



2018 Taxpayer Check-In

Please complete all Applicable Sections

Taxpayer: Name: _____
Social Sec. # _____ DOB: _____ Occupation: _____

Spouse: Name: _____
Social Sec. # _____ DOB: _____ Occupation: _____

Mailing Address: _____
City/Village/Township _____ Zip: _____

Telephone Number: Taxpayer: _____
Spouse: _____
Email: _____

Filing Status: Single _____ Head of Household _____
(choose one) Married Filing Jointly _____ Married Filing Separately _____

Dependents you have the legal right to claim in 2018:

<u>Name</u>	<u>Date of Birth</u>	<u>Social Sec. #</u>	<u>Relationship</u>	<u>Months lived with you in 2018</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- **General:**
- | | YES | NO |
|--|--------------------------|--------------------------|
| ○ Did EVERYONE on the tax return have health care coverage for the full year of 2018?
▪ If you received forms 1095-A, B or C , you must provide these forms to us. | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you or your spouse receive an Identity Protection PIN from the IRS?
▪ If so, please provide IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you reside in a Federally declared disaster area and have property damage?
▪ If yes, please talk to a staff member about potential casualty losses. | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you have dependent care expenses in 2018?
▪ If yes, please provide name, address, EIN or SS# and amount paid. | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you receive/pay alimony in 2018?
▪ If yes, what is the name and Social Security Number of the person whom you received from/paid?
Name: _____ Soc. Sec: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you have out-of-pocket medical expenses in 2018? (co-pays, prescriptions, etc?)
▪ If yes, please provide figures. | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you pay any real estate taxes in 2018? (for any year)
▪ If yes, please provide tax bills and receipts | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you make any cash or non-cash charitable contributions?
▪ Only claim contributions you have substantiation for (receipts). | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | YES | NO |
|--|--------------------------|--------------------------|--------------------------|
| ➤ Education: | | | |
| ○ Did you, your spouse, or your dependents attend a post-secondary school during the year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you make any withdrawals from an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Did you make any contributions to an education savings or 529 Plan account? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, please provide us with the amounts. | | | |
| ○ Did you pay any student loan interest in 2018? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Retirement: | | | |
| ○ Did you make any withdrawals from an IRA, Roth IRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, were any withdrawals due to a Federally declared disaster? | | | |
| ○ Did you make any contributions to an IRA, Roth IRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, please provide us the amounts and the retirement account type. | | | |
| ➤ State: | | | |
| ○ Did you pay any rent for living quarters in 2018? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, please provide total: \$ _____ | | | |
| ▪ Was heat included? | | | |
| ○ Did you make any purchases (by telephone, internet, mail, or in person) which the seller did not collect sales tax? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ If yes, provide total of purchases: \$ _____ x 5%= _____ (we will do calculation) | | | |
| ➤ Taxes & Direct Deposit: | | | |
| ○ Did you pay Estimated Tax Payments ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ If yes, amounts paid, and dates of payments are required. | | | |
| ○ Do you have any foreign bank accounts? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Do you wish to receive your refund electronically? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Do you wish to pay your balance due electronically? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered yes to either receiving your refund or paying amount due electronically, please provide voided check or fill out information below.

Routing Number	Account Number	Name of Bank	Checking or Savings	Date of Payment (if applicable)

I verify that all the above information is accurate

Signature: _____ Date: _____