

TaxesGo

Phone: 949-579-0869 | Fax: 510-350-9158

Email: chris@taxesgo.net

Please fill out the client information worksheet to the best of your ability and only fill out the items that are relevant to your tax. Highlight or put a question mark on items that you are unsure about so we can discuss them during your appointment.

This worksheet is to help you, understand type of deductions that can be claimed on your taxes. This will also help you organize your tax information to make sure that your taxes are filed properly and all of the necessary income/expenses have been accounted for. Incomplete and blank worksheets will cause delays in tax filing and IRS can question you about missing details. We can file accurate return only when you provide us all the details. The following is a list of the most missed/ incomplete items on the client information worksheet that usually causes delays in processing time:

- **Client information:**
 - Name exactly as it is on the SSN/ITIN card (First, Middle Initial, Last Name)
 - SSN/ITIN for all individuals on the tax which includes spouse and dependents
 - Dependents date of birth
 - Current US address and contact information
- **Unreported Income (especially interest, dividends and stocks):**
 - Report all income (even if you did not receive a 1099). Verify the amount on your December Statement.
 - If you have stocks with more than 5 transactions use our stock worksheet.
 - If you have ESPP, RSU, Employee Stock Options verify all transactions (purchase and sales information) with your employer/HR/brokerage prior to appointment to save time and avoid any discrepancies.
 - Report interest income earned from foreign accounts (please check details on FBAR in our Calculator and Tips section if you have more than \$10,000.00 in foreign accounts)
- **Charity information:**
 - Name and address of the charity
 - Date and amount of donation
- **Home information:**
 - Property tax paid in the current tax year (Only include payments made in 2013).
- **Work related expense:**
 - Only claim expenses that were work related and unreimbursed by your employer.
 - If you use your cell phone/internet/home for work purposes we need a breakdown of personal and business use. See home office worksheet (not everyone will qualify for this deduction)
- **Childcare/ Daycare (Montessori) information:**
 - We need the Federal Tax ID number, address and phone number of the institution that the child is attending. Without this information we cannot e-file!
 - Amount paid to daycare provider and amount reimbursed by employer (if any)
 - If the childcare is provided by an individual we need the individual's SSN.

Please have all documents prepared, printed / emailed to us and organized prior to arriving to your appointment.

2014 Client Information Worksheet

1. Personal Information: Name should match your Social Security Card or ITIN card.

	First Name	M.	Last Name	SSN / ITIN	Date of Birth	Occupation
Taxpayer						
Spouse						
If you have more dependents add more rows						Relationship
Dependent						
Dependent						
Dependent						

2. Address and Contact Information: Provide current US address.

Address		Cell Phone	
Apartment/ Unit #		Home Phone	
City		Work Phone	
State	Zip Code:	Personal e-mail	
Residency Status			

(If you are resident of **MA** than we require **Form MA 1099-HC, Massachusetts Health Care Coverage**)

3. Income: Provide legible copies of all income documents received.

W2 Income		1099-B Stocks/Capital Gains	Attach Stock Worksheet
1099-Int (Interest Income)		Self-Employed Income	Attach Sole Prop W/S
1099-Div (Dividend Income)		Business (LLC, S-Corp)	Attach Schedule K-1
1099-Misc (Consulting Income)		Rental Income	Attach Rental Worksheet
1099-R (Retirement income)		Unemployment Income	
1099-C (Cancellation of Debt)		Paid Family Leave Income	
1099-HSA (HSA Distribution)		Social Security Benefits	
1099-G (2013 State Refund)		Foreign Bank Interest (in \$)	

- **Do you have any foreign bank accounts?** [] Yes [] No
 - **If yes, does the total of your foreign bank accounts exceed \$10,000 USD?** [] Yes [] No
 - **If yes, do they exceed \$50,000 USD (for Single) or \$100,000 (for Married)?** [] Yes [] No

4. Relocation / Moving Expense: Must be for work purposes and unreimbursed.

# of miles from old home to your new workplace		# of miles from old home to your old workplace	
Transportation of goods		Storage	
Travel		Lodging	
Date of moving		Moved from - to	

5. Adjustments to Income:

HSA contribution		Student Loan Interest	
SEP or SIMPLE IRA		Alimony paid	
Traditional IRA		Tuition/ Fees (for whom)	Attach form 1098-T
Roth IRA		Educator Expense	

6. Medical/Dental Expense: Expenses must exceed 10% of your Adjusted Gross Income in order to claim deduction.

Insurance Premiums		Hospital/Dentist fees	
Cost of Prescriptions		# of Medical Miles	Attach Mileage W/S
Eye glasses/Contacts		Medical Equipment	
Did you have <u>full year</u> coverage for you, your spouse and all dependents:			
If no, check the months you DID have qualified coverage:		<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec	
Where was your health coverage purchased? Please attach your 1095-A (if received)		<input type="checkbox"/> Public Exchange (Private insurance you purchased) <input type="checkbox"/> Employer Sponsored (Through employment) <input type="checkbox"/> Government-Sponsored (Medicare, V.A., etc) <input type="checkbox"/> Other, please specify	

7. Taxes Paid: DMV License Fee: in regards to your annual vehicle registration (not driver's license renewal).

Real Estate Taxes		2014 State Tax Payment	
DMV License Fee		Other State & Local Taxes	
Foreign Tax Paid (In \$)		2014 Sales Tax paid	

8. Interest Paid: Attach Form 1098

Home mortgage interest paid		Points Paid (Refinance points)	
Mortgage insurance premium (PMI)		Investment interest (Margin interest)	

9. Interest Paid to a Person or Foreign Bank: Only for qualified (non-business, non-rental) homes.

Name of Bank/Person		Bank ID Number/SSN	
Address		Amount of interest paid in dollars (Converted to USD)	

10. Cash Donations: To a charity or a qualified non-profit organization.

Name of Charity		Cash	
Date of Donation		Check/ Direct Debit	
Name of Charity		Cash	
Date of Donation		Check/ Direct Debit	

11. Non-Cash Donations: (example: Salvation Army or Goodwill). Attach a copy of the receipt and itemized list of items.

Name and Address of Charity		Fair market value of donated items	
Date of Donation		Type of Items donated	
Name and Address of Charity		Fair market value of donated items	
Date of Donation		Type of Items donated	

12. Work Related Expenses: Only claim these expenses if they were **not** reimbursed by your employer.

Continuing Education		Union Dues	
Software & Hardware		Dry Cleaning/ Laundry	
Books & Stationary		Uniforms	
Travel for Edu/ Training		Job Search	
Parking & Tolls		Business Mileage	Attach Mileage W/S

13. Misc Expense: Only claim these expenses if they were **not** reimbursed by your employer.

Legal Fees/ Work Visa		Safe Deposit Box Rental	
Passport for work		Tools/Equipment	
Casualty & Theft Loss		Investment Expense	
Cell Phone & Internet (work use only)		Gambling Loss (only if you have gambling income)	
Work Publications/ Subscriptions		Tax Preparation and Advice fees paid in 2013	

14. Child Care Expense: If the childcare provider is an Individual provide SSN. Specify for which child.

Daycare Name		Tax ID Number/SSN	
Phone Number		Amount Paid in 2012	
Address City, State, Zip		Amount Reimbursed by employer	
Daycare Name		Tax ID Number/SSN	
Phone Number		Amount Paid in 2012	
Address City, State, Zip		Amount Reimbursed by employer	

15. Federal Estimated Taxes: If you have paid additional taxes other than the ones your W2s.

First Quarter		Fourth Quarter	
Second Quarter		Paid with Extension	
Third Quarter		Late Payments	

16. State Estimated Taxes: Specify which state. If you have paid additional taxes other than the ones on your W2s.

First Quarter		Fourth Quarter	
Second Quarter		Paid with Extension	
Third Quarter		Late Payments	

17. Bank Account Info: For Direct Deposit or Debit

✓ (Check One)

Bank Name:	Routing No:	Account No:	Saving []	Checking []
	Routing No:	Account No:	Savings []	Checking []
	Routing No:	Account No:	Savings []	Checking []

*You may split your refund into up to 3 different accounts.

I certify that all information provided here is correct to the best of my knowledge and I have actual receipts to support these details. By filling out this Worksheet and sending it back to us, you acknowledge that you are engaging TaxesGo to provide you with Tax related services. A service fee may still apply even if you choose not to file taxes with us.

Signature:

Last 4 of your SSN:

Date: