



## Tax Advantage

### Individual Tax Preparation Intake Form

**How did you hear about us?**

<input type="checkbox"/> Facebook	<input type="checkbox"/> Google	<input type="checkbox"/> Email Marketing
<input type="checkbox"/> Twitter	<input type="checkbox"/> Craigslist	<input type="checkbox"/> Advertising (Newsletters or Flyers)
<input type="checkbox"/> Instagram	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other (please specify):

**Filing Status:** ☐ Single ☐ Married Filing Jointly ☐ Married Filing Separately ☐ Qualifying Widow(er) ☐ Head Of Household

**Your First, Initial, Last Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**DOB [XX/XX/XXXX]:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone [(XXX) XXX - XXXX]:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Social Security Number [XXX - XX - XXXX]:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **US Citizen:** ☐ Yes ☐ No

Are you claiming yourself? ☐ Yes ☐ No Claimed by someone else? ☐ Yes ☐ No

**E-Mail:** \_\_\_\_\_@\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

Do you have an HSA? ☐ Yes ☐ No Family [0 - 15+]: \_\_\_\_\_ Self [0 - 15+]: \_\_\_\_\_

Value of HSA Dec 31, 2018: \_\_\_\_\_ 1099-SA: ☐ Yes ☐ No

Did you have Health Insurance in 2018? ☐ All Year ☐ Part of the year, check months of Coverage below:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Did you acquire Health Ins. through the Market Place? ☐ Yes ☐ No Did you receive a 1095-A? ☐ Yes ☐ No

#### **Required To Help Prevent Identity Theft:**

Driver's License Number [Example CO: XX - XXX - XXXX]: \_\_\_\_-\_\_\_\_-\_\_\_\_

OR

State ID Number [Example CO: XX - XXX - XXX]: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Issue Date [XX/XX/XXXX]:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Issuing State [Example CO]:** \_\_\_\_

**Expiration Date [XX/XX/XXXX]:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Does Not Expire (State ID Only):** \_\_\_\_/\_\_\_\_/\_\_\_\_



Spouse's First, Initial, Last Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

DOB [XX/XX/XXXX]: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone [(XXX) XXX - XXXX]: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Social Security Number [XXX - XX - XXXX]: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ US Citizen: ☐ Yes ☐ No

Mailing address is the same? ☐ Yes ☐ No, Mailing address is different.  
 Address Street/RFD#, P.O. Box, or URB: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Are you claiming yourself? ☐ Yes ☐ No Claimed by someone else? ☐ Yes ☐ No

E-Mail: \_\_\_\_\_@\_\_\_\_\_

Do you have an HSA? ☐ Yes ☐ No Family [0 - 15+]: \_\_\_\_\_ Self [0 - 15+]: \_\_\_\_\_Value of HSA Dec 31, 2018: \_\_\_\_\_ 1099-SA: ☐ Yes ☐ NoDid you have Health Insurance in 2018? ☐ All Year ☐ Part of the year, check months of Coverage below:☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ DecDid you acquire Health Ins. through the Market Place? ☐ Yes ☐ No Did you receive a 1095-A? ☐ Yes ☐ No**Required To Help Prevent Identity Theft:**

Driver's License Number [Example CO: XX - XXX - XXXX]: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

OR

State ID Number [Example CO: XX - XXX - XXX]: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Issue Date [XX/XX/XXXX]: \_\_\_\_/\_\_\_\_/\_\_\_\_ Issuing State [Example CO]: \_\_\_\_

Expiration Date [XX/XX/XXXX]: \_\_\_\_/\_\_\_\_/\_\_\_\_ Does Not Expire (State ID Only): \_\_\_\_/\_\_\_\_/\_\_\_\_

Would you like Tax ADVANTAGE to discuss your return with the IRS if needed? \_\_\_\_\_

