

# Client Intake Data Sheet—Tax Year 2018

*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: \_\_\_\_\_

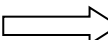
Preferred Method and time for contact: \_\_\_\_\_

***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.***

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

- 1.) For Taxpayers 70½ years old and older (on December 31, 2018):  
Did you make a charitable distribution directly from your IRA?.....  Yes  No  
If so, how much of your RMD was to charity \$ \_\_\_\_\_
- 2.) For NYS residents:  
Did you receive the Property Tax Relief Credit in 2018?.....  Yes  No  
If Yes, amount \$ \_\_\_\_\_  
Did you receive a STAR Credit in the form of a check in 2018? .....  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 where there was **NO** coverage.  
\_\_\_\_\_
- 4.) Did your marital status change during 2018? .....  Yes  No  
If Yes (explain) \_\_\_\_\_
- 5.) Were you or your spouse permanently or totally disabled in 2018?.....  Yes  No  
If Yes (explain) \_\_\_\_\_
- 6.) Did you or your spouse receive any foreign income, have a foreign bank account(s) or foreign trust?  
 Yes (explain) \_\_\_\_\_  No

**NOTE: If you are required to file an FBAR, the filing deadline is April 15, 2019.**

**OVER** 

7.) ..I would like my **refund directly deposited**.....  Yes  No

8.) I would like my **tax payment directly withdrawn** from my bank account. ....  Yes  No

For 7 and 8 above, please attach a **VOIDED CHECK** (if checking acct) Indicate bank info:

Bank Name \_\_\_\_\_  Checking  Savings (select one)

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

9.) Did you move or change your address in 2018/2019?.....  Yes  No

If yes, here is my new address: (Date of move outside or into New York State: \_\_\_\_\_)

\_\_\_\_\_  
\_\_\_\_\_

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

Teacher  Volunteer Firefighter/Ambulance  Military

11.) Are you adding any new dependents (do not include your spouse)? .....  Yes  No  
for tax year 2018.

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 2018? .....  Yes  No

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

Name Year in School Semester(s) Attended

\_\_\_\_\_  
\_\_\_\_\_

*Be sure to provide 1098-T, 1098-E, and 1099-Q forms with your 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 2018? .....  Yes  No

If Yes, list name and reason.

Name Reason

\_\_\_\_\_  
\_\_\_\_\_

14.) Did you pay any estimated Federal or State taxes (not withholding) for 2018? .....  Yes  No

If yes, please provide amounts and dates:

<u>Federal Estimated Payments</u>		<u>State Estimated Payments</u>	
<u>Amount</u>	<u>Date Paid</u>	<u>Amount</u>	<u>Date paid</u>
\$ _____	_____/_____/_____	\$ _____	_____/_____/_____
\$ _____	_____/_____/_____	\$ _____	_____/_____/_____
\$ _____	_____/_____/_____	\$ _____	_____/_____/_____
\$ _____	_____/_____/_____	\$ _____	_____/_____/_____

Additional info or comments: please attach additional sheet