

Client Quote Checklist

General Information

Please complete this section if you are a new client or if anything has changed.

Name:	
Address:	
Phone Number/s:	
Email Address:	
Filing Status:	Number of Dependents:
Occupation:	

PLEASE NOTE:

This quote is an estimate based on the information you provide with this document. All quotes are subject to change if the information provided was not fully accurate.

QUESTIONNAIRE:

1. Do you have W-2 Income?	Yes	No
2. What are the total amounts?		
3. Do you own a primary residence?	Yes	No
4. Did you buy it last year?	Yes	No
5. Do you own a rental property?	Yes	No
If so, how many?		
6. Do you own a small business? (Received 1099-NEC)	Yes	No
7. Did you work or live or have withholdings for more than one state?	Yes	No
If yes, please list all below.		
8. Did you receive a 1099-B for Capital Gains/Stock Trades?	Yes	No
9. Did you receive any stock options or restricted stock pay?	Yes	No

Forms You Will Need

These forms are a guide and may or may not pertain to you. Check off all forms that you will include in your tax return.

your tax return.			Details/List	Yes	How Many?
Income		W-2(s)			2
Business Income		1099-NEC		_	
Mortgage Interest		1098(s)			
Interest Income		1099-INT			
Dividend Income		1099 DIV			
Pensions, Annuities					
IRA Distributions					
Rollovers Rents/Royalties	5	Schedule E		_	
Partnerships					
S Corporation		K-1(s)		_	
Estates and Trusts		K-1(s)		_	
Unemployment Compens	ation	1099 G		_	
Social Security Benefits I	Received	SA-1099			
State/Local Tax Refund(s) Received	-		_	
Other Income (Lottery or	Casino winnings)				
How many states did you	reside in last year? P	lease list.			
How many states did you	work in last year? Pi	lease list.			
Moving Expenses	Set only	lect states v			
*Healthcare Forms	Imperative that this is	included. 1095-A		_	
		1095-В		_	
		1095-C			

		Details/List	Yes	How many?
Child and Dependent Care	-		_	
Tuition and Fees	1098-T		_	
Scholarships/Fellowships	1009 5			
Foreign Tax Credits				
Medical and Dental Expenses	Transportation & Prescriptions			
Charitable Contributions	_			
Automobile Use (1099 Income)			_	
Earned Income Credit			_	
Business Expenses for your 1099 Income			_	
Home Office			_	
Stock Options/Restricted Stock			_	
Capital Gains and Losses/Other Gains and L	LOSSES			
*List number of transactions for Gains/Loss	es Above			
List any other forms or information that is to	be included on the return that was	not listed above		
			_	
Signature:	Date:		_	

Your signature acknowledges only that the above information is correct and you received a copy of this Quote Checklist. It does not mean that you are under a contract.