

Client Intake Data Sheet—Tax Year 2017

As paid tax preparers, the IRS and NYS requires that we e-file all returns

Name: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Preferred E-Mail: _____

Preferred Method and time for contact: _____

New York State is requiring information from your NYS Driver License or NYS Non-Driver ID. Please include a readable copy of the front and back of your NYS Driver License or NYS Non-Driver ID.

A copy of my/our NYS Driver License or NYS Non-Driver ID is enclosed Yes

To assist in preparing your tax return, please answer the following questions:

1) For NYS residents:

Did you receive the Property Tax Relief Credit in 2017? Yes No

If Yes, amount \$ _____

Did you receive a STAR Credit in the form of a check in 2017?..... Yes No

If Yes, amount \$ _____

2) Did you pay your 2018 Property Tax in 2017? Yes No

If Yes, amount \$ _____

3) Was everyone on your return (including your spouse and dependents) Yes No covered by Health Insurance for the entire year? If **No**, please indicate who was not covered and the months there was **NO** coverage.

4) Did your marital status change during 2017? Yes No

If Yes (explain) _____

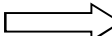
5) Were you or your spouse permanently or totally disabled in 2017? Yes No

If Yes (explain) _____

6) Did you or your spouse receive any foreign income or have any foreign bank account(s)?

Yes (explain) _____ No

NOTE: If you are required to file an FBAR, the filing deadline is April 15, 2018.

OVER 

7) I would like my refund directly deposited. **Please attach a voided check and be sure to select the type of account (checking or savings).** Checking Savings

Bank Name _____

Routing Number (9 digits) _____

Account Number _____

8) Did you move or change your address in 2017/2018? Yes No

If yes, here is my new address: (Date of move if outside of New York State: _____)

9) I (and/or my spouse) am/is/are a:

Teacher Volunteer Firefighter and/or Volunteer Ambulance Worker

10) Were you or your spouse a member of the U.S. Armed Forces in 2017? Yes No

11) Are you adding any new dependents (do not include your spouse)? Yes No
for tax year 2017.

If Yes, list name, date of birth and social security number.

Name

Date of Birth

Social Security Number

12) Was your dependent child(ren) a full-time college student in 2017? Yes No

If Yes, list name, year in college (1st, 2nd, 3rd, 4th, 5th) and semester(s) attended.

Name

Year in School

Semester(s) Attended

Be sure to provide 1098-T, 1098-E, and 1099-Q forms with you documents, even if they are in your dependent child's name. Also, please include a transcript from the school of the amounts paid for tuition. The 1098-T is not always an accurate reflection of the amounts paid.

13) Are you removing any dependents for tax year 2017? Yes No

If Yes, list name and reason.

Name

Reason

Additional Information or Comments _____

