

Client Intake Data Sheet—Tax Year 2019

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: _____

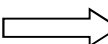
Preferred Method and time for contact: _____

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 EVEN IF YOU HAVE PROVIDED TO US IN THE PAST.

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

- 1.) For Taxpayers taking Required Minimum Distributions:
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 2019?..... Yes No
If Yes, amount \$ _____
Did you receive a STAR Credit in the form of a check in 2019? Yes No
If Yes, amount \$ _____
- 3.) Did your marital status change during 2019? Yes No
If Yes (explain) _____
- 4.) Were you or your spouse permanently or totally disabled in 2019?..... Yes No
If Yes (explain) _____
- 5.) 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, 2020.

OVER 

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

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 I would like my **tax payment directly withdrawn** from my bank account.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

For 6 and 7 above, please attach a **VOIDED CHECK** (if checking acct) Indicate bank info:

Bank Name _____ Checking Savings (select one)

Routing # _____ Account # _____

8.) Did you move or change your address in 2019/2020?..... Yes No

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

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

Teacher Volunteer Firefighter/Ambulance Military

10.) Are you adding any new dependents (do not include your spouse)?..... Yes No
for tax year 2019.

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

Name Date of Birth Social Security Number

11.) Was your dependent child(ren) a full-time college student in 2019?..... 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 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.

12.) Are you removing any dependents for tax year 2019?..... Yes No

If Yes, list name and reason.

Name Reason

13.) Did you pay any estimated Federal or State taxes (not withholding) for 2019? 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 sheets