2 425-224-6173

Client Intake Sheet – Affordable Income Tax

2019

You are responsible for the information on your return so please provide complete and accurate information to Affordable Income Tax.

You will need your:

- Tax information such as Forms W-2s, 1099s, 1098, 1095 for 2018, and ALL letters received from the IRS
- Social security cards or ITIN letters for you and all persons on your tax return. (Copies only)
- Picture ID (such as a valid driver's license/ government issued ID for you and your spouse, if applicable). (Copies only)
- New Clients Please complete the entire form & attach supporting documentation. (Attach a copy of your 2017 tax return)
- Returning Clients Report any changes/updates from last year and complete all other sections applicable.

1. Your First Name		M. I.	Last Name			Δre	VOII 2	IIS Citize	n2
1. Tour First Name		W. I. Last Name				Are you a U.S. Citizen? ☐ Yes ☐ No			
2. Your Spouse's First Name		M. I.	I. Last Name			Is y	our sp	ouse a U.S	6. Citizen?
							Yes No		
3. Mailing Address			Apt#	City	St		zate Zip Code		
Contact Information Home Phone:	Cel	l Phor	ne:		E-mail:				
5. Your Date of Birth 6. Your		Job Title		Are you: 7. Full-time Student?					
				8. Totally and Permanently Disabled? Yes No					
9. Your Spouse's Date of Birth	10. Your Spouse's Job Title			Is Your Spouse: 11. Full-time Student? Yes No					
				12. Totally and Permanently Disabled? Yes			∐ No		
Can anyone claim you or your s	·			es	Unsure				
Part II. Marital Status and	l Househ	old	Information						
As of December 31, 201 Single Married Filing Jointly: If ye				_					
If your spouse lives outs a certified copy of his/he						•			
Married Filing Separately:				-					
together at any time in 201						0			
Divorced or Legally Separa	ated: Date o	f final	decree or separate	e maintenance	e agreement:				
Widowed: Year of spouse'	s death:								
List names below of everyone v Also list anyone who lived outside o				18.					
Name (first, last) (Do not enter your name or spouse's name below.) (a)	Date of (mm/d (b)	d/yy)	Relationship to you (e.g. daughter, son, mother, sister, none) (c)	Number of months lived in your home (d)	US Citizen or resident of US Canada or Mexico (yes/no) (e)	Sta S = Sir M = Ma	0	Full- time Student (yes/no)	Disabled (yes/no) (h)
art III - Health Care Cove	rage - La	ast v	ear. did vou.	vour spoi	use. or dep	ende	nt(s)		
s No Unsure		,		,	,		-(-)		
☐ ☐ 1. Have health care cov	/erage for F	ULL	ear 2018? If no. lis	st all months	ou were NOT	covered	d bv a	health insu	ırance.
2. Receive one or more	_						-		
The contract of the contract o		iiiio II	OTH YOUR CHIDIOVER	UI UIGIE! IUI	ICCK LITE DOX)	_ I UII		טר∟ ע-י	033-1
3. Have coverage throu				-					

	lease complete – check Yes, No or Unsure to all questions below. Please ask if you need help. come - Last year, did you or your spouse receive:
Yes No U	nsure
	1. Wages or Salary? (Form W-2) If yes, how many jobs did you have in 2018?
	2. Tip Income?
	3. Scholarships? (Forms W-2, 1098-T-Tuition Statement)
	4. Interest/Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)
	5. Refund of state/local income taxes? (Form 1099-G)
	6. Alimony Income or separate maintenance payments?
	7. Self-Employment Income? (Provide business name, address & EIN (if any) & Form 1099-MISC/ Form 1099-K)
	8. Cash/check payments for any work performed not reported on Forms W-2 or 1099?
	9. Income (or loss) from the sale of Stocks, Bonds or Real Estate (including your home)? (Forms 1099-S, 1099-B)
	10. Disability Income (such as payments from insurance, or workers compensation)? (Forms 1099-R, W-2)
	11. Retirement Income or distributions from Pensions, Annuities, and/or IRA? (Form 1099-R)
	12. Unemployment Compensation? (Form 1099-G)
	13. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)
	14. Income (or loss) from Rental Property?
	15. Other Income: (gambling, lottery, prizes, awards, jury duty, etc.)? (Forms W-2 G ,
	1099-MISC, Sch K-1) Specify:
	1099-MIGC, 3CH K-1/ Specify
Part V. Ex	penses – Last year, did you or your spouse pay:
Yes No Uns	sure
	1. Alimony: If yes, do you have the recipient's SSN?
	2. Contributions to a retirement account?
	3. Educational expenses for yourself, spouse or dependents, such as tuitions, books, fees, etc.? (Form 1098-T)
	4. Causality/ theft/ loss which was not covered by insurance?
	5. Medical & dental expenses (including health insurance premiums)?
	6. Home mortgage interest & real estate taxes? (Form 1098/ Letter from County Treasurer)
	7. Real estate taxes for your home or personal property taxes for your vehicle? (Form1098)
	8. Charitable contributions/donations to church or non-profit organizations?
	9. Child or dependent care expenses? (Include daycare/private school/person name, address, EIN/ SSN & amour
Part VI. Li	fe Events – Last year, did you or your spouse:
Yes No Uns	ure
	1. Have a Health Savings Account? (Forms 5498-SA, 1099-SA, W-2 with code W in Box12)
	2. Have debt from a mortgage or credit card canceled/forgiven by a commercial lender? (Forms 1099-C, 1099A)
	3. Buy, sell or have a foreclosure of your home? (Form 1099-A)
	4. Have Earned Income Credit (EIC) disallowed in a prior year? If yes, for which tax year?
	5. Purchase and install energy-efficient home items? (such as windows, furnace, insulation, etc.)
	6. Live in an area that was affected by a natural disaster? If yes, where?
	7. Receive the First Time Homebuyers Credit in 2008?
	8. Pay any student loan interest? (Form 1098-E)
	9. Make estimated tax payments to 2018 tax? If so how much?
	10. Attend college as a full-time student? (Form 1098-T)
	11. Adopt a child?
	12. Check here if you received IRS Notice CP01A containing your Identity Protection PIN due to identity theft
Would you lil	ke your REFUND deposited into your bank account? □ Yes □ No
-	
	State Opened □ Checking □ Saving
Routing#	Account #
If you have a	BALANCE DUE , would you like to make a payment directly deducted from your bank account? ☐ Yes ☐ No