

New Client Form Please read carefully, fill out all fields that apply, and sign the bottom of page 2.

Let us know if you need any help filling this out.

Name	
Social Security #	
Birthdate	
Occupation	
Cell Phone	
Other Phone	
Email	
Address (include City, ST, zip please)	
Driver's License #	
Issued Date	
Expiration Date	

Spouse's Name	
Social Security #	
Birthdate	
Occupation	
Cell Phone	
Other Phone	
Email	
Address (include City, ST, zip please)	
Driver's License #	
Issued Date	
Expiration Date	

Single Lived separate from spouse for Last 6 months of year or more Head of Household (unmarried with dependent(s) in the house)

Married, filing jointly Divorced during the tax year Widowed during the tax year
Date: _____

Married but filing Separate (Give Spouse's name/SSN/Birthdate)

Deposit my refund (if I receive one) directly into my bank account. (attach a voided check)

Bank Name: _____ Routing# (9 digits) _____ Account # _____

I have _____ child(ren) that I claim on my return. Provide SS Card & Birth Certificate for each child claiming.
How did you find us? _____ Referred by: _____

Health Insurance: Purchased on the ACA Market Place/Exchange if so, we need form 1095-A

Spent \$ this year on higher education for Me, My Spouse, Dependent(s)
It was for Undergraduate, Graduate, I included the 1098-T with my documents (required)

Moved: Date _____ to (City, State) _____ (Attach copies of moving/storage & travel/lodging totals). Moved 50 miles closer to work; Changed workplace/base Temporary Assignment

Made Traditional IRA or Roth Contributions. For myself \$ _____, Spouse \$ _____

I have an HSA outside of work (attach deposits & withdrawals)

Spent \$ _____ to get my return prepared last year.

Donated money to charity: total amount \$ _____. I pay \$ _____ each year for my safe deposit box.

Donated items to charity: estimated value: If over \$500 worth of items donated, we'll need to know:
Which charity? _____, What kind of items? Clothing, Furniture, Household items, (attach totals)

Spent money out of pocket on medical – include long term care premiums paid after tax (not pretax & attach totals)

Health Insurance Premiums I paid out of pocket (not paid by my employer) \$_____.

Drove _____ miles doing volunteer work for a 501c3 charity. Drove _____ miles for doctor visits.

Remember to send/bring these items (if they apply to you)

- Last Paystub from each job employed
- Last year’s Federal & State Returns
- W-2(s) from your employer(s)
- 1099 MISC forms for self-employment income
- 1099 INT (interest) and 1099 DIV (dividends)
- 1098 Mortgage Interest Statement
- Property Tax bill (if not escrowed in mortgage)
- 1098-E Student Loan Interest Statement
- 1098-T College or Graduate School Statement
- 1099-SSA form showing Social Security received
- 1099-B form from brokerage trades: stocks/bonds
- K-1 forms from Partnership, Corp., or Trust
- 1095-A for health insurance bought on exchange
- 1099-SA if you have HSA (Health Savings Account)
- Bought a new house: HUD statement (3 pages)
- Sent in quarterly Estimated Taxes: Dates & amounts: attach copies of dates & amounts

Did anything else happen this year that might influence your taxes?

These might include: received or paid alimony, carrying capital losses from last year etc.

I would like to receive:

- a printed copy of my tax return
- a digital copy of my tax return via encrypted email.
- a digital copy of my tax return on a thumb drive provided by me.
- a printed copy of my tax return by snail-mail for \$10 or cost.
- I do not want a copy of my tax return in any format above. (Keep in File)

I am solely responsible for the accuracy of the data that I provide. I understand that my return will be prepared based on the information I provide; and I will be charged an additional fee if changes have to be made to my return.I understand all forms must be signed before my tax returns are e-filed.I will keep my copy of my tax return in a safe place and understand a fee of \$10.00 (includes tracking) will be charged for a duplicate copy. NO PIN#’s or AGI’s will be given out without the paid fee.

Please read and sign below: I am paying for the time and expertise of a professional tax preparer. I understand that I will be charged for the preparation of this return before I am told the amount of my refund or liability to the IRS.I understand that my return will be prepared based on the information I provided; my documents will be available to me in the format I have checked above. I am solely responsible for the accuracy of the data that I provide.

Signature: (REQUIRED)

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