



Taxpayer

Today's date: ___/___/___

New customer **Yes / No** (returning customers, just changes please):

First Name: _____ Middle Initial: _____ Last Name: _____

Spouse goes on next page please (name must match Social Security Card).

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ___/___/___ (mm/dd/yyyy), SSN: ___ - ___ - _____, Do you have an IRS - ID theft PIN? Y / N _____ 6 digits

Driver's License #: _____ ST: ___ Issue Date: ___/___/___ Exp. Date: ___/___/___

Street Address: (same) _____ Apartment/Suite#: _____

City: (same) _____ ST: _____ Zip Code: _____

Cell Phone: (_____) _____ - _____, Home Phone: (_____) _____ - _____,

Work Phone: (_____) _____ - _____ extension #: _____ Occupation: _____

Email Address: _____

***** Did all household members have Health Insurance every month? Yes / No *** Any HSA's? Yes / No**

Are you currently serving in the military in Active Duty? **Yes / No.** Want \$3 of the tax to go to the Pres. Campaign Fund? **Yes / No**

US Citizen? **Yes / No-** If not, status _____

Single - Can you be claimed as a dependent by someone else? **Yes / No** If yes, who? _____

Married filing Jointly *** Married but must file separately *** Head of Household

Separated as of ___/___/___ (if this tax year) If any alimony order date on or

Divorced as of ___/___/___ (if this tax year) before Dec 31, 2018? then \$ _____ **Paid or Received?**

Widowed (last 3 yrs), Spouses date of death ___/___/___, Deceased Spouses date of birth ___/___/___

Marital or filing status has changed since last year. Why _____

Any past due child support? **Yes / No** or Fed Student Loans? **Yes / No**

Primary contact for questions will be: Taxpayer, Spouse, Other _____

Prefer text, email, or... call the cell home work number Other _____

For your refund, 9 digit Bank Routing # _____ Account # _____ Savings Checking

Would you like the information on "Pay by refund" for our fee? **Yes / No**

Did you do any of the following: (if yes, attach documentation or write in the info).

Received, sold, sent, exchanged or acquired interest in virtual currency? **Yes / No**

Buy a car? **Yes / No** (sales tax paid \$ _____) make, model, year _____

Draw out of a retirement account? **Yes / No** \$ _____ Amount deposited to your IRA for this year? \$ _____

Buy a home? **Yes / No** First time home buyer? **Yes / No** Did you use funds from a retirement acct for it? \$ _____

Pay for child care (or even an older dependent care)? \$ _____

Medical miles _____, charity miles _____, charity cash donations \$ _____

Give any gifts > \$15,000? **Yes / No** \$ _____

Adoption expenses **Yes / No** \$ _____ date adoption finalized ___/___/___ Child's Name(s)

Did you have any "Reinvested Dividends"? **Yes / No** Any stock market (et al.) Investments? **Yes / No**

Tuition or Student Loan interest? **Yes / No** --- others paid it and I have the 1098T's? **Yes / No** --- Vice versa? **Yes / No**

If yes, have you previous used any of the max 4 years of the American Opportunity Tax Credit? **Yes # ___years / No / what's that?**

Expenses for glasses, nicotine patches, weight loss, etc \$ _____ Attach or email Rx print out.

Solar panels or other energy system improvements \$ _____

Any quarterly tax payment made this year? **Yes / No**

	If yes,	Amount	Approx. date
	Prior Year Return:	\$ _____	

How did you hear about us?	Pmt 1	\$ _____	___/___/___
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	Pmt 2	\$ _____	___/___/___
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	Pmt 3	\$ _____	___/___/___
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	Pmt 4	\$ _____	___/___/___
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ATTACH ALL W-2's and 1099's please

(continued)

Made a payment with extension	\$ _____	___/___/___
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Spouse

First Name: _____ Middle Initial: _____ Last Name: _____

(Name must match Social Security Card) --- If spouse was listed first on tax return last year check here:

Name changed from last year? If yes, previous name _____

DoB: ____/____/____ (mm/dd/yyyy), SSN: _____ - _____ - _____, Do you have an IRS - ID theft PIN? Y / N _____ 6 digits

Driver's License #: _____ ST: _____ Issue Date: ____/____/____ Exp. Date: ____/____/____

Street Address: (Same as) or _____ Apt#: _____

City: _____ ST: _____ Zip Code: _____

Cell Phone: (____) _____ - _____, Home Phone: (____) _____ - _____,

Work Phone: (____) _____ - _____ extension #: _____ Occupation: _____

Email Address: _____

Are you currently serving in the military in Active Duty? **Yes / No.** Want \$3 of the tax to go to the Pres. Campaign Fund? **Yes / No**

US Citizen? **Yes / No-** If not, status _____

Draw funds out of a retirement account? **Yes / No** \$ _____ Deposit funds to a retirement account? **Yes / No** \$ _____

******* DEPENDENTS *******
To receive the Child Tax Credit or Earned Income Credit - we MUST have copies of medical, school, or equivalent type documents, to verify the dependents status.

