

New Client Tax Profile Inquiry: Please read carefully and fill out any items that apply to you.

Write on the back, separate sheet or margins if you have anything else I should know about. ☺

Name	
Social Security #	
Birthdate	
Address	
Email	
Cell Phone	
Alt. Phone	
Occupation	

Spouse Name	
Social Security #	
Birthdate	
Email	
Cell Phone	
Alt. Phone	
Occupation	

- Single; Married; Lived separate from spouse for last 6 months of year Head of Household (unmarried with dependent(s))
 Married but filing Separate (Give spouse's name/ssn/birthdate) Divorced or Widowed this year, date: _____

	Dependent(s) Name	Social Security #	Date of Birth	Relationship	Lived with you all year?
1					
2					
3					

- Had health insurance for all of 2015 Bought it on the ACA marketplace/exchange – If so, we need the form 1095-A
 Did not have health insurance for these months: _____
 Spent \$ _____ on childcare while working/school fulltime : Provider: _____;
 SSN/EIN: _____ Phone _____ Address _____
 Spent \$ _____ this year on education for College, Graduate School, K-12 (non-education related costs)
 For Self, Spouse, Dependent (s); which one(s)? _____
 Spent more than 10% of my income on medical. How much? _____ On what? _____
 Made Traditional IRA (Not Roth) contributions (outside of work). For myself \$ _____, For Spouse \$ _____
 Moved: Date _____ from _____ to _____. Spent \$ _____ on moving/storage & \$ _____ on travel/lodging
 Sent in quarterly Estimated Taxes: Dates & amounts you sent: _____
 Donated money to charity: total amount: \$ _____, donated items to charity: estimated value: \$ _____
 Last year I received a refund from IRS: approximately \$ _____; I received a refund from state: \$ _____;
 Owed money to the IRS: \$ _____; Owed money to state: (which state _____) amount \$ _____
 Deposit my refund (if I receive one) directly into my bank account.
 Bank Name _____, Routing # (9 digits) _____, Account# _____

Checklist: Remember to send/bring these items (if they apply to you):

- | | |
|--|---|
| <input type="checkbox"/> Last year's Federal & State returns, | <input type="checkbox"/> Property Tax bill (if not escrowed in mortgage), |
| <input type="checkbox"/> W-2(s) from your employer(s), | <input type="checkbox"/> 1099-SSA form showing Social Security received, |
| <input type="checkbox"/> 1099-MISC forms for self-employment income, | <input type="checkbox"/> 1099-B forms for brokerage trades: stocks/bonds, |
| <input type="checkbox"/> 1099-INT (interest) and 1099-DIV (dividends), | <input type="checkbox"/> K-1 forms from partnership, Corp., or trust, |
| <input type="checkbox"/> 1098 Mortgage Interest Statement, | <input type="checkbox"/> 1095-A Health insurance bought on exchange |

Did anything else happen this year that might influence your taxes? (continue on back or separate sheet):

De'More Tax Service Office: (817) 726-2181 Mobile: (972) 885-9709 Fax: (206) 736-0982

Please email the complete form to: demoretaxservice@gmail.com