



Personal Information:

Taxpayer Name:

Name Change? If Yes, Previous Last Name:

Social Security #:

Date of Birth:

Occupation:

Cell Phone:

Email:

Currently on Military Active Duty?

☐ Yes☐ No

Spouse Name:

Name Change? If Yes, Previous Last Name:

Social Security #:

Date of Birth:

Occupation:

Cell Phone:

Email:

Currently on Military Active Duty?

☐ Yes☐ No

Address:

Street

City

State

ZIP

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

If widowed, date of spouse's death:

Are you or can you be claimed as a dependent on someone else's tax return?

☐ Yes☐ No

Bank Debit or Direct Deposit Information:

Type: ☐ Checking ☐ Savings

Bank Name:

Routing Number:

Account Number

For new account information, please provide a voided check.

Dependents - For existing clients, please provide info ONLY for NEW dependents

First Name	Last Name	SSN	Relationship	Months Home	Date of Birth	Fulltime Student (Y/N)	Disabled (Y/N)

Tell us about last year...

Health Insurance Coverage:

Were you and your dependents covered by health insurance for the entire year?

☐ Yes ☐ No

Did you receive health insurance through the marketplace? (If yes, please provide form 1095-A)

☐ Yes ☐ No

Multiple State Residencies:

If you lived in more than one state during the year, provide date ranges for each:

City, State:	From:	To:
City, State:	From:	To:

Did you move into or out of **NYC** during the year?

☐ Yes ☐ No

Date of move:

☐ Moved **into** NYC

☐ Moved **out** of NYC

Childcare expenses (**for dependents under age 13)

Provider #1 Name:	Tax ID #/SSN:
Address:	Amount Paid:

Provider #2 Name:	Tax ID #/SSN:
Provider Address:	Amount Paid:

Medical Expenses (**only amounts paid during tax year - please provide supporting documentation)

Insurance Premiums:	Co-pays:
LTC Premiums	Prescriptions:
Medical/Dental:	Mileage:

Estimated Tax Payments (Must provide dates and amounts)

Federal:

State ____:

State ____:

Federal

Extension:

Amount

Date

State ____

Extension:

Amount

Date

Ira Contributions

Taxpayer:	Traditional	Roth
Spouse:	Traditional	Roth

Document Checklist

The following is a list of some common items needed to complete tax returns. This list is not conclusive and not all may apply to your individual situation. (****For organizers, please refer to www.mikeparisitax.com/organizers****)

PERSONAL INFORMATION

- ☐ Client Organizer (**REQUIRED** for New Clients; **recommended** for existing clients)
- ☐ Last Year's Tax Return (**REQUIRED** for New Clients)
- ☐ Social Security Numbers and Birth Dates (for all individuals listed on the tax return)
- ☐ Birth Certificates (**REQUIRED** for newly listed dependents)
- ☐ Death Certificate (**REQUIRED** if taxpayer or spouse died during tax year)

INCOME

- ☐ W-2 from **all** employers
- ☐ 1099-NEC - Self-employed/gig/ind. contractor work (must provide completed Profit & Loss Organizer)
- ☐ 1099-MISC - Rents, royalties, or other miscellaneous income
- ☐ 1099-G - Unemployment compensation and/or state tax refunds
- ☐ 1099-R - Distributions from pensions, IRAs, and annuities
- ☐ 1099-SA - Social security benefits
- ☐ 1099-INT - Interest income
- ☐ 1099-DIV - Dividend income
- ☐ 1099-B - Proceeds from stock transactions (provide stock purchase price if not listed on statement)
- ☐ W-2G - Gambling winnings (provide losses as well)
- ☐ Schedule K-1 - Income from Partnerships/S-corps, Trusts, Estates
- ☐ Alimony Received - *for agreements dated 12/31/2018 or earlier*
- ☐ 1099-S - Sale of Real Estate (must provide closing statement & completed Sale of Property Organizer)
- ☐ Rental Income Organizer (new clients with pre-existing Rentals must provide Depreciation schedule)
- ☐ 1099-Q - Distributions from Qualified Tuition Plans

DEDUCTIONS / ADJUSTMENTS / CREDITS

- ☐ 1098 - Mortgage Interest Statement (for all mortgages incl. HELOCs)
- ☐ Real Estate Taxes Paid (all properties)
- ☐ Estimated Income Tax Payments for Federal or State(s) (must provide dates)
- ☐ Alimony Paid (provide name, SSN, & address of recipient) - *for agreements dated 12/31/2018 or earlier*
- ☐ 1098-T - Education Expenses from Qualified Institution
- ☐ 1098-E - Student Loan Interest Paid
- ☐ Qualified Tuition Plan Contributions (must provide end of year statement) - *i.e. 529 plans*
- ☐ Childcare Expenses Paid *for dependents under 13 (must provide full name, address, & Tax ID or provider)*
- ☐ Retirement Plan Contributions *for IRAs, Keogh, etc* (must specify type and provide amounts)
- ☐ Medical Expense Receipts/Statements (must exceed 7.5% of adjusted gross income)
- ☐ Unreimbursed Work Expenses (i.e. Union Dues)
- ☐ Charitable Contribution Receipts/Statements (cash or non-cash must be clearly stated)