

## New Client Checklist

Prior to your tax ap	pointment, pl	ease gather the following:
<b>Personal Information</b>	L	
Taxpayer/Spouse & I	rd, ID Card (Driver Dependents	f's License) & D.O.B for #, & Account#) for Direct Deposit
Income Data (Any tha	at Apply)	
<ul> <li>□ Wages/Unemployment (W2, 1099, etc.)</li> <li>□ Interest/Dividend Income (1099int, 1098, etc.)</li> <li>□ State/Local income tax reduced incom</li></ul>	refunded   or Bond    or	Corporate/Partnership/Estate Income Gambling/Lottery Winnings and Losses/Prizes/Bonus Alimony Income Rental Income Self-Employment/Tips Foreign Income
☐ Health Insurance (1095A	$\Box$ , B, or C)	Tax Return Preparation Expenses
☐ Dependent Care Costs		Real Estate/Property Taxes
<ul> <li>Provider Name, Address,</li> <li>Employment Related Ex</li> <li>Education/Tuition/Mat</li> <li>Purchased</li> </ul>	penses	Estimated Tax Payments to Federal & State Government and Dates Paic Charitable Contributions Cash/Non-Cash
☐ Medical/Dental Expense	es $\square$	Purchase qualifying for Residential
☐ Gambling/Lottery Expe	nses	Energy Credit
☐ Investment Expenses		IRA/Retirement Contributions
□ Mortgage/Home Equity	Loan	Home Purchase/Moving Expense

Interest/Mortgage Insurance