Yes / No All dependents claimed lived in the United States.

1. First Name: _____ Middle Initial: _____ Last Name: _____

(Must match Social Security Card)

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ____/____/____ (mm/dd/yyyy), SSN: _____ - _____ - _____ Number of months they lived with you this year: _____

Student? Are they your: Son Daughter Step Child Adopted on ____/____/____ Did you provide more than 1/2 of support? **Y / N**

Foster Child Niece/Nephew Sister/Brother **On disability?** In college? **Y / N**, Someone else could claim? **Y / N**

Parent Grandparent Aunt/Uncle Other: _____ US Citizen if yes, has a 8332 been filed? **Y / N** Fraud IP PIN? _____

2. First Name: _____ Middle Initial: _____ Last Name: _____

(Must match Social Security Card)

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ____/____/____ (mm/dd/yyyy), SSN: _____ - _____ - _____ Number of months they lived with you this year: _____

Student? Are they your: Son Daughter Step Child Adopted on ____/____/____ Did you provide more than 1/2 of support? **Y / N**

Foster Child Niece/Nephew Sister/Brother **On disability?** In college? **Y / N**, Someone else could claim? **Y / N**

Parent Grandparent Aunt/Uncle Other: _____ US Citizen if yes, has a 8332 been filed? **Y / N** Fraud IP PIN? _____

3. First Name: _____ Middle Initial: _____ Last Name: _____

(Must match Social Security Card)

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ____/____/____ (mm/dd/yyyy), SSN: _____ - _____ - _____ Number of months they lived with you this year: _____

Student? Are they your: Son Daughter Step Child Adopted on ____/____/____ Did you provide more than 1/2 of support? **Y / N**

Foster Child Niece/Nephew Sister/Brother **On disability?** In college? **Y / N**, Someone else could claim? **Y / N**

Parent Grandparent Aunt/Uncle Other: _____ US Citizen if yes, has a 8332 been filed? **Y / N** Fraud IP PIN? _____

4. First Name: _____ Middle Initial: _____ Last Name: _____

(Must match Social Security Card)

Name changed from last year? **Yes / No** If yes, previous name _____

DoB: ____/____/____ (mm/dd/yyyy), SSN: _____ - _____ - _____ Number of months they lived with you this year: _____

Student? Are they your: Son Daughter Step Child Adopted on ____/____/____ Did you provide more than 1/2 of support? **Y / N**

Foster Child Niece/Nephew Sister/Brother **On disability?** In college? **Y / N**, Someone else could claim? **Y / N**

Parent Grandparent Aunt/Uncle Other: _____ US Citizen if yes, has a 8332 been filed? **Y / N** Fraud IP PIN? _____



Are you aware of any “credits” that need to be carried forward to this year?

What to send/ bring

Driver’s License (or proof of ID)
Copy of the Most Recent Tax Return (if any)
Dates of birth for everyone
W-2’s, 1099’s, (wage and income statements)
HSA distributions (health saving account)
Retirement income statements 1099-R’s, Social Security or Rail Road benefits, etc.
K-1’s (income from partnerships, S corporations, estates, or trusts)
Long term care insurance proceeds
Copies of any legal settlements
Interest from Banks etc.
Rental Income Information (see page 6)
Sale of stock info, dividends, interest income, etc.
Unemployment compensation, state tax refunds, etc.
Real Estate Documents. Interest Paid 1098s, purchase or sale closing documents
Proof of Deductions. Medical, Charity, (don’t forget Medical and Charity mileage)
Gambling winning AND casino loss run sheet (ask for it)
Child care expenses, receipts for college expenses, etc.

Kids?
Social Security Cards
Birth Certificate
Medical Records or School Records WITH your address on it, to prove they lived with you.

Business?
Employer Id Number letter
DBA, LLC, or Corporation, etc. paperwork (if any)
The FQ number from the Comptroller (if any)
Sales Tax permit and login information
S Election paperwork (if so)
Bank statements
List of W-2s & 1099’s issued
List of Vehicles, Trailers, Equipment, etc.
List of Loans, Credit Cards, etc.
Inventory Count
Mileage Log See also page 5
Receipts for oil changes with odometer readings
Business use of home? See page 5



Do you operate a **business** or **non-profit** organization? Yes / No

Operating name (dba): _____

Legal name (same, what is that?): _____

Physical address: _____ Apartment/Suite#: _____

City: _____ ST: _____ Zip Code: _____

Mailing address: (same as above) _____

City: _____ ST: _____ Zip Code: _____

Primary contact person: _____ cell: (_____) ____ - _____

email: _____

Your business phone line: (_____) ____ - _____, Fax: (_____) ____ - _____

Date operations stated: ____/____/____, Fiscal year ends on? Dec 31, or Other ____/____

Which bank do you primarily use: _____

What product or service to you offer? _____

If you already have an EIN number, we MUST have a copy of the letter from the IRS re: the number.

If you need us to get the IRS - EIN number for you, please answer the following questions:

- Does your business own a highway motor vehicle with a taxable gross weight of 55,000 pounds or more? **Yes / No**
- Does your business involve gambling/wagering? **Yes / No**
- Does your business need to file Form 720 (Quarterly Federal Excise Tax Return)? **Yes / No**
- Does your business sell or manufacture alcohol? **Yes / No**
- Does your business sell or manufacture tobacco, or firearms? **Yes / No**
- Do you have, or do you expect to have, any employees who will receive Forms W-2 in the next 12 months? **Yes / No**

Estimated annual sales \$ _____ excludes, includes sales tax

Do you **have / need us to** order a Sales Tax permit? **Yes / No**

How about a permit for: Mixed Beverage **Yes / No**, Alcohol Gross Rcts **Yes / No**

Are you currently using any accounting software? **Yes / No** If yes: _____

Are you currently using a POS (point of sale) system? **Yes / No** If yes: _____

Do you currently accept credit card payments? **Yes / No** If yes, merchant: _____



Do you have any of this information?

1. The TWC# or login info for other state's unemployment office: _____
2. State franchise tax ID # _____ Texas RT/XT# _____
3. Last franchise tax payment amount \$ _____ date _____
4. State sales/use tax ID # _____ Texas RT/XT# _____
5. Last sales/use tax payment amount \$ _____ date _____
6. Eight (8) most recent 941 forms and state unemployment reports.
7. Prior year 940 form with payroll ledger.
8. Prior year W-2's and W-3.
9. Current year-to-date payroll register with employee W-4's.
10. Prior two years Federal and state tax returns WITH detail depreciation schedules.
11. Bylaws, Articles of Incorporation, State Certificate of Filing, State Form 201, etc.
12. Copies of any assumed named certificates that have been filed.
13. IRS Employer ID Number Letter aka CP 575, plus any IRS Form 2553, IRS Form 8832, etc.
14. Report published for the prior year (Review, Compilation, etc.)
15. General Ledger Trial Balance for:
 - a. Most recent period available
 - b. Prior year w/ adjusting and closing entries

Want some bookkeeping help? _____
(shameless upselling, lol
with the lowest prices around) <https://carlwcpa.com/monthly-accounting-service/>

Web Site: _____

Is your business listed on: Facebook, Twitter, Instagram, Other _____

Would you like help with your web site and or social media accounts? **Yes / No** We got a guy: <https://tanvaadkins.com/ts-total-business-solutions/>

Did you issue any type of 1099's last year or W-2's? Did you send a copy to the IRS / Social Security Admin? **Yes / No**

Do you know what type tax form you will (or have used in the past): 990(ez) Non-Profit Schedule C on a 1040,
 1065 Partnership, 1120 C-Corp, 1120 S-Corp, I have no idea, other _____

Do you need or already have (date created ___ / ___ / _____) a 501(c)(3), Incorporation, LLC, or Partnerships?
It is not usually required, but if you need one, what is your first choice for a name if we are to assist you in creating it:

Same as the legal name operating name above:

First choice: _____

Second choice: _____

May we serve as your "Registered Agent" **Yes / No**, it should be _____

What's that? <https://www.sos.state.tx.us/corp/registeredagents.shtml> Usual cost is \$400 <https://carlwcpa.com/make-a-payment/>



For Business use of Home:

When purchase home? ___ / ___ / ___ How much? \$ _____ Improvements? \$ _____

Square feet used for business? _____ Total square feet of home? _____

Last year did you pay for any maintenance or improvements specific to the area used for the business? \$ _____

How about any maintenance or repairs to the entire home, net of any insurance? \$ _____

