



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.

Your full name: _____ SSN: _____ Date of Birth: _____ Phone Number: _____ Job Title: _____

Your spouse's full name: _____ SSN: _____ Date of Birth: _____ Phone Number: _____ Job Title: _____

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:	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

(Ensure a copy of SS Card(s) & birth certificate(s) are provided for each dependent)

State of Residence as of 12/31/2019 You: _____ Your spouse: _____ Full-Year / Part Year

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

Would you like direct deposit if you are receiving a refund? Yes/No: _____

Would you like direct debit if you owe? Yes/No: _____

Direct Deposit/Debit Information Please Circle: Savings or Checking Routing # _____ Account #: _____

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

Federal: 1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter _____

State: 1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter _____

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: _____
Alimony Received:	You \$ _____	Spouse \$ _____	Date of Divorce Settlement:	_____	
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		
Any other Income Source? _____	Explain _____				

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: _____

Health Care Coverage:

Did everyone on listed on your tax return have health care coverage all of 2019? (Yes/No) If no, who did not have health insurance and for what months?

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

Credits:

Child or Dependent Care Credit

Taxpayer Use Only: Due Diligence Form

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

HSA used for Medical Expenses? Yes or No 1095-A (Copy Required), B, C _____

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

Taxes & Interest

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

House 2nd 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 Representative Signature

Date