it is filed. Very often, questions that arise during processing can be easily resolved by telephone. If you agree, we will be authorized to answer those questions for you. **Initial:** _____

IRS e-file SIGNATURE AUTHORIZATION You MUST sign the IRS and state (if applicable) e-file Signature forms (IRS is form 8879) upon completion of your return and before we can transmit your return electronically. For additional security, the IRS requires a (5) digit pin be associated with your return. You authorize by initialing below, to generate the PIN for you to submit your return for e-file, or you may provide us with the PIN if you prefer. **Initial:** _____

FOREIGN INCOME & ASSET DISCLOSURE There are very steep penalties for not reporting foreign income & assets through the informational international tax forms. By initialing here you indicate that at any time during the year you had an interest in, signature, or other authority over a financial account you will provide Taxes Plus with the details. This includes foreign mutual funds, annuities, life insurance policies, trusts, partnerships, companies or any other foreign financial assets or entities **Initial:** _____

VIRTUAL CURRENCY DISCLOSURE If you received, sold, sent, exchanged, or otherwise acquired any interest in any virtual currency please be sure to track your currency. (<https://koinly.io>) **Initial:** _____

Taxes Plus Customer Care Package - \$199-\$295 will be added to your tax preparation fees. See our annual letter for details as to what is included. If you **WISH TO OPT OUT** please sign here x _____ and understand you will be billed for services beyond the tax return preparation.

ACKNOWLEDGMENT AND CONSENT: The above information is acknowledged and accepted by:

Taxpayer (sign)

Taxpayer (print)

Date

Spouse (sign)

Spouse (print)