

# IINDIVIDUAL TAX RETURN

## Personal and Dependent Information

Preferred Tax Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

Tax Year: \_\_\_\_\_

Inv# \_\_\_\_\_

NAME	SSN	DATE OF BIRTH	OCCUPATION
Taxpayer			
Spouse			
DAYTIME PHONE	HOME/CELL PHONE	DRIVERS LICENSE #	ISSUE DATE EXPIRE DATE STATE
Taxpayer			
Spouse			
Taxpayer Email: _____		Spouse Email: _____	
Street Address _____			
City _____		State: _____	Zip: _____
Marital Status at Tax Year End		CHECK ALL THAT APPLY	Taxpayer Spouse
<input type="checkbox"/> Married Filing Joint		Blind	
<input type="checkbox"/> Married Filing Separate		Disabled	
<input type="checkbox"/> Single		Full Time Student	
<input type="checkbox"/> Head of Household (single with Child)		Want \$3 to go to Presidential Election Campaign Fund	
<input type="checkbox"/> Widow(er), Date of Spouse's Death _____		YES	NO
Dependent Information			
NAME	SSN	DATE OF BIRTH	RELATIONSHIP MTHS IN HOME
Dependent #01			
Dependent #02			
Dependent #03			
Dependent #04			
Other Information to bring to Precision Accounting for your Tax Return			
<input type="checkbox"/> Copy of the Prior Year Income Tax Return, New Clients Only		<input type="checkbox"/> Health Insurance Forms 1095-A, B and/or C	
<input type="checkbox"/> ID for taxpayer & spouse including SS Cards for all listed on the Return		<input type="checkbox"/> Proof of Child Dependency for Earned Income Credit (School Records, Medical Records, DayCare, Etc)	
<input type="checkbox"/> All Income Statements (Forms W-2, Form K1's, W2-G, 1099's, etc.)		<input type="checkbox"/> Paid Mortgage & Property Taxes on your Home(s) - Form 1098	
<input type="checkbox"/> All Rental Property Income and Expenses		<input type="checkbox"/> Tuition & Expenses paid for you or a dependent attending college beyond high school (Form 1098-T)	
<input type="checkbox"/> Had any Debts cancelled or Forgiven (form 1099-C)		<input type="checkbox"/> Notices from the IRS and/or State Taxing Authorities	
<input type="checkbox"/> Income & Expenses from Self-Employed Business)			
<input type="checkbox"/> If you sold Property, Copy of Purchase & Sale Closing Papers			

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Date: \_\_\_\_\_

Tax Year: \_\_\_\_\_

Inv# \_\_\_\_\_

Do You Have Foreign Bank Account/Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No:      If Yes, Amount in Account(s) _____
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Do you Have Virtual Currency <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Please provide details of Year end Transaction Statements

Account Information for Deposits or Withdrawals						
Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use Account for	
			Checking	Savings	Deposits	Withdrawals

ESTIMATES	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2022						
First Quarter						
Second Quarter						
Third Quarter						
Fourth Quarter						
Additional Payments						