** PHOTO ID IS REQUIRED**

Client Annual Data Form (Tax Year 2019)

Name:_____ **Date:**_____ **Telephone:** (Cell): _____
(Home):_____
E-mail: _____ (Work/Other): _____
Address:_____ **Same as last year?** ☐ **Yes** ☐ **No**

(1) Do you want to ADD(+)/REMOVE (-) dependents?
(+) ☐ (-) ☐ N/A ☐
(If adding, provide birth record and SS card)

Name:_____

Name: _____

(2) Did you pay for child care in 2019?
Yes ☐ No ☐ N/A ☐
Name of provider:_____
Address:_____
Tax ID/SSN: _____

FOR QUESTIONS 3 - 14 INCLUDE YOURSELF AND YOUR SPOUSE, IF MARRIED FILLING JOINTLY

(3) Did you receive unemployment in 2019?
Yes ☐ No ☐

(4) Did you receive distribution from 401K or IRA?
Yes ☐ No ☐

(5) Did you receive distribution from Social Security?
Yes ☐ No ☐

(6) Did you pay Student Loans?
Yes ☐ No ☐

(7) Did you sell real estate?
Yes ☐ No ☐

(8) Did you purchase real estate?
Yes ☐ No ☐

(9) Did you refinance real estate?
Yes ☐ No ☐

(10) Did you receive alimony in 2019?
Yes ☐ No ☐ N/A ☐

(11) Do you have a foreign bank account/Virtural currency?
Yes ☐ No ☐
(If yes, is the balance 10,000USD or more?) Yes ☐ No ☐ N/A ☐

(12) Did you have debt cancellation in 2019?
Yes ☐ No ☐

(13) How many jobs did you have in 2019? _____

(14) Are you a U.S. Veteran who lives in NJ?
Yes ☐ No ☐

(15) Did you have health insurance the entire 2019?
(Taxpayer) Yes ☐ No ☐ Partial ☐
(Spouse) Yes ☐ No ☐ Partial ☐ N/A ☐
(Dependents) Yes ☐ No ☐ Partial ☐ N/A ☐

(16) Did you get married/divorced/separated in 2019?
Yes ☐ No ☐ (If yes, please provide the date) _____

(17) How will you pay for our services?
(Fees must be paid before e-file or delivery)
Cash ☐ Check ☐ Credit/Debit Card ☐
Deducted from refund (extra bank fees are incurred) ☐

(18) How would you like to receive your refund?
IRS Check (***by mail*** in 4–5 Weeks) ---------- ☐
Office Pickup – **Fees Must be deducted** (***office*** in 2-3 weeks) ☐
Direct Deposit (in your account 2-3 weeks) ---------- ☐

(19) Did your bank information change for direct deposit?
(If yes, please provide copy of voided check)
Yes ☐ No ☐ N/A ☐

(20) How would you like to receive your tax return copies?
Portal ☐ Paper ☐ Mail ☐ (USPS Priority Fees apply)
Note: Additional copies will cost $25.00

Office Use Only Revised 1/2020 F#:_____ CM:_____ Processer:_____ Taxko, Inc©

W2 1099G 1099R 1099MISC 1099DIV 1099INT 1099B 1098T 1098E Other

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 0 _____

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** _____