

Client Information - Income Tax Return Data - 2023

Personal Information:

Your Name _____ Age _____

Spouse's Name _____ Age _____

Please Circle which one we should call first to reach you:

Home Phone _____ Cell _____ Work _____

Please Circle which is the best way to be contacted for future questions: Phone Email Mail

Address: _____ City/State _____ Zip _____

Email Address _____

Yes ___ No ___ Are you covered by health insurance for 2023? Please provide a copy of form 1095 verifying coverage for NJ.

Filing Status As of December 31, 2023, what was your marital status:

___ Never Married/Single ___ Divorced Date of Divorce _____
___ Married Date of Marriage _____ ___ Widowed Year of spouse's death _____

Please list the names of everyone who lived in your home last year and anyone else you supported but did not live with you

Table with 8 columns: Name, Age, Relationship, Single or Married?, Full-time Student, School Attended in 2023, Health Insurance Yes, Health Insurance No

Types of Income and Deductions:

Yes ___ No ___ Do you own any virtual currency like CryptoCurrency, Digital Wallet, etc? Please provide information.

Yes ___ No ___ Any gambling, including online gaming, like Draft Kings? Need win/loss statements

Yes ___ No ___ Unemployment? Please log onto state website to obtain 1099-G for benefits paid.

Yes ___ No ___ Retirement income or distributions for any 401K or IRA plans? Need 1099-R forms

Yes ___ No ___ Social security benefits? Need 1099-SA

Yes ___ No ___ Did you make any contributions to your traditional IRA or ROTH IRA?

Yes ___ No ___ Was your home or any property you own rented or used for business? If yes, please provide details.

Yes ___ No ___ Did you do any home improvements for energy credits: replace windows, doors, HVAC, etc.?

Yes ___ No ___ Student loan interest, college tuition paid or NJ Best contributions for yourself or others? Please provide

Yes ___ No ___ Child or dependent care expenses such as nursery school or day care?

Yes ___ No ___ Supplies for eligible teachers? Please provide total supplies purchased. \$300 maximum

Yes ___ No ___ If you have medical expenses, please provide a list of RX, dental, doctors, labs, health insurance paid, medical mileage and travel.

Yes ___ No ___ Charitable contributions - letters from organizations and list of amounts. Any volunteer miles?

Yes ___ No ___ Did you purchase a new vehicle this year? If electric, need VIN. Sales tax paid. \$ _____

Other Information or changes we should know: _____