

ITEMS NEEDED TO BRING FOR YOUR INCOME TAX PREPARATION

- If you are a new client, bring a copy of last years' federal and state returns (if you could)
- Photo ID (drivers' license for each taxpayer) **THIS IS A MUST**
- Social security card for each person on the return or W2 (new clients only)
- All income copies (W2, 1099, Social Security statements, Unemployment statements, K1 Schedule and any other forms showing income from interest, dividends, capital gains, stock sales, mutual funds
- Your last pay stub received for previous year (if you have) it
- Amounts paid for medical, dental, eyeglass bills, prescriptions, and insurance premiums
- Proof of health insurance (private, corporate, or Obamacare) Form 1095A, B, C
- Property tax and mortgage interest statements
- If you rent, monthly rent amount
- If you have rental property, annual rental amounts and rental expenses
- Amounts for charitable donations and other itemized deductions
- All education expenses-books, tuition, administration fees
- Employee business expenses, if any
- Certificate of Deposit, and or savings account information interest income
- Life insurance contract(s)
- IRA's and or pension information, 401K, 403B, 414H and annuities
- Copy of your will or trust if you have one
- Purchase or sale of property either commercial or personal
- All brokerage statements

Have your bank account information ready when you arrive (routing number and account number or a copy of a voided check to receive your refund and fee collect

- **We will make a copy of a current credit card for our files and if you are a new client we will charge the preparation fee at time of service.**

DATE _____ TIME _____

2020

INTAKE CHECK LIST

CLIENT NAME(S) _____

MARRIED/SINGLE: _____

CURRENT TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

CURRENT MAILING ADDRESS: _____

• CREDIT/DEBIT CARD

OCCUPATION: TAXPAYER _____ SPOUSE _____

DRIVER'S LICENSE: TAXPAYER _____ SPOUSE _____

W2'S/1099'S/K1SCHEDULE: TAXPAYER _____ SPOUSE _____

PAY STUBS: TAXPAYER _____ SPOUSE _____

HEALTH INSURANCE CARD _____

MONTHLY RENT: _____ RENTAL INCOME/EXPENSE _____

MEDICAL/DENTAL EXPENSE: _____

EMPLOYEE BUSINESS EXPENSE: _____

EDUCATION EXPENSE: _____

• COPY OF WILL/TRUST

CD'S _____

LIFE INSURANCE CONTRACT _____

EIP 1: _____ EIP 2: _____

IRA'S/PENSIONS/401K/403B _____

• COPY OF BANK CHECK OR ROUTING AND ACCOUNT NUMBER:

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

DEPENDENTS:

NAME _____ D.O.B. _____ SS# _____

NAME _____ D.O.B. _____ SS# _____

NAME _____ D.O.B. _____ SS# _____

NAME _____ D.O.B. _____ SS# _____

SIGNED DISCLOSURE _____

DATE: _____

DATE _____ TIME _____

2021

INTAKE CHECK LIST

CLIENT NAME(S) _____

MARRIED/SINGLE: _____

CURRENT TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

CURRENT MAILING ADDRESS: _____

• CREDIT/DEBIT CARD

OCCUPATION: TAXPAYER _____ SPOUSE _____

DRIVER'S LICENSE: TAXPAYER _____ SPOUSE _____

W2'S/1099'S/K1SCHEDULE: TAXPAYER _____ SPOUSE _____

PAY STUBS: TAXPAYER _____ SPOUSE _____

HEALTH INSURANCE CARD _____

MONTHLY RENT: _____ RENTAL INCOME/EXPENSE _____

MEDICAL/DENTAL EXPENSE: _____

EMPLOYEE BUSINESS EXPENSE: _____

EDUCATION EXPENSE: _____

• COPY OF WILL/TRUST

CD'S _____

LIFE INSURANCE CONTRACT _____

EIP 1: _____

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• COPY OF BANK CHECK OR ROUTING AND ACCOUNT NUMBER:

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

DEPENDENTS:

NAME _____ D.O.B. _____ SS# _____

NAME _____ D.O.B. _____ SS# _____

NAME _____ D.O.B. _____ SS# _____

NAME _____ D.O.B. _____ SS# _____

SIGNED DISCLOSURE _____

DATE: _____

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1185
For IRS Use Only
 Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

1. Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 ▶

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ▶
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**
 ▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date
Print Name	Title (if applicable)

Power of Attorney and Declaration of Representative

OMB No. 1545-0150

▶ Go to www.irs.gov/Form2848 for instructions and the latest information.

For IRS Use Only

Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date / /

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
(Note: IRS sends notices and communications to only two representatives.)	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete line 3). Except for the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)

4 Specific use not recorded on the Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See Line 4. *Specific Use Not Recorded on CAF* in the instructions

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

Access my IRS records via an Intermediate Service Provider;
 Authorize disclosure to third parties; Substitute or add representative(s); Sign a return;

Other acts authorized: _____

b Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.

List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you **do not** want to revoke a prior power of attorney, check here

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 Taxpayer declaration and signature. If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify I have the legal authority to execute this form on behalf of the taxpayer.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.

Signature

Date

Title (if applicable)

Print name

Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent by the IRS per the requirements of Circular 230.
 - d** Officer—a bona fide officer of the taxpayer organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the IRS is limited by section 10.3(d) of Circular 230).
 - h** Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
 - k** Qualifying Student or Law Graduate—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student, or law graduate working in a LITC or STCP. See instructions for Part II for additional information and requirements.
 - r** Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.

Note: For designations d–f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation— Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date