

# New Client Data

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

Referred By \_\_\_\_\_

## Services Menu (Please Choose)

Tax Preparation (Individual) \_\_\_\_\_  
IRS Problems \_\_\_\_\_

Tax Preparation (Business) \_\_\_\_\_  
Consultation with CPA \_\_\_\_\_

Payroll Services \_\_\_\_\_  
Other Services \_\_\_\_\_

### Taxpayer:

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Middle initial \_\_\_\_\_ Suffix \_\_\_\_\_  
Social Security No \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of birth \_\_\_\_\_  
US Citizen \_\_\_\_\_  
Work Phone \_\_\_\_\_

### Spouse:

Last name \_\_\_\_\_  
First name \_\_\_\_\_  
Middle initial \_\_\_\_\_ Suffix \_\_\_\_\_  
Social Security No \_\_\_\_\_  
Occupation \_\_\_\_\_  
Date of birth \_\_\_\_\_  
US Citizen \_\_\_\_\_  
Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. No \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Pager # \_\_\_\_\_

**Marital Status:** Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_

**Filing Status:** 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_

### Dependents

First Name	Last Name	SS#	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you pay daycare expenses please provide daycare information:

Name of Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tax ID: \_\_\_\_\_

- Do you have anyone to claim as dependent \_\_Yes NO\_\_
- Do you own your home (principal residence) \_\_Yes NO\_\_
- Do you own rental real estate (investment ) \_\_Yes NO\_\_
- Do you have a LLC or Corporation \_\_Yes NO\_\_
- Do you have a sole proprietor business \_\_Yes NO\_\_
- Do you pay rent \_\_Yes NO\_\_
- Were you ever audited by the IRS \_\_Yes NO\_\_
- Do you have any pending immigration matters. \_\_Yes NO\_\_
- Do you owe federal or state taxes \_\_Yes NO\_\_
- Do you have an IRA or a pension plan \_\_Yes NO\_\_
- Are you or your dependent attending college. \_\_Yes NO\_\_
- Did you file taxes last year \_\_Yes NO\_\_
- If no, enter the last year you filed taxes: \_\_\_\_\_

Office Use	1	2	3	4
CM _____	Fees _____			Notes Attached [ ]

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**Maplewood Office**

Phone 973-762-7299

Fax 973-762-7292

**Bloomfield Office**

Phone 973-748-7100

Fax 973-748-7343

**Newark Office**

Phone 973-991-1891

Fax 973-991-1892

Name: \_\_\_\_\_

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

Personal Expense Form

**Medical Expenses**

- Abortion \_\_\_\_\_
- Acupuncture \_\_\_\_\_
- Alcoholism \_\_\_\_\_
- Ambulance fee \_\_\_\_\_
- Annual Physical Exam \_\_\_\_\_
- Artificial Limb/Teeth Cost \_\_\_\_\_
- Bandages and supplies \_\_\_\_\_
- Birth Control Pills \_\_\_\_\_
- (A) Pregnancy Test \_\_\_\_\_
- (B) Plan B pills \_\_\_\_\_
- Breast Reconstruction Surgery \_\_\_\_\_
- Co-Payments \_\_\_\_\_
- Chiropractor \_\_\_\_\_
- Dental Treatments \_\_\_\_\_
- Diagnostic Devices \_\_\_\_\_
- Disabled Dependent Care Expenses \_\_\_\_\_
- Drug Addiction cost \_\_\_\_\_
- Eye Glasses \_\_\_\_\_
- Fertility Cost \_\_\_\_\_
- Guide dog medical expenses \_\_\_\_\_
- Hearing aids \_\_\_\_\_
- Home Care (Nursing Services) \_\_\_\_\_
- Hospital Services (Meals/ Lodging) \_\_\_\_\_
- Insurance Premium \_\_\_\_\_
- Lactation expenses: (Breast pumps, supplies) \_\_\_\_\_
- Medical Related Home Improvements  
(Ramps, Hand-rails/support bars, etc.) \_\_\_\_\_
- Medical Miles driven \_\_\_\_\_
- Oxygen and equipment \_\_\_\_\_
- Prescriptions \_\_\_\_\_
- Psychologist Cost \_\_\_\_\_
- Stop-Smoking Programs \_\_\_\_\_
- Surgery \_\_\_\_\_
- Transportation (Taxi, uber, etc.) \_\_\_\_\_
- Vision: \_\_\_\_\_
- (A) Contacts \_\_\_\_\_
- (B) Eye glasses \_\_\_\_\_
- (C) Eye Exams \_\_\_\_\_
- (D) Surgery \_\_\_\_\_
- Weight-loss Programs \_\_\_\_\_
- Wheelchair \_\_\_\_\_
- Wigs (per the advice of Physician) \_\_\_\_\_
- X-ray cost \_\_\_\_\_

**Total Medical** \_\_\_\_\_

**Charitable Contributions**

All donations *require a donation letter* stating the name of organization, amount of donation, date of donation, and that no goods were exchanged.

Offering/Tithes/Donations \_\_\_\_\_

Church & other Charitable Mileage  
(No. of Miles) \_\_\_\_\_

Organization	Description	Value

**Other Expenses**

- Child Care \_\_\_\_\_
- Rent Paid \_\_\_\_\_
- Car Registration Cost \_\_\_\_\_

Other Expenses (List) \_\_\_\_\_

**Other Deductions**

- IRA Contributions \_\_\_\_\_
- Student Loan Interest \_\_\_\_\_
- Moving Expenses (Military) \_\_\_\_\_
- Alimony Paid (X Spouse SS #) \_\_\_\_\_

**Taxpayer 's certification**

I hereby declare that I have examined this worksheet, and to the best of my knowledge and belief it is true, correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_