

To report Business, Rental, or Farm income, an organizer can be obtained from our website at www.churchwelltax.com/resources

1. Personal Information

A. Taxpayer

First & Last Name

Social Security Number

Date of Birth

Occupation

Cell Phone

E-mail

Legally Blind? ☐ Yes ☐ No Legally Disabled? ☐ Yes ☐ NoCovered by Health Insurance All Year? ☐ Yes* ☐ No**

Due to new IRS identity theft procedures, please provide us a copy of your current drivers license. You may provide a clear photocopy, or email a legible photo of your drivers license to: tax@churchwelltax.com.

B. Spouse

First & Last Name

Social Security Number

Date of Birth

Occupation

Cell Phone

E-mail

Legally Blind? ☐ Yes ☐ No Legally Disabled? ☐ Yes ☐ NoCovered by Health Insurance All Year? ☐ Yes* ☐ No**

Due to new IRS identity theft procedures, please provide us a copy of your current drivers license. You may provide a clear photocopy, or email a legible photo of your drivers license to: tax@churchwelltax.com.

C. Primary Contact

Who should we contact with questions about your tax return information?

☐ Taxpayer ☐ Spouse ☐ 3rd Party Representative

Best Contact Phone Number

Best Contact Email Address

For 3rd Party Representatives:

Representative Name

Relationship to Taxpayer

3rd party representatives may be required to provide a Power of Attorney or other documentation authorizing them to represent the taxpayer with our office and the tax agencies.

*If insurance provided by Covered California, you must provide form 1095-A.

**If partial year coverage please indicate months of coverage on a separate sheet.

D. Marital Status

☐ Married : ☐ File Jointly ☐ File Separately (MFS)*

*If MFS: Number of Months lived with spouse during year: _____

☐ Single☐ Recent Widow(er) Date of Spouse's Death: _____

E. Primary (Mailing) Address

Street

City

State/Zip _____ / _____

Home Phone

If the above address is not your physical address, such as a PO Box, please provide the city and state of your physical address:

City/State _____ / _____

Residence Type: ☐ Own ☐ Rent ☐ N/A

If you moved between States last year, on a separate sheet please provide information for all States you have lived during the year, including location, dates you lived there, and reason for moving to/from that location.

F. Digital Return & E-File Authorizations

Do you want your return copy to be provided digitally? ☐ Yes ☐ NoDo you want to sign the E-file Authorization forms digitally? ☐ Yes ☐ No

Digital services are provided through our online tax portal. If you are not already enrolled, our office will send you a login notification email.

G. Earned Income Tax Credit

Have you previously qualified for the EITC? ☐ Yes ☐ NoNotified by the IRS that you are ineligible? ☐ Yes ☐ NoAny prior EITC claim disallowed by IRS? ☐ Yes ☐ No

Please Note: To comply with new IRS rules for tax preparers, we may require additional documents to substantiate your EITC eligibility. Our office will contact you if anything else is required.

H. Direct Deposit/Payment

Direct Deposit Refund? ☐ Yes ☐ NoAutomatic Withdrawal Balance Due? ☐ Yes ☐ NoBank Account Info Same as Last Year? ☐ Yes ☐ No

Bank Name

Routing Number

Account Number

Account Type: ☐ Checking ☐ Savings

2. Dependent Information

A. Dependent 1

First & Last Name	
Relationship	Date of Birth
Social Security Number	
Covered by Health Insurance All Year?	<input type="checkbox"/> Yes* <input type="checkbox"/> No**
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income	
Months lived with taxpayer during tax year	
Could this dependent be claimed by another taxpayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If subject to Joint Custody, are you the Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Dependent 2

First & Last Name	
Relationship	Date of Birth
Social Security Number	
Covered by Health Insurance All Year?	<input type="checkbox"/> Yes* <input type="checkbox"/> No**
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income	
Months lived with taxpayer during tax year	
Could this dependent be claimed by another taxpayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If subject to Joint Custody, are you the Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Dependent 3

First & Last Name	
Relationship	Date of Birth
Social Security Number	
Covered by Health Insurance All Year?	<input type="checkbox"/> Yes* <input type="checkbox"/> No**
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income	
Months lived with taxpayer during tax year	
Could this dependent be claimed by another taxpayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If subject to Joint Custody, are you the Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Dependent 4

First & Last Name	
Relationship	Date of Birth
Social Security Number	
Covered by Health Insurance All Year?	<input type="checkbox"/> Yes* <input type="checkbox"/> No**
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Gross Income	
Months lived with taxpayer during tax year	
Could this dependent be claimed by another taxpayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If subject to Joint Custody, are you the Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Preliminary Questionnaire

The checklist below could lead to helpful deductions. Please answer and provide supporting information.

