



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-MISC) 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.

	<i>Details/List</i>	<i>Yes</i>	<i>How Many?</i>
Income	W-2(s) _____		
Business Income	1099-Misc _____		
Mortgage Interest	1098(s) _____		
Interest Income	1099-INT _____		
Dividend Income	1099 DIV _____		
Pensions, Annuities	1099-R _____		
IRA Distributions	1099(s) _____		
Rollovers Rents/Royalties	Schedule E _____		
Partnerships	K-1(s) _____		
S Corporation	K-1(s) _____		
Estates and Trusts	K-1(s) _____		
Unemployment Compensation	1099 G _____		
Social Security Benefits Received	SA-1099 _____		
State/Local Tax Refund(s) Received	_____		
Other Income (Lottery or Casino winnings)	_____		
How many states did you reside in last year?	<i>Please list.</i>		
How many states did you work in last year?	<i>Please list.</i>		
Moving Expenses	<i>Select states only</i>		
<i>*Healthcare Forms</i>	<i>Imperative that this is included.</i>		
	1095-A _____		
	1095-B _____		
	1095-C _____		

		<u>Details/List</u>	<u>How Yes many?</u>
Child and Dependent Care		_____	
Tuition and Fees	1098-T	_____	
Scholarships/Fellowships	1098-E	_____	
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 Losses		_____	
*List number of transactions for Gains/Losses 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.