**2024 CLIENT INTAKE FORM**

**NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB(S)\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Deposit for refund: Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Savings Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you make a large Item purchase? Yes\_\_\_ No\_\_\_ Sales tax amount if yes $ \_\_\_\_\_\_\_\_\_ Do you or your dependents have college expense? Yes \_\_\_No \_\_\_ 1098-T? Yes\_\_\_ No\_\_\_ **Provide the bursar account detail from the school showing date/amounts paid, also cost of books and supplies for 2024.** Student Loan Interest Paid? Yes\_\_\_ No\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_ Prior Education Credit taken? Hope or AOTC (circle one) How many years taken? \_\_\_\_\_\_\_\_\_\_\_\_ Charitable Contributions made 2024\_\_\_\_\_\_\_\_\_\_\_\_\_ Documentation available? Yes\_\_\_ No\_\_\_ Do you have documentation for any credits or deductions taken? Yes \_\_\_ No\_\_\_ Were any credits or deductions reduced or disallowed by IRS in previous years? Yes\_\_\_ No\_\_\_ Did you, spouse or dependents have marketplace health insurance in 2024? Yes \_\_\_\_ No \_\_\_\_ **Must provide the 1095-A if marketplace insurance!** Significant changes in life? Marriage Divorce Death Baby Medical Job Loss Bankruptcy Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any foreign bank accounts, signature authority over any foreign account or the beneficiary of any foreign account or asset? Yes \_\_\_\_ No \_\_\_\_ Initial\_\_\_\_\_\_\_\_\_\_ If Yes – Amount of assets $\_\_\_\_\_\_\_\_\_\_ Description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***CRYPTOCURRENCY -*** Did you receive (as a reward, award, or payment for property or services) **OR** sell, exchange, gift, or otherwise dispose of a digital asset (or financial interest in a digital asset)? Yes\_\_\_ No\_\_\_ Initial\_\_\_\_\_\_\_\_\_\_ Comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, did you receive any hard forks or air drops? Yes \_\_\_ No \_\_\_ Did you engage in mining digital currency for profit? Yes \_\_\_ No \_\_\_ Provide details on all.

Are you reporting all items of income and deductions as required according to tax law as you understand it? Yes\_\_\_ No\_\_\_ Initial\_\_\_\_\_\_\_\_\_\_

Did you make any energy efficient improvements to your home? If yes, list type and cost. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase an electric vehicle? Yes\_\_\_\_ No\_\_\_\_ If yes, provide purchase information.

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

Do you have dependents? Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes**, please fill out information below: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are dependents under 19 or under 24 and a full-time student? Yes\_\_\_\_\_ No\_\_\_\_\_ Parent \_\_\_\_\_ Child/children lived with +50% of year? Yes\_\_\_ No\_\_\_ Form 8332? Yes\_\_\_ No\_\_\_ Claim released to another? Yes\_\_\_ No\_\_\_ Qualifying child of another person? Yes\_\_\_ No\_\_\_ Tie Breaker rules apply? Yes\_\_\_ No\_\_\_ **Provide documentation to prove dependent residency with you – medical/school record, child care statement, or other residency proof. Initial \_\_\_\_** Did your dependent engage in cryptocurrency activity? Yes \_\_\_ No \_\_\_

Circle your Filing Status **Single MFJ MFS QW** **HOH**

**If HOH, did you pay more than 50% of the cost of the home? Yes\_\_\_\_**  If HOH, please fill out information below. Initial\_\_\_\_\_\_

You Paid Total Cost *Exclude:* \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Property Tax *Clothing, Education, Vacations* \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Mortgage Interest *Medical Costs, Transport*ation \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Utilities *Mortgage Principal, Life Insurance* \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Repairs/Maintenance *Rental value of owned home* \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Property Insurance *Value of services provided* \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Food eaten in home \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Rent \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Other household expense \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Total each column Who lives with you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ All Year? Yes\_\_\_ No\_\_\_ **Separated** – did you live with spouse in 2023? Yes\_\_\_ No\_\_\_ If yes, Dates \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

Estimated Tax Payments? Date/Amounts for federal & State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification: DL State\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue date\_\_\_\_\_\_\_\_\_\_ Expire date\_\_\_\_\_\_\_\_\_\_ DL State\_\_\_\_\_\_\_ Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issue date\_\_\_\_\_\_\_\_\_\_ Expire date\_\_\_\_\_\_\_\_\_\_

By signing this, you acknowledge the answers given are true and correct to the best of your knowledge and Tax Time LLC is not responsible for missing or impartial information/tax forms.

