Tax N More Services LLC

		Tax Yea	r 2023: C	lient	: Intak	ce & Qu	ality Rev	iew Shee	et			
 You will need: Tax documents such as Forms W-2, 1099, 1098, 1095, etc. Social security cards or ITIN letters for all persons on your tax return. Picture ID (such as valid driver's license) for you and your spouse. 					 Please complete pages 1-2 of this form (FRONT and BACK). You are responsible for the information on your return. Please provide complete and accurate information. 							
Part I - Your Personal Information	on (If you are fil	ling a joint ret	turn, enter your r	names i	in the san	ne order as la	ast year's returi	n)				
1. Your first name:	M.I.	Last name	e:			Social Secu	urity #:		Daytime 1	Telephone #:		
2. Your spouse's first name: M.I. Last name:					Your spouse's Social Security #:				Your Spouse's Daytime Telephone #:			
3. Mailing address:				\pt #:	City:				State:	ZIP	code:	
4. Your Date of Birth: 5. Your Job Titl			6. You			ur email address:						
8. Your spouse's Date of Birth:	Your spouse's Date of Birth: 9. Your spouse's Job Title:			1	10. Spouse's email address:				9. Last year, was your spouse a Full-Time student?			
10. Can anyone claim you or your s	spouse as a de	pendent? 🗆	Yes □ No	□ Ur	nsure							
11. Have you, your spouse, or depe	endents been a	victim of tax	related identity	theft or	r been iss	ued an Iden	tity Protection	PIN? □ Yes	□ No			
Part II - Required Forms Checklis	st					Part III -	· Marital Statu	ıs and Housel	nold Informati	on		
1. Often looked over or forgotten:	Please indicate	whether or n	ot the following	applies	5-	1. As of D	December 31, 2	022, what was	your marital st	atus?		
☐ Bought, sold or traded crypto cul☐ Bought, sold or refinanced a home - ☐	-			·		□ Divorce	of Household ted	Date of final				
□ Stock gains or losses □ Cancellati	on of debt					□ Yes □	□No		ırn with the filir		ried Filing Sep	arate? (MFS)
*By leaving this section blank, I am indi	cating the above	actions do not	apply to me or my	spouse		II			□ Yes □ No g any part of th		nths of 2021?	□ Yes □ No
2. List names, information, and answ			•									
Name (first, last) Do not enter your name or spouse's name below.	Date of Birth (mm/dd/yy)	Relationship to you (for example: son, daughter, parent, etc.)	Social Security Number: (xxx-xx-xxx)	mor lived you	d in r home year	Full-time Student last year (yes/no)	Totally and Permanently Disabled (yes/no)	Can this dependent be claimed by another person?	Did this dependent provide 50% or more of his/her own support last year?	Did this dependent have less than \$4,200 of income?	Did you provide more than 50% of support for this dependent?	Did you pay more than half the cost of maintaining a home for this dependent?
						□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □ No
						□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No
						□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No
						□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No	□Yes □No

Additi	onal I	nforn	nation a	and Q	uestions Related to the Preparation of Your Return							
4 16												
1. If you are due a refund, would you like direct deposit?												
					eturn have health coverage through the Marketplace (Covered California/"Obama Care")? [Provide Form 1095-A] Yes 🗆 🗀 No 🗀 Unsure							
3. Do y	ou ha	ve pr	oof of he	ealth i	nsurance? 🗆 Yes 🗇 No 🗇 Unsure							
Check	appro	opria	te box f	or ea	ch question in each section.							
Yes	No		Unsu	re	Part III - Income - Last year, Did You (or your spouse) Receive							
					1. Wages or Salary? (Form W-2) If yes, how many jobs did you have last year? You: # of W2's Your Spouse: # of W2's							
					2. Retirement income or payments from Pensions. Annuities, and or IRA? (Form 1099-R)							
					3. Unemployment Compensation? (Form 1099-G)							
					4. Self- Employment income? (Form 1099-NEC, cash, virtual currency [Bitcoin], or other property or services) Cash Amount: \$							
					5. Refund of state/ local income taxes? (Form 1099-G)							
					6. Interest/ Dividends from: checking/savings accounts, bonds, CDs, brokerage? (Forms 1099-INT, 1099-DIV)							
					7. Alimony income or separate maintenance payments?							
					8. Income (or loss) from the sale or exchange of Stocks, Bonds, Virtual Currency, or Real Estate? (Forms 1099-S, 1099-B)							
					9. Disability income? (Such as payments from insurance, or workers compensation) (Forms 1099-R, W2)							
					10. Gambling winnings? (Form W2-G)							
					11. Social Security or Railroad Retirement Benefits? (Forms SSA-1099, RRB-1099)							
					12. Income (or loss) from Rental Property?							
					13. Other income? (Tip, Scholarships? [Forms W-2, 1098-T, 1099-MISC], lottery, prizes, awards, jury duty, Sch K-1, royalties, foreign income, other property, or services, etc.) Specify							
Yes	No		Unsu	re	Part IV - Expenses - Last Year, Did You (or Your Spouse) Pay							
			- [1. Alimony or separate maintenance payments? If yes, recipient S.S.# Date of Agreement:							
					2. Contributions to a retirement account? IRA (A) 401K (B) ROTH IRA (B) Other							
		一			3. College or post-secondary educational expenses for yourself, spouse or dependents? (Form 1098-T)							
		П			4. Any of the following? Medical & Dental (including insurance premiums) Mortgage Interest (Form 1098)							
	1		"		□ Taxes (State, Real Estate, Personal Property, Sales) □ Charitable Contributions							
			│		5. Child or dependent care expenses such as daycare? If yes- You will need Name, EIN or SS#, Address of Care Provider & Amount Spent							
		\Box		_	6. For supplies used as an eligible educator such as teacher, teacher's aide, counselor, etc.?							
		\vdash			7. Expenses related to self-employment income or any other income you received?							
					8. Student loan interest? (Form 1098-E)							
Yes	No	ш	Unsu	re	Part V – Life Events – Last Year, Did You (or Your Spouse)							
		\Box			1. Purchased or sold your property/residence?							
		一			2. Have a credit card or mortgage debt cancelled/forgiven by a lender or have a home foreclosure? (Forms 1099-C, 1099-A)							
	1 -	H		=	3. Contribute to a Health Savings Account (HSA)?							
	1 -	一			4. Have Earned Income Credit, Child Tax Credit or American Opportunity Credit disallowed in a prior year? If yes, for which tax year?							
		H		\dashv	5. Purchased a new or used plug in EV or Fuel Cell Vehicle?							
	1 -	${m H}$	-	\dashv	6. Purchase and install energy efficient solar panels for your primary residence and/or make energy efficient upgrades to your house?							
		H		\dashv								
		$oldsymbol{arphi}$		_	7. Receive the First Time Homebuyers Credit in 2008?							
		닏		_	8. Make estimated tax payments or apply last year's refund to this year's tax? If so, how much? \$							
					9. File a federal return last year containing a "capitol loss carryover" on Form 1040 Schedule D?							

Tax Payer Signature:	Date: