



Precise Tax Preparation & Financial Solutions, LLP

Have we prepared your taxes before? If so, what year(s) _____

Are we preparing your taxes for this year? _____ If not – what year? _____

NOTE: As information and situations change from year to year, we ask you to help us complete your tax return in your very best interest.

PERSONAL INFORMATION (Information provided must agree with SSA and IRS)

TAXPAYER

SPOUSE

SSN (Social Security Number) _____

First Name & Middle Initial _____

Last Name & Suffix (e.g. Jr, Sr, etc) _____

Date of Birth (Month/Day/Year) _____

Occupation (e.g. Sales, Teacher, Retired) _____

Home Phone (000-000-0000) _____

Cell Phone (000-000-0000) _____ Work _____ Cell _____ Work _____

E-mailAddress (es) _____

Home Address _____ Apt/Lot # _____ City _____ Zip+4 _____ Own ___ Rent ___

FILING STATUS Please circle correct status (All filing status categories are based on your status as of December 31st of last year)

1. Single 2. Married Filing Joint 3. Married Filing Separate 4. Head of Household 5. Qualifying Widow(er) with dependent child

Can anyone else claim you as a dependent on their tax return? (Y/N) Taxpayer _____ Spouse _____

Do you want to contribute to the Presidential Election Campaign? (Y/N) Taxpayer _____ Spouse _____

Are you considered legally blind per IRS regulations? (Y/N) Taxpayer _____ Spouse _____

Do you own your home or do you rent?

INCOME (Please, check all that apply and/or list the number of forms you have for each category)

Wages (W2) _____ Unemployment (1099G) _____ Taxable Interest (1099Int) _____ Dividends (1099Div) _____

Gambling (W2G) _____ Retirement/Pension (1099R) _____ Railroad Retirement (1099RBB) _____ Social Security (1099SSA) _____

Jury/Witness Duty _____ Miscellaneous (1099Misc) _____ Capital Gain/Loss Stock Sales _____ Self Employment (Schedule C) _____

Rental Income/Loss _____ Alimony Received/Paid _____ IRA Distributions _____ Rollover Amount _____

DEDUCTIBLE ITEMS (Please list the amount you spent or number that applies in each category)

Medical Insurance: \$ _____ Long Term Care Insurance: \$ _____ Medical Miles: _____ Total Miles Driven
Doctors/Hospital: \$ _____ Dental Care: \$ _____ Eye Care: \$ _____ Prescriptions: \$ _____
Extra Sales Taxes Paid: \$ _____ Real Estate Tax Paid: \$ _____ Mortgage Interest Paid: \$ _____
Cash Donations: \$ _____ Other Than Cash \$ _____ Charitable Mileage: _____ Tax Preparation Fees \$ _____
Employee Expenses \$ _____ Casualty Losses \$ _____ Gambling Losses If You Won \$ _____

POSSIBLE CREDITS (Statements and/or invoices are recommended)

Did You Pay Any Student Loan Interest last year? (Y/N) ____ If Yes, How Much \$ _____ for Whom _____
Did You Pay Any Tuition last year? (Y/N) ____ If Yes, How Much \$ _____ for Whom: _____
Did you sell a homelast year? (Y/N) ____ If Yes, we should see your "Closing Statement" for that transaction.
Did you purchase ahome last year? (Y/N) ____ If Yes, we should see your "Closing Statement" to maximize your "Credits/Deductions".
Did you make energy improvements last year? (Y/N) ____ Amount Spent \$ _____ on What _____
Did you make Estimated Tax Payments? (Y/N) ____ If Yes, we need the dates and amounts paid.
Date: ___/___/___ Amt \$ _____ Date: ___/___/___ Amt \$ _____ Date: ___/___/___ Amt \$ _____ Date: ___/___/___ Amt \$ _____
Will you need Estimated Payment Vouchers for next year? (Y/N) ____ If Yes, how much do you want to pay each time?
Date: ___/___/___ Amt \$ _____ Date: ___/___/___ Amt \$ _____ Date: ___/___/___ Amt \$ _____ Dat: ___/___/___ Amt \$ _____

FINAL FEW QUESTIONS

Did you become a widow(er) last year? (Y/N) ____ if yes, Date Spouse Died (Mo/Day/Year) _____
May the IRS or another taxing authority discuss your return with the preparer? (Y/N) ____ Initials TP- _____ SP- _____
Would you prefer to e-file your Tax Return? *Safer, Faster, and No Extra Charge!!* (Y/N) ____ Initials TP- _____ SP- _____
If you choose e-file, we will need your Prior Year AGI (Adjusted Gross Income amount) \$ _____ or your prior year 5-digit PIN # _____
Note: By providing your prior year return (recommended), we can ascertain this information which is necessary for e-file.
If you are entitled to a refund, please select how you wish to receive your refund. If by check in the mail, Please initial here TP- _____ SP- _____
If by Direct Deposit, initial here TP- _____ SP- _____ (For Direct Deposit, we will need a voided check, please attach where indicated)

Taxpayer Signature: _____ **Date Signed:** _____

Spouse Signature: _____ **Date Signed:** _____

Carryover Amt Previous Year _____