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

**TAX TIME LLC** 5100 W 6TH ST H-9 Lawrence KS 66049 913-206-5047

This letter is to inform you, the taxpayer, of the services we will provide and responsibilities you have for the preparation of your tax return.

We will prepare your federal & state returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided. In the event your return is audited, you will be responsible for verifying the items reported. Tax preparation does not include bookkeeping.

**You should review the return to make sure information is correct. If you note any discrepancies, notify us within 24 hours.** After that time, the return will be e-filed and may need to be amended if corrections are needed.

**Fees must be paid upon delivery of completed return.** Fees charged for tax return preparation do not include audit representation, amending of returns, or preparing materials to respond to correspondence from taxing authorities. Preparation fees must be paid when your return is delivered to you and before your return is filed. A retainer is required for late returns, audit representation or responding to letters from taxing authorities.

This engagement to prepare your returns terminates upon delivery of your completed returns and original documents to you. **Please store your reporting documents and tax returns in a secure place for at least 7 years.**

**You agree to provide us with all income and deductible expense information. If you receive additional information after we begin working on your return, you will contact us immediately to ensure your completed tax returns contain all relevant information. You affirm that all expenses or other deduction amounts are accurate and that you have all required supporting written records. In some cases, we may ask to review your documentation. You must be able to provide hard copy records of all items included on your return if audited by either the IRS or state tax authority. We can provide guidance concerning what evidence is acceptable.**

By signing below, you acknowledge that you have read, understand and accept your obligations and responsibilities and that you understand our responsibilities in preparing your tax returns as explained above.

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

PRIVACY POLICY – We do not disclose any non-public personal information about our clients or former clients to anyone, except as instructed to do so by such clients or as required by law. We restrict access to non-public personal information to those professionals necessary to complete tax work and we maintain physical, electronic and procedural safeguards to protect your privacy.

**2024 TAX APPOINTMENT CHECKLIST**

PERSONAL INFORMATION:

* Last year’s tax return if you are a new client
* Name, address, social security number and date of birth for yourself, spouse and dependents
* Banking information for direct deposit of refund or direct pay of taxes owed – routing, account numbers, whether checking or saving, bank name
* Dependent proof of residency – school records, medical statement, anything proving residency for more than 6 months
* Head of Household only – see client update form page 2 for worksheet

INCOME DATA:

* W-2 for wages, 1099 for unemployment
* 1099-INT DIV S for Interest/dividend income/stock sales
* 1099-G State/local refund received if itemized prior year
* Social Assistance income
* 1099-R Pension, 401, IRA, Annuity Income
* K-1 Contract/Partnership/Trust/Estate/S-Corp Income Statements
* W-2G Gambling/Lottery W-2’s, records of income/losses, prizes
* Alimony Income, date of divorce, divorce decree if possible
* Rental Income & Expense
* Self-Employment income & expense records
* Foreign Income
* 1099-HSA Health Savings Account Disbursement for medical paid

EXPENSE DATA REQUIRED

* Dependent Care statement from provider
* Education/Tuition Costs – form 1098-T – also costs for books & supplies
* Estimated Tax amounts paid to Federal, State and Local governments with date and amount paid
* Charitable Giving Statements
* IRA Contribution Record – Traditional or ROTH
* Out of Pocket Medical Expenses not covered by insurance or paid for with before tax funds
* Mortgage Loan Interest Statement, Real Estate Taxes, Property Taxes

Kansas allows taxpayers to itemize even if they use the standard deduction for federal so be sure to bring mortgage, property tax, charitable and out of pocket medical (if applicable)