

Client Intake Data Sheet

As paid tax preparers, the IRS and NYS requires that we e-file all returns

Name: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Preferred E-Mail: _____

Preferred Method and time for contact: _____

New York State is requiring information from your NYS Driver License or NYS Non-Driver ID starting in tax year 2016. This additional data is being used to combat identity theft and fraud. Please include a readable copy of the front and back of your NYS Driver License or NYS Non-Driver ID.

A copy of my/our NYS Driver License or NYS Non-Driver ID is enclosed Yes

To assist in preparing your tax return, please answer the following questions:

1) For NYS residents:

Did you receive the Property Tax Freeze Credit in 2016? Yes No

If Yes, amount \$ _____

Did you receive a STAR Credit in the form of a check in 2016? Yes No

If Yes, amount \$ _____

2) Was everyone on your return (including your spouse and dependents)..... Yes No covered by Health Insurance for the entire year? If **No**, please indicate who was not covered and the months there was **NO** coverage.

3) Did your marital status change during 2016? Yes No

If Yes (explain) _____

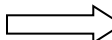
4) Were you or your spouse permanently or totally disabled in 2016?..... Yes No

If Yes (explain) _____

5) Did you or your spouse receive any foreign income or have any foreign bank account(s)?

Yes (explain) _____ No

If you are required to file an FBAR, the filing deadline has been moved from June 30th to April 18th

OVER 

6) Did you or your spouse receive any foreign income or have any foreign bank account(s)?
 Yes (explain) _____ No

7) I would like my refund directly deposited. **Please attach a voided check and be sure to select the type of account (checking or savings).**..... Checking Savings

Bank Name _____

Routing Number (9 digits) _____

Account Number _____

8) Did you move or change your address in 2016/2017 Yes No
If yes, here is my new address:

9) I (and/or my spouse) am/is/are a:
 Teacher Volunteer Firefighter and/or Volunteer Ambulance Worker

10) Were you or your spouse a member of the U.S. Armed Forces in 2016?..... Yes No

11) Are you adding any new dependents (do not include your spouse)?..... Yes No
for tax year 2016.

If Yes, list name, date of birth and social security number.

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____

12) Was your dependent child(ren) a full-time college student in 2016?..... Yes No
If Yes, list name, year in college (1st, 2nd, 3rd, 4th, 5th) and semester(s) attended.

<u>Name</u>	<u>Year in School</u>	<u>Semester(s) Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Be sure to provide 1098-T, 1098-E, and 1099-Q forms with you documents, even if they are in your dependent child's name. Also, please include a transcript from the school of the amounts paid for tuition. The 1098-T is not always an accurate reflection of the amounts paid.

13) Are you removing any dependents for tax year 2016?..... Yes No
If Yes, list name and reason.

<u>Name</u>	<u>Reason</u>
_____	_____
_____	_____

Additional Information or Comments _____

