

WELCOME TO WROBEL ACCOUNTING!

To better serve you and meet your tax preparation expectations, please take a few minutes to fill out the information below.

Are you a returning client? Yes No

My Preferred Tax Preparer is: No preference _____

CLIENT INFORMATION:

Primary Taxpayer Name: _____

Spouse Name: _____

Date of Birth: _____

Spouse Date of Birth: _____

SSN: _____

Spouse SSN: _____

Occupation: _____

Spouse Occupation: _____

Marital Status:

- Single Widowed Head of household
 Married Filing Jointly Married Filing Separate

Address (If different): _____

Home Address: _____

City, State, Zip: _____

Occupation: _____

Best Phone Number: _____

Best phone #: _____

Email: _____

Email: _____

Can you be claimed as a dependent by someone else? Y N

Name	Relationship	Date of Birth	SSN or ITIN	Full Time Student	Disabled?
DEPENDENTS* (or person living in your household)					

CHILDCARE INFORMATION*

Provider Name	Provider Address	Provider SSN /EIN	Amount Paid

*If any dependents listed did not live at the primary taxpayers address the entire year, please discuss this with your tax professional. This is critical to help us help you accurately report your residency and dependency to the tax authorities.

INCOME

(Check all that apply & include documents.)

- Employer (W-2)
- 1099-Misc
- Self-Employment*
- Interest (1099-Int)
- Social Security/Retirement
- Dividends (1099-Div)
- Rental Property*
- Stock or Mutual Fund sale (1099-B)
- Unemployment
- Other income not listed
Explain: _____

EXPENSES

(Check all that apply.)

- Self Employment*
- Education
- Rental Property*
- Medical/Dental care
- Union Dues
- Moving costs

CREDIT & DEDUCTIONS

(Check all that apply.)

- Donate cash or goods to a charity?
- Pay Student Loan interest?
- Pay Child/Dependent Care expense?
- Have a Mortgage Payment? (1098)
- Make an IRA Contribution?
- Make a major taxable purchase?
- Pay Property Taxes?

HEALTH INSURANCE

(Check all that apply & include documents.)

Were you or any members of your household covered under:

- Obamacare (marketplace)
- Employer Insurance
- Medicare or medicaid
- Other

MISCELLANEOUS

(Check all that apply.)

Did you or your spouse:

- Sell or buy a home?
- Take an IRA or 401(k) distribution?
- Pay/receive alimony?
- Suffer catastrophic loss?
- Have gambling winnings/losses?

ADDITIONAL INFORMATION

Check all that apply. Are you:

- ___ In debt with the IRS or any other government agencies?
- ___ Interested in financial planning, investing, or life insurance?
- ___ Buying a home in the next 2 years?
- ___ A business owner?
- ___ Interested in bookkeeping or payroll services?

Would you like your federal or state income tax refund direct deposited? Yes No

Bank Account for Tax Refund:

Routing Number: _____ Account Number: _____

BY SIGNING BELOW, I FULLY UNDERSTAND AND AGREE TO THE SERVICES BEING RENDERED BY THE TAX TEAM, I ALSO CONFIRM THAT THE INFORMATION I PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

PERSONAL INFORMATION:

Taxpayer signature: _____

Date: _____

Spouse signature: _____

Date: _____