Pro Touch Tax and Accounting Services
New Client Document Checklist

Please bring in copies of the prior year tax returns

Referred By: ____ Date____________________

Name____

E-Mail ____

Address____

Soc. Sec. #______________________________________

Phone (H)____________________________

(C)______________________________

Occupation_____________________________ Date of Birth___________________________________

Married _____Y _____N

Spouse's Name ____

Soc. Sec #____ DOB_________________________

Spouse's Occupation____

E-Mail____

Cell#____

Please List All Persons that can be claimed as Dependents

Child's
Name_______________________________SocSec#___________________________DOB______________

Child's
Name_______________________________SocSec#___________________________DOB______________

Child's
Name_______________________________SocSec#___________________________DOB______________

Dependent/Relation____

SocSec#______________________________ DOB_______________________________________

_____ Please deduct all fees from **my** refund. I understand there is an **additional charge** for this service.

The following documents & information, are required to accurately and correctly complete your taxes.

___ Did you, or any dependent get married, divorced, have a new child, suffer a death

___ A social security card and birth date for any new dependents not listed in a prior year.

___ W-2 forms from any/all employers – paystubs are not acceptable.

___ Did you receive allocated tips? __Y __N

___ Interest & Dividend statements (1099-INT/DIV) from financial institutions

___ State Refunds received from last year

___ Alimony received and/or paid (Please provide Ex-Spouse's Social Security number)

___ Self Employment Income & Expenses – Include any 1099-misc received & a profit & loss statement

___ Asset Sales- Provide documents pertaining to sale of stocks, mutual funds, real estate, home, business

___ Retirement Plan Distributions- 1099-R from all Pensions, IRA's, 401K distributions/Rollovers

___ Rental Income and Expenses

___ Unemployment Compensation Statement listing total benefits received and taxes withheld

___ Social Security or Railroad Retirement Benefits – Provide forms SSA-1099 or RRB-1099

___ Cancellation of Debt – Provide forms 1099-A or 1099 –C

___ Gambling Income (W-2G) Substantiate all gambling losses

___ Other Income- Corporate/ Partnership (K-1)

___ Health/Medical Savings account withdrawals (1099-SA)

___ IRA/SEP contributions made for you and/or your spouse

___ Interest paid on student loans for you, spouse any dependent claimed

___ Education expenses paid for each student – provide forms 1098-E /1098T

___ Did you move more than 50 miles due to a job change? If so, provide all expense records

___ Medical expenses paid for you and family, total all out of pocket expenses

___ Mortgage, 2nd mortgage, home equity, loan pts, interest on boat or recreation vehicle paid (1098)

___ Seller financed mortgage interest paid-Provide name, address, social security # and amount paid

___ Donations

___ Proof of Health coverage for the entire year (Info may be provided on the W-2) Ex. Insurance card

___ Day care expenses – Total paid for each child, list provider's name address and FEIN# / Soc.Sec.#

___ Casualty Loss – deductible only if loss after insurance paid exceeds 10% of AGI, documents required

___ HSA contribution, Parochial School Tuition, Bright Start Payments, any other misc. tax related items

___ Estimated Federal/ State Tax Payments

Comments:____
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All information as provided is to the best of my/our knowledge true and complete.

______________________________________ ___________________________
Name Date

______________________________________ ___________________________
Name Date