

Howard Tax Associates

Customer Data Sheet - Tax Year 2019

This form is to assist us while preparing your tax return and AS NOW REQUIRED BY IRS provides a record of your tax situation. If you are a new customer to our office, please have your photo ID(s) and Social Security card(s) available.

Personal Information:

Taxpayer: _____	Spouse: _____
Street Address: _____	Street Address: _____
City/State/Zip: _____	City/State/Zip: _____
Social Security #: _____ - _____ - _____	Social Security #: _____ - _____ - _____
Birth Date: _____	Birth Date: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Other Phone: _____	Other Phone: _____
E-mail: _____	E-mail: _____
Occupation: _____	Occupation: _____

Names of biological, adopted, or stepchildren who lived with you to be claimed as dependents	Social Security #	Birth Date	Relationship	If in College, What year?	Months lived with you in 2019	If over age 18 and not in school, Est. Income?
Names of Children who do not live with you that you can claim as a dependent	Social Security #	Birth Date	Relationship	If in College, What year?	Months lived with you in 2019	If over age 18 and not in school, Est. Income?
Names of others you support and wish to claim as a dependent	Social Security #	Birth Date	Relationship	If in College, What year?	Months lived with you in 2019	If over age 18 and not in school, Est. Income?

AFTER COMPLETION, PLEASE SIGN ON PAGE 3

Name(s) _____ Tax Year 2019

Due to increased IRS audit activity and recent changes in tax law, please verify your marital status for the period from January 1 to December 31 of Tax Year 2019. Thank you for your understanding. We wish to take ALL VALID DEDUCTIONS and ensure you receive every tax benefit possible.

- ____ Not married at any time during 2019
____ Married and living with spouse all of 2019
____ Married but did not live with spouse at any time during 2019
____ Married but separated during 2019: Last Date Lived Together: _____
____ Divorced during 2019: Date Separated: _____ Date Divorce Final: _____ Any Alimony? _____
(Please provide divorce decree copy for us to analyze any tax implications.)
____ Did you get Married during 2019?
(Please provide prior year's tax return for each spouse.)

Health Insurance:

Please provide proof of Health Insurance for yourself, your spouse and all dependents listed above. Depending on the insurance source this may be Form 1095-A, Form 1095-B, Form 1095-C or Medicare and/or Medicaid documentation. These forms are now REQUIRED.

Do you have children in college? Are they your dependent(s)?

Please provide the college's record of tuition and fee payments, Form 1098-T from the college and cost of any books and required supplies purchased.

Often, life events change your tax return. In order to help us ensure your return is accurate, please review the following questions:

Did you:

Buy or Sell rental property?

Did you refinance your home loan? Obtain a Home Equity Loan or Line of Credit?

Convert your primary residence to a rental property?

Buy or Sell any personal or inherited property?

Acquire a partnership or corporation interest?

Move during the current tax year due to permanent change of Military post?

Inherit property or investment accounts?

Receive property or investment accounts as a gift?

Give away over \$15,000 to any individual?

If so, please note here what event occurred and we will discuss with you: _____

Did you have any foreign bank accounts (yours, or a relative's account upon which you can sign) or own foreign property?

Will you inherit any foreign property, investments or bank accounts?

If so, please note the country here and we will discuss: _____

Name(s) _____ Tax Year 2019

Did you make any withdrawals from a 401K, IRA, or other retirement account?

If so, please provide withdrawal statements (Forms 1099-R).

Did you make any withdrawals from any form of investment account?

If so, please provide the end of year brokerage statements including any Forms 1099.

Did you receive any disability benefits during the year, either VA or other?

If so, please indicate amount received and source: _____

Are you Self Employed?

Do you have any kind of small business, including sales on PayPal, EBay, Etsy, or other online sales?

Start a new personal business?

If so, please obtain our Schedule C Data form to complete. Also provide all business travel dates and expenses.

Did you set up a Single Member LLC?

If so, please provide the formation documents and obtain our Schedule C Data form to complete. Also provide all business travel dates and expenses.

Did you set up a business entity such as an S-Corp, C-Corp, Partnership or a Multi-Member LLC?

If so, please indicate type of business, provide the formation documents and we will discuss the situation with you.

Are there any other life changes or events which we need to discuss?

If so, please note here and we will discuss with you: _____

Do we have your permission to contact you via text messaging for appointment and phone call scheduling

(Yes or No): _____

Signature(s):

Taxpayer _____ Date _____

Spouse _____ Date _____