



Please complete the following information and return to our office. You will need to bring a copy of yours and your spouse's drivers license to your appointment. If you have any questions, your tax preparer will review with you at your appointment.

Taxpayer name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email addresses: Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Filing Status:  Married Filing Jointly  Married Filing Separately  Single  Head of Household  Widowed (Year of Spouse's Death)

**List information for Dependent(s):**

Name (first, last):	Date of Birth:	Relationship to you (ex: son, daughter, parent, etc.):	No. of months lived in your home (in 2022):	Social Security Number :	Full-time student? Yes/No	Totally and Permanently Disabled? Yes/no	Did your and/or your spouse provide over half the cost of maintaining the home for this person? Yes/No

(If you have not already provided a copy of each dependent's social security card and birth certificate, please be sure and provide to your tax preparer)

State of Residence as of 12/31/2022: You: \_\_\_\_\_ Full-Year/Part Year Your spouse: \_\_\_\_\_ Full-Year / Part Year

(Part-Year Residents) Dates of Residency for each state \_\_\_\_\_

**Completion of Return:**

Once your return is completed, would you like to electronically sign or have an in-person signing appt? \_\_\_\_\_

Please note: If electronically signing, there is a \$15 postage fee to mail your tax documents back to you.

Would you like direct deposit if you are receiving a refund? Yes/No \_\_\_\_\_ If yes, please provide your bank name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number : \_\_\_\_\_

Would you like us to set up direct debit if you owe? Yes/No \_\_\_\_\_ (Note: Funds are never withdrawn without your authorization and until the return is signed)

If yes, please provide your bank name: \_\_\_\_\_ Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Did you or your spouse receive any of the following Income:** (If yes, please check and all tax documents will need to be provided)

Wage or Salary Income (W2): You: \_\_\_\_\_ Spouse: \_\_\_\_\_ Interest Income (1099-INT): You: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Dividend Income (1099-DIV): You: \_\_\_\_\_ Spouse: \_\_\_\_\_ Railroad Retirement Benefits (RRB-1099): You: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Stock/Bonds (1099-B): You: \_\_\_\_\_ Spouse: \_\_\_\_\_ Pension/IRA (1099-R): You: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Soc Security (SSA-1099): You: \_\_\_\_\_ Spouse: \_\_\_\_\_ Unemployment (1099-G): You: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Gambling Income (W-2G): You: \_\_\_\_\_ Spouse: \_\_\_\_\_ State Refund (1099-G): You: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Cancellation of Debt (1099-C): You: \_\_\_\_\_ Spouse: \_\_\_\_\_ Sale of Real Estate (1099-S): You: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Are you a Small Business Owner? You: \_\_\_\_\_ Spouse: \_\_\_\_\_ Taxpayer Use Only: Business & Income Expense Worksheet  
Do you own Rental Property? You: \_\_\_\_\_ Spouse: \_\_\_\_\_ Taxpayer Use Only: Rental Property Worksheet  
Alimony Received: You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Date of Divorce Settlement: \_\_\_\_\_

Any other Income Source? \_\_\_\_\_ Explain \_\_\_\_\_

Virtual Currency: At any time during 2022, did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency? Yes/No: \_\_\_\_\_

**Adjustments to Income:** (If yes, please check and all tax documents will need to be provided)

Alimony Paid \$ \_\_\_\_\_ EX Name & SS# \_\_\_\_\_

Did you or your spouse make any contributions to a retirement account? (Yes/No)

Traditional IRA \_\_\_\_\_ Roth IRA \_\_\_\_\_ 401K \_\_\_\_\_ 403B \_\_\_\_\_ SEP \_\_\_\_\_ Other \_\_\_\_\_

Did you or your spouse make any contributions to a College 529 Plan? (Yes/No) If yes, please enter amount \$ \_\_\_\_\_

Did you or your spouse receive any distributions from a College 529 Plan? If yes, please provide the 1099-Q Form.

Student Loan Interest (1098-E): You: \_\_\_\_\_ Spouse: \_\_\_\_\_

**Estimated Payments Made?** Yes or No (Please provide proof of payments if available)

Federal: 1<sup>st</sup> Quarter \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_  
State: 1<sup>st</sup> Quarter \_\_\_\_\_ 2<sup>nd</sup> Quarter \_\_\_\_\_ 3<sup>rd</sup> Quarter \_\_\_\_\_ 4<sup>th</sup> Quarter \_\_\_\_\_

**Credits:**

Child or Dependent Care Credit

Day Care Name: \_\_\_\_\_ EIN # \_\_\_\_\_ Paid \$ \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Education Credit (Form 1098-T)**

How many years have you or your dependent claimed an education credit? \_\_\_\_\_ Tuition Paid \$ \_\_\_\_\_ Books, ETC. \$ \_\_\_\_\_

**You MUST bring with you: Form 1098-T from the educational institution AND receipts for tuition and/or books OR a print out from the school showing tuition paid.**

**Itemized Deductions:**

**Medical**

Did you, your spouse and/or dependents have coverage through the marketplace? (Yes/No) If yes, please provide the Form 1095-A)

HSA used for Medical Expenses? Yes or No

(Medical Expenses that exceed 7.5% of Adjusted Gross Income)

Med INS \$ \_\_\_\_\_ Prescriptions \$ \_\_\_\_\_ Co-Pays \$ \_\_\_\_\_ Medical Mileage \_\_\_\_\_

**Taxes & Interest**

(Please provide 1098 Form) Mortgage Interest \$ \_\_\_\_\_ RE Taxes \$ \_\_\_\_\_

House 2<sup>nd</sup> Home Camper Boat RV (Circle all that apply)

Personal Property Taxes Paid on Vehicles: \$ \_\_\_\_\_

**Contributions**

Charities \$ \_\_\_\_\_ Church \$ \_\_\_\_\_ Non-Cash \$ \_\_\_\_\_ Charitable Miles \_\_\_\_\_ Other \$ \_\_\_\_\_

Please provide any additional information pertinent to this tax return: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To the best of my knowledge, the above information accurately reflects my transactions for the tax year. I have not withheld any information regarding income, nor will I hold Lewis Accounting & Tax Service, Inc., or its employees, responsible for anything I have not disclosed.**

\_\_\_\_\_  
Taxpayer or Spouse Signature

\_\_\_\_\_  
Date