

Community Tax & Financial
BOOKKEEPING | TAX PREPARATION | PAYROLL | FINANCIAL PLANNING

2018 Client Data Form

Phone _____

Personal Information (Please Print)

First Name	M.I	Last Name	Social Security No.	Date of Birth
Spouses First Name	M.I	Last Name	Social Security No.	Date of Birth
Mailing Address	Apt. #	City	State	ZIP Code
County of Residence as of Jan 1, 2018			School District	

Filing Status: Single Married Filing Jointly Married Filing Separately Head of Household

Did you marry in 2018? **Yes** **No** Did you live with your spouse anytime in the last 6 months of the year? **Yes** **No** Date of Spouse's Death _____

Dependents						
Same as 2017 Tax return that Community Tax Service prepared Yes No						
Name	Social Security No.	Date of Birth	Relationship	# of Months lived in your home	EIC	
1 _____	_____	_____	_____	_____	_____	Y/N
2 _____	_____	_____	_____	_____	_____	Y/N
3 _____	_____	_____	_____	_____	_____	Y/N

Health Insurance Coverage

Did **everyone** claimed on your return have Minimum Essential **health coverage (MEC)** for every month of 2018? **YES** **NO** Exemption 1095-A
YES **NO** **YES** **NO**

If you were **covered** through the **Marketplace/Exchange** please complete the next section

Name	MEC	No MEC	Months with MEC	Months Exempt	Notes
Taxpayer			J F M A M J J A S O N D	J F M A M J J A S O N D	
Spouse			J F M A M J J A S O N D	J F M A M J J A S O N D	
Dep			J F M A M J J A S O N D	J F M A M J J A S O N D	
Dep			J F M A M J J A S O N D	J F M A M J J A S O N D	
Dep			J F M A M J J A S O N D	J F M A M J J A S O N D	

If health coverage was through the Marketplace/Exchange/Obamacare then we **must** have form **1095-A** to complete your return.

If you receive a refund would you like it Direct Deposited into an account? **Yes** **No**

Taxpayer Signature _____

Date _____

Mark the Appropriate Boxes

Yes	No	Unsure	Small Business/Rental/Farm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Do you own a Business? (Sch-C)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Do you have Rental Properties? (Sch-E)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you own and operate a Farm? (Sch-F)
Yes	No	Unsure	Income (Please provide all documents pertaining to the boxes marked YES)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Wages or Salary (W2) How Many? Taxpayer _____ Spouse _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Tips
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Scholarships/Tuition (1098-T)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Interest/Dividends (1099-INT)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Self Employment Income (1099- MISC) How many? Taxpayer _____ Spouse _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Disability Income (1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Retirement Income/Payments from Pension (1099-R)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Unemployment (1099-G)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Social Security Income (SSA-1099)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Other Income (gambling, lottery, prizes,awards, Sch K-1, royalties, cash for work not reported on 1099)
Yes	No	Unsure	Expenses- Paid by Taxpayer or Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Child Care Amount \$ _____ Name of Day Care/Sitter _____ No. of Children with care _____ Address _____ SSN or Federal ID No. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Deductions (Mortgage Interest, Charitable Contributions, State/Local Taxes, Medical)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Contributions to a individual retirement account (IRA, Roth IRA, SEP)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. For Supplies used as an eligible educator such as a teacher or counselor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Student Loan Interest (1098-E)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Homeschool or Private primary/secondary school
Yes	No	Unsure	Life Events
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have a Health Savings Account (5498-SA, 1099-SA or W-2 with code W in box 12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Purchase and Install energy-efficient home items? (Windows, Furnace, insulation)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have EIC, Child Tax Credit, or American Opportunity Credit disallowed in a prior year If yes, which year _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Credit card or mortgage debt cancelled/forgiven by a lender or home foreclosure? (Forms 1099C or 1099A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Receive the First Time Homebuyers Credit in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Make estimated payments or apply last year's refund to this year's tax?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. File a federal return last year containing a "capital loss carryover" on Schedule D?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Receive a letter from the IRS?

Additional Comments about Your Tax Return: