

ASHEVILLE TAX SERVICE CLIENT INFORMATION SHEET

New Clients SSN or ITIN			New Spouse SSN or ITIN		
FIRST NAME			FIRST NAME		
LAST NAME			LAST NAME		
DATE OF BIRTH	OCCUPATION	EXT	DATE OF BIRTH	OCCUPATION	EXT
HOME			HOME		
CELL			CELL		
EMAIL			EMAIL		
STREET ADDRESS				APT. OR LOT NUMBER	
CITY			STATE		ZIP

How can we contact you? Email , Phone Call , Text Message , Snail Mail

HOUSEHOLD INFORMATION: Complete the following

MARITAL STATUS ON 12/31/19: SINGLE LEGALLY MARRIED LEGALLY SEPARATED DIVORCED WIDOWED

If Legally Married, did you live at the same location (with your husband/wife) for even one night *on/after June 30, 2019* Yes No

Did anyone else live in your home in 2019 besides you and the dependents you plan to list on the next sheet? Yes No

Did you (apart from Government Assistance) pay over half the cost of keeping your residence? Yes No

PLEASE CHECK IF APPLICABLE	<input type="checkbox"/> CHECK IF YOU OR YOUR SPOUSE CAN BE CLAIMED ON SOMEONE ELSE'S TAX RETURN
	<input type="checkbox"/> CHECK IF YOU OR YOUR SPOUSE ARE LEGALLY BLIND
	<input type="checkbox"/> CHECK IF YOU OR YOUR SPOUSE LIVED & WORKED IN NC ALL OF 2019

HEALTH INSURANCE COVERAGE: Did you (and spouse) have health insurance coverage in 2019? Check the applicable following

Self	<input type="checkbox"/> Yes (How many months? _____) OR <input type="checkbox"/> No	Spouse	<input type="checkbox"/> Yes (How many months? _____) OR <input type="checkbox"/> No
	<input type="checkbox"/> Obamacare/Marketplace <input type="checkbox"/> 1095 A		<input type="checkbox"/> Obamacare/Marketplace <input type="checkbox"/> 1095 A

INCOME: Did you OR your spouse receive the following in 2019? Check Yes or No

- Yes No 1 **W-2 forms** from employers for **ALL** jobs worked during 2019 # of W-2 Forms: Taxpayer _____ Spouse _____
- Yes No 2 **Tip** income not reported on your W-2 form
- Yes No 3 **Social Security Benefits, SSI, VA benefits or RR Retirement**
- Yes No 4 **Unemployment Compensation**
- Yes No 5 **Pension** and/or **IRA** withdrawal/distribution from your retirement account
- Yes No 6 **Interest or dividends** from: checking, savings or other investment accounts.
- Yes No 7 **Capital Gains**-Did you Purchase or Sell any investments in 2019 such as Stocks, Bonds or Land?
- Yes No 8 **Self Employment** Income or Contract Labor (**1099-Misc**)
- Yes No 9 **Rental Income** in 2019?
- Yes No 10 **Disability** Income (from a plan at work, Social Security Disability etc.)
- Yes No 11 **State Tax Refund (if you filed a 1040 Long form and itemized last year)**
- Yes No 12 Did you have **debts cancelled** in 2019 (e.g. Car, Credit Card, Home Mortgage)
- Yes No 13 Any other income such as Farm, Alimony, **Gambling Winnings, Awards, Prizes, Etc.**
- Yes No 14 Did you receive any distributions or make any contributions from a Health Savings Account (HSA) or Archer MSA during the year?
- Yes No 15 Did you have a financial interest in or signature authority over funds in a foreign country?

ADJUSTMENTS: In 2019, did you OR your spouse **pay** for or **contribute** to any of the following? Check yes or no

- Yes No 1 If an **educator**, any un-reimbursed expense for **school related supplies**
- Yes No 2 Are you making/ receiving Alimony payments? If **Yes** how much \$ _____
- Yes No 3 **IRA** or other **retirement** account
- Yes No 4 Are you making payments on a **student loan**?

ITEMIZED DEDUCTIONS: In 2019, did you OR your spouse **pay** for any of the following? Check yes or no

- Yes No 1 Un-reimbursed **medical** expenses *paid* in 2019 *Preparers reminder: 10% floor*
- Yes No 2 Home **mortgage interest, real estate taxes, or vehicle taxes**
- Yes No 3 Home Equity Interest: That was used to improve your principal residence.
- Yes No 4 **Charitable contributions**

CREDITS: In 2019, did you OR your spouse **pay** for any of the following? Check yes or no

- Yes No 1 **Day Care** expenses that allow you (and spouse) to work
- Yes No 2 **Educational** expenses (**college tuition & fees**) for you, spouse or dependents 1098-T
- Yes No 3 Did you Purchase or Sell a **Home** in 2019? Yes No Did you receive the New Home Buyers Credit in 2008?

OTHER QUESTIONS: Check yes or no

- Yes No 1 Do you **owe** ANY government agency? (IRS or NC back taxes, child support, VA, student loans, food stamps, housing assistance, SSA, VA, etc.)
- Yes No 2 Did you make **purchases outside of NC** (internet, etc.) and need to pay NC sales tax?

Please list any other information we may need to prepare your tax return:

To the best of my knowledge the information shown on this form is correct and includes all income deductions and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

TAXPAYER (S) SIGNATURE _____ **DATE** _____

ASHEVILLE TAX SERVICE DEPENDENT INFORMATION SHEET

DEPENDENT INFORMATION ONLY (Do not list yourself or spouse on this form)

Please list ALL individuals who live in your home and/or may qualify as your dependent. Social Security Cards are REQUIRED for all individuals on the tax return

DEPENDENT FULL NAME (as it appears on SS Card)	DEPENDENT SSN	DATE OF BIRTH	FULL-TIME STUDENT	DISABLED

Relationship of the dependent to you (circle one): **Son Daughter Grandchild Niece Nephew Other**_____

For the calendar year of 2019, how many months did the dependent live in your home? _____

Did this dependent have health insurance coverage for 2019? [] Yes (How Many Months? _____) OR [] No

Do you have a Health Care Provider Form? [] 1095 A [] 1095 B [] 1095 C [] Insurance Card

Complete the following for children under age 19 OR a full time student under age 24 OR for disabled children any age

Do you have evidence to prove this child lived in your home such as School Records and Medical Bills? [] YES [] NO

Does anyone else have the right to claim this child? [] YES [] NO

Is this child in school? **(Circle One)** Preschool Elementary Middle School High School College Other_____

Day Care Provider _____ ID NO _____ Amt Pd _____

DEPENDENT FULL NAME (as it appears on SS Card)	DEPENDENT SSN	DATE OF BIRTH	FULL-TIME STUDENT	DISABLED

Relationship of the dependent to you (circle one): **Son Daughter Grandchild Niece Nephew Other**_____

For the calendar year of 2019, how many months did the dependent live in your home? _____

Did this dependent have health insurance coverage for 2019? [] Yes (How Many Months? _____) OR [] No

Do you have a Health Care Provider Form? [] 1095 A [] 1095 B [] 1095 C [] Insurance Card

Complete the following for children under age 19 OR a full time student under age 24 OR for disabled children any age

Do you have evidence to prove this child lived in your home such as School Records and Medical Bills? [] YES [] NO

Does anyone else have the right to claim this child? [] YES [] NO

Is this child in school? **(Circle One)** Preschool Elementary Middle School High School College Other_____

Day Care Provider _____ ID NO _____ Amt Pd _____

DEPENDENT FULL NAME (as it appears on SS Card)	DEPENDENT SSN	DATE OF BIRTH	FULL-TIME STUDENT	DISABLED

Relationship of the dependent to you (circle one): **Son Daughter Grandchild Niece Nephew Other**_____

For the calendar year of 2019, how many months did the dependent live in your home? _____

Did this dependent have health insurance coverage for 2019? [] Yes (How Many Months? _____) OR [] No

Do you have a Health Care Provider Form? [] 1095 A [] 1095 B [] 1095 C [] Insurance Card

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Does anyone else have the right to claim this child? [] YES [] NO

Is this child in school? **(Circle One)** Preschool Elementary Middle School High School College Other_____

Day Care Provider _____ ID NO _____ Amt Pd _____

To the best of my knowledge the information shown on this 2 page form is correct and includes all income deductions and other information Necessary for the preparation of this year's income tax returns for which I have adequate records.

TAXPAYER (S) SIGNATURE _____

DATE _____

If you have more than 3 dependents, please ask for an additional Dependent Information Sheet.