<u>Monthly average:</u>		<u>Annual Items:</u>	
Electric bill	\$ _____	Property Tax	\$ _____
Water sewer trash	\$ _____	Mortgage Interest	\$ _____
Nat Gas /Propane	\$ _____	MIP (Morg Insur)	\$ _____
Security / Alarm sys	\$ _____	Hazard Insurance	\$ _____
Internet or _____	\$ _____	HOA/Other _____	\$ _____
Rent or _____	\$ _____	Other _____	\$ _____

Business Vehicle 1:

Make, Model, & Year of vehicle(s) _____

Title in name of: _____ Cost: \$ _____

Purchase date: ___ / ___ / ___ Date placed in Service: same ___ / ___ / ___

Paid off, or Est. Dec 31 loan balance \$ _____, \$ _____ pmt/mo, _____ %, Bank _____

Odometer on Jan 1: _____ Dec 31: _____ Business portion _____ One daily commute round trip _____ miles

Business Vehicle 2:

Make, Model, & Year of vehicle(s) _____

Title in name of: _____ Cost: \$ _____

Purchase date: ___ / ___ / ___ Date placed in Service: same ___ / ___ / ___

Paid off, or Est. Dec 31 loan balance \$ _____, \$ _____ pmt/mo, _____ %, Bank _____

Odometer on Jan 1: _____ Dec 31: _____ Business portion _____ One daily commute round trip _____ miles

Business Vehicle 3:

Make, Model, & Year of vehicle(s) _____

Title in name of: _____ Cost: \$ _____

Purchase date: ___ / ___ / ___ Date placed in Service: same ___ / ___ / ___

Paid off, or Est. Dec 31 loan balance \$ _____, \$ _____ pmt/mo, _____ %, Bank _____

Odometer on Jan 1: _____ Dec 31: _____ Business portion _____ One daily commute round trip _____ miles

Please attach your mileage log (don't laugh) Ask about our smartphone mileage app.



Do you own any **RENTAL PROPERTY**? Yes / No, If yes, please list:

<u>Purchase Date</u>	<u>Physical Address</u>	<u>Original cost including Improvements</u>	
A. ___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
<input type="checkbox"/> Paid off, or Est. Dec 31 loan balance \$ _____, \$ _____ pmt/mo, _____ %, Bank _____			
\$ _____ Rent Collected \$ _____ Improvements this year. Attach expenses.			
B. ___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
<input type="checkbox"/> Paid off, or Est. Dec 31 loan balance \$ _____, \$ _____ pmt/mo, _____ %, Bank _____			
\$ _____ Rent Collected \$ _____ Improvements this year. Attach expenses.			
C. ___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
<input type="checkbox"/> Paid off, or Est. Dec 31 loan balance \$ _____, \$ _____ pmt/mo, _____ %, Bank _____			
\$ _____ Rent Collected \$ _____ Improvements this year. Attach expenses.			
D. ___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
<input type="checkbox"/> Paid off, or Est. Dec 31 loan balance \$ _____, \$ _____ pmt/mo, _____ %, Bank _____			
\$ _____ Rent Collected \$ _____ Improvements this year. Attach expenses.			
E. ___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
<input type="checkbox"/> Paid off, or Est. Dec 31 loan balance \$ _____, \$ _____ pmt/mo, _____ %, Bank _____			
\$ _____ Rent Collected \$ _____ Improvements this year. Attach expenses.			
F. ___/___/___	_____	\$ _____	<input type="checkbox"/> House, <input type="checkbox"/> Duplex, <input type="checkbox"/> Apt., <input type="checkbox"/> Other _____
<input type="checkbox"/> Paid off, or Est. Dec 31 loan balance \$ _____, \$ _____ pmt/mo, _____ %, Bank _____			
\$ _____ Rent Collected \$ _____ Improvements this year. Attach expenses.			

Expense samples:

- | | |
|-----------------------------------|---------------------------------------|
| Advertising | Mortgage interest paid to banks, etc. |
| Auto and travel | Other interest |
| Cleaning and maintenance | Repairs |
| Commissions | Supplies |
| Insurance | Taxes |
| Legal and other professional fees | Utilities |
| Management fees | |



When complete just:

1. Bring this with you to your appointment, or
2. We can set up an electronic Dropbox or Google Drive for you, or
3. Take pics with your phone and text to 972-672-9968, or
4. Email us at carlwcpa@gmail.com for info on sending a “secure email”

We look forward to seeing you soon.

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972-672-9968 Carl Wessels

214-949-3319 Ben Wessels

About us:

<https://carlwcpa.com/>