Did you make Estimated Quarterly Tax Payments? \_\_\_\_\_

Total Federal Payments Paid: \_\_\_\_\_ Total State Payments Paid: \_\_\_\_\_

Did you or your dependents have any tuition expenses? \_\_\_\_\_

Do you have child care expenses? ☐ Yes ☐ No (Please provide statement from child care facility)Did you make any energy star rated improvements to your home? (windows, doors, furnace) ☐ Yes ☐ NoDo you own your home? ☐ Yes ☐ No Do you have receipts for property taxes paid in 2017? ☐ Yes ☐ No

## BANKING PRODUCTS:

Use Account For: ☐ Refund ☐ Balance Due

Date the balance due should be withdrawn from your account: \$ \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

☐ Checking

☐ Savings

☐ Refund Advance Loan

☐ Refund Transfer

### Complete This Section If You Are Filing An Itemized Return

Did you itemize last year? ☐ Yes ☐ State Refund Amount ☐ No

Mortgage Interest: \_\_\_\_\_

Auto Registration: \_\_\_\_\_

Property Taxes: \_\_\_\_\_

Unreimbursed Job Expenses: \_\_\_\_\_

Tax Preparation Fee: \_\_\_\_\_

Charitable Contributions: \_\_\_\_\_

Union Dues: \_\_\_\_\_

Medical Expenses: \_\_\_\_\_

### Dependents:

Will your dependents be claimed by someone other than yourself? ☐ Yes ☐ No

Did your children have Health Insurance in 2018? ☐ All Year ☐ Part of the year, check months of Coverage below:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Did your children acquire Health Ins. through the Market Place? ☐ Yes ☐ No

How Many Months Did Your Child/Children Live With You? [1 - 15+] \_\_\_\_\_

Child First, Initial, Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB [XX/XX/XXXX]: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number [XXX - XX - XXXX]: \_\_\_\_ - \_\_\_\_

Child First, Initial, Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB [XX/XX/XXXX]: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number [XXX - XX - XXXX]: \_\_\_\_ - \_\_\_\_

Child First, Initial, Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

DOB [XX/XX/XXXX]: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number [XXX - XX - XXXX]: \_\_\_\_ - \_\_\_\_



## Tax ADVANTAGE, LLC

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### **General Engagement Letter For Tax Return Preparation**

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

#### **Tax Return Preparation**

- We will prepare your 2018 federal and state tax returns based on information you provide. Services for preparation of your return do not include auditing or verification of information provided by you.
- This engagement does not include any audit or examination of your books or records. In the event your return is audited, you will be responsible for verifying the items reported.
- You must review the return carefully before signing to make sure the information is correct.
- The tax preparation fee does not include bookkeeping.
- Fees must be paid before your tax return is delivered to you or filed for you. If you terminate this engagement before completion, you agree to pay a fee for work completed.
- Fees charged for tax return preparation do not include audit representation or preparing materials to respond to correspondence from taxing authorities.
- Preparation fees do cover limited assistance and consultation during the year.
- The engagement to prepare your 2018 tax returns terminates upon the delivery of your completed returns and original documents to you. Please store your supporting documents and copies of your tax returns in a secure place for at least seven years.

#### **Taxpayer Responsibilities**

- You agree to provide us 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 will ask to review your documents.
- You must be able to provide written records of all items included on your return if audited by either the IRS or state taxing authority. We can provide guidance concerning what evidence is acceptable.

**Signatures.** By signing below, you acknowledge that you have read, understand, and accept your obligations and responsibilities and that you understand our responsibilities in preparing you tax returns as explained above. For a joint return, both tax payers must sign.

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Taxpayer

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Spouse

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Date

**Privacy Policy.** The nature of our work requires us to collect certain nonpublic personal information about you from various sources. We collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with our clients and affiliates. We may also review banking and credit card information about our clients in the performance of receipt of payment. Under our policy, all information we obtain about you will be provided by you or obtained with your permission. Our firm has procedures and policies in place to protect your confidential information. We restrict access to your confidential information to those within our firm who need to know in order to provide you with services. We will not disclose your personal information to any third party without your express permission, except where required by law. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access. Please contact us with any questions regarding our privacy policy.