

TUCSON, AZ 85716 FAX: (520) 441-9098 **CLIENT TAX INFORMATION SHEET**

NOTE: New clients please fill in all boxes on top half of page – returning clients indicate only where there are changes.

Taxpayer Information: Spouse Information:

NAME:	NAME:
DATE OF BIRTH:	DATE OF BIRTH:
SS NUMBER:	SS NUMBER:
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
DAYTIME PHONE:	DAYTIME PHONE:
EMAIL ADDRESS	EMAIL ADDRESS:
OCCUPATION:	OCCUPATION:

Dependent(s) Information:

DEPENDENT NAME (First, Middle Initial, Last)	DATE OF BIRTH	DEPENDENT'S SOC. SEC. NUMBER	RELATIONSHIP TO TAXPAYER	MONTHS LIVED IN YOUR HOME

If any dependent child did not live with you, write child's name here:

Can another taxpayer claim you or your spouse as a dependent (Circle One) YES NO

Did you have Child/Dependent care expenses? (Circle One) YES NO

Sources of Income (Check All That Apply & Provide All Necessary Documentation):

Salary/Wages – W-2	Mutual Fund Distributions 1099	Sold a Residence (Settlement statement/s needed)
SS/Railroad Retirement	Cash Payments/Gifts	Installment Sale
Lottery/Gambling Winnings	Partnership/S-Corp – K-1	Alimony Received
Self-Employed/Business Income	Municipal Bonds	Pension / Retirement Income
Sold Any Stocks/Bonds (1099-B & cost info needed)	Sold Other Real Estate (Settlement statement needed)	Sold Any Business Assets (Sale and original cost info needed)
Interest – 1099-INT	Estate/Trust – K-1	Tip Income
Independent Contractor 1099	Farm Income	Rental Property Income
IRA Distributions	Unemployment	Other Income (Details needed)
Dividends – 1099-DIV	Military BAS/BAH	Commissions/Fees

SIMPLY ACCOUNTING, HR, & TAXES

PHONE: (520) 838-0856 2761 N COUNTRY CLUB RD, SUITE 101 TUCSON, AZ

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FAX: (520) 441-9098 **IRA Contributions/Other Expenses (Check All That Apply &****Provide All Necessary Documentation):**

Traditional IRA	Roth IRA	SIMPLE IRA
SEP	KEOGH	Alimony Paid
Fed. Estimated Tax Payments	State Estimated Tax Payments	Job Related Moving Expenses
Student Loan Interest	Educational Expenses	

Itemized Deductions (Check All That Apply & Provide All Necessary Documentation):

Medical Expenses	Skilled Nursing Care	State & Local Taxes
Doctors	Medical Insurance	Home Real Estate Taxes
Dentists	Dental Insurance	Other Real Estate Taxes
Other Medical Professionals	Long Term Care insurance	Personal Property Tax (Auto, Boat, etc.)
Prescription Drugs	Medicare Part B	Other State or Local Tax
Surgical Procedures	Medical Transportation	Casualty or Theft Loss

Medical Lab Fees	Medical Miles Driven in Your Vehicle	Charitable Contributions (Receipts Required for All Donations)
Hospitals	Other Medical	Miscellaneous Deductions
Glasses & Contact Lenses	Mortgage Interest Paid	Tax Return Preparation Fee (2023)
Medical Equipment Rental	Mortgage on Main Home	Gambling Losses
Prescribed Physical Aids	Mortgage on Second Home	Second Job Mileage

Please Answer All Questions – For Yes Answers, provide details on the lines below:

1.	Has the IRS or any state or local taxing agency notified you of any change to a prior year tax return?	Yes	No
	Are any dependents claimed by you not citizens or residents of the U.S.?	Yes	No
	Did you or your spouse receive income from any source not listed elsewhere in this questionnaire?	Yes	No
	Did you or your spouse barter goods or services with others?	Yes	No
	Did you or your spouse receive any distributions from an IRA, pension, or profit-sharing plan?	Yes	No
	Do you have any children aged 14 or under who have investment income?	Yes	No
	Do you expect any significant changes in income, tax withholding or tax liability in the next year?	Yes	No
	Did you or your spouse make gifts to any individual of more than \$11,000?	Yes	No
	Did you or your spouse receive educational benefit payments from your employer?	Yes	No
	Did you or your spouse become disabled during the year?	Yes	No
	Are you or your spouse handicapped employees?	Yes	No
	Do you or your spouse have a foreign bank or investment account?	Yes	No
	Did you or your spouse have earned income and living expenses while working outside of the United States?	Yes	No
	Did you or your spouse open a health savings account (HSA) during the year?	Yes	No
	Did you receive reimbursement from insurance or another source for prior year casualty losses or medical deductions?	Yes	No

To the best of my (our) knowledge, the answers to this questionnaire are accurate, correct, and complete. In addition, any totals given without supporting documentation are accurate, correct, and complete.

(Taxpayer) (Spouse)

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AZ 85716 FAX: (520) 441-9098 **Any Tax Related Questions**