- | YES | NO | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you owe Federal taxes when filing last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you owe State taxes when filing last year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any virtual currency, such as Bitcoin last year? If yes, please be sure to review Section 4-D. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you owe California Use tax on items purchased out of state where sales tax was not paid, such as online purchases, or while traveling? If yes, please provide additional information on a separate sheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse pay any interest on a student loan? If yes, provide form 1098-E. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you contribute to a Qualified State Tuition Plan, other than California? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your college student receive educational benefits under a prepaid tuition program? If yes, provide 1099-Q form issued. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are an educator, did you have unreimbursed work-related expenses? Amount: \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay alimony? If yes please provide Name, Social Security Number, Amount Paid, and Year divorce finalized on a separate sheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any adoption expenses? If yes, please list on a separate sheet. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you give a gift of more than \$15,000 to one or more people? If yes, provide detailed explanation. |
| <input type="checkbox"/> | <input type="checkbox"/> | *If answer to prior question was "Yes," have you filed gift tax returns in the past. If yes, please provide a copy of the filed return(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a foreign bank account, trust, or business? If yes, please provide details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you own more than \$50,000 in foreign financial assets? If yes, please provide details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive gifts in excess of \$100,000 from a foreign person and/or in excess of \$16,111 from a foreign entity? If yes, please provide details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you wish to designate \$3 of your taxes to the Presidential Campaign Fund (each spouse if MFJ)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase an alternative fuel motor or electric vehicle? If yes, please provide a copy of your sales contract. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make qualified energy improvements, such as energy efficient windows, doors, or metal roofs? If yes, please provide a copy of your purchase contract, including a breakdown between material and labor costs. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase alternative energy sources for your personal residence, such as solar water heaters, solar electric equipment, geothermal heat pumps or wind turbines and fuel cell plants? If yes, please provide a copy of your purchase contract. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance a mortgage? If yes, please provide the refinance closing statement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you go through bankruptcy proceedings? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a property foreclosed on, have a short sale, or relinquish a property in lieu of foreclosure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts canceled or forgiven? Include any form 1099-A and/or Form 1099C received. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse contribute or make withdrawals from a Health Savings Account (HSA)? |
| <input type="checkbox"/> | <input type="checkbox"/> | *If answer to prior question was "Yes," were all HSA withdrawals used for eligible medical expenses? (Leave blank if does not apply) |

4. Income

A. W-2 Wages

Please provide W-2 forms (Required)

B. Interest & Dividend Income

Please provide 1099-INT and 1099-DIV forms (Required)

C. Investment Income/Loss

Please provide any related 1099 forms and brokerage statements showing **Dates Acquired, Purchase Price, Date Sold, and Sales Price.**

D. Virtual Currency

Please provide any related 1099 forms and brokerage statements showing **Dates Acquired, Purchase Price, Date Sold, and Sales Price.**
For virtual currency transactions not reported on a brokerage 1099 form, such as coins held in a private wallet, you will need to provide a completed form 8949. This can be generated through many 3rd party services.

E. 1099-MISC Income

Please provide 1099-MISC forms. Complete a "Business Income" organizer if appropriate

F. Other Income (Indicate Amount)

You Spouse

Partnership, Trust, or S-Corp (Provide K-1 copies)

State Tax Refund (Provide 1099-G)

Social Security (Provide SSA-1099)

Pension Income (Provide 1099-R)

Unemployment Compensation (Provide 1099-G)

Gambling Winnings (Provide W-2G)

Debt Forgiven (Provide 1099-C and/or 1099-A)

Alimony Received (Provide year divorce finalized)

Other (Specify):

5. IRA

	You	Spouse
Do you participate in an Employer Retirement Plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you convert a traditional IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>

A. Traditional IRA, Keogh & SEP Plans

Contributions (Provide 5498 form)

Withdrawals (Provide 1099s)*

Rollovers

B. Roth IRA

Contributions (Provide 5498 form)

Withdrawals (Provide 1099s)*

Rollovers

*Please indicate reason for withdrawal if under age 59½

6. Property Sold

Please provide the following information:

- 1099-S (if received)
- Closing Statement and/or HUD-1
- Original Purchase Date & Price
- Cost and description of improvements made to the property
- Any prior depreciation taken on the property

7. Estimated Taxes Paid

Do not include payments for the prior year taxes that were paid when filing last year's tax return, only tax deposits made that are applied to the current year. If you paid a state other than California, please indicate which state. You may provide this information on a separate sheet if needed.

Payment Due	Date Paid	Federal	State
Applied from last year's refund	-----		
First Quarter			
Second Quarter			
Third Quarter			
Fourth Quarter			

8. Child or Dependent Care

A. Care Provider #1 (All fields required)

Dependent Name

Amount Paid

Care Provider

Address care was provided at

Provider Phone Number

Provider SS# or Employer ID#

B. Care Provider #2 (All fields required)

Dependent Name

Amount Paid

Care Provider

Address care was provided at

Provider Phone Number

Provider SS# or Employer ID#

C. Care Provider #3 (All fields required)

Dependent Name

Amount Paid

Care Provider

Address care was provided at

Provider Phone Number

Provider SS# or Employer ID#

9. Itemized Deductions

If you are filing married separate: If one spouse itemizes deduction, both must.

A. Medical Expenses

Medical Insurance Premiums	
Medicare Insurance Premiums	
Long Term Care Insurance	
Fees for Doctors & Dentists	
Acupuncture & Chiropractic Care	
Fees for Hospitals	
Prescription Drugs	
Nursing Care	<input type="checkbox"/> In Home
Eye Exams, Glasses, Contact Lenses, Contact Lens Solution	
Hearing Aids & Batteries	
Ambulance & Paramedics	
Auto Miles (To and from Medical Treatment)	
Travel Expenses (Parking, Taxi, Lodging, Etc.)	
Other (Specify):	

B. Taxes Paid (Not including business & rental expenses)

Real Estate Taxes (Please provide a copy of Property Tax Bill with parcel number):

Check if claiming home office expense on your Schedule C ☐ Home Office

Primary Residence Real Estate Tax
Additional Home Real Estate Tax
Investment Property (non-rental) Real Estate Tax
Vehicle "License Fees" (Not the entire registration amount)
Personal/Non-Real Estate Property Tax (Boats, Etc.)
Sales Tax on Large Purchase (Car Purchase, Etc.)
Income Taxes Paid to another State (Specify)
Prior year State income taxes paid (not interest & penalties)
City, County, and Local Taxes (Specify)

C. Cash Contributions

Recipient:	Amount:
Recipient:	Amount:
Recipient:	Amount:

D. Non-Cash Contributions

It total donations exceed \$500 you **must** provide the dates, locations, and a detailed description of the items donated on a separate sheet. See the Salvation Army Valuation Guide for help determining the value of items donated.

Recipient:	Item:	Value:
Recipient:	Item:	Value:
Recipient:	Item:	Value:

E. Other Deductions

Gambling Losses (Only to extent of winnings)

Tax Prep Fees (State Deduction Only)

Casualty Loss—Describe:

F. Job Related Moving Expense

Miles from Old Home to New Job

Miles from Old Home to Old Job

Transportation Costs

Travel Costs (Do not include meals)

Other (Specify):

Amount Reimbursed by Employer

10. Higher Education Expense

You **must** provide Form 1098-T if one was issued by the school (often provided online).

Enter "Taxpayer," "Spouse," or the dependent's name on the lines below before completing Parts A & B.

Student 1:

Student 2:

A. Tuition Credit

Student 1

Student 2

Check if Full-Time Student	<input type="checkbox"/>	<input type="checkbox"/>
# Prior Years Completed		
Have High School Diploma or GED?		
For Degree or Credential Program?		
Ever convicted of a drug related felony?		
Tuition Cost		
Fees & Course Materials Cost		
Books, Supplies, Equipment Cost		

B. Continuing Education

Student 1

Student 2

Tuition & Fees Cost	
Books & Supplies Cost	

11. Homes & Land

A. Property Info

Please provide information on the homes and property you owned during the year.
Attach additional sheets as needed:

Property 1 Address or Description:

Property 2 Address or Description:

Property 3 Address or Description:

B. Property Details

	Property 1	Property 2	Property 3
Primary Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bare Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying RV/Travel Trailer/Vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Property (Sch D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Property (Sch E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Property (Sch C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchased During the Year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sold During the Year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acquired/Sold through 1031 Exchange?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Interest Expense (Not including business & rental expenses)

Primary Residence Mortgage Interest (Provide 1098):

Mortgage Interest Paid

Date Mortgage Acquired

Mortgage Balance at Year End

Home Equity Mortgage Interest (Provide 1098):

Home Equity Mortgage Interest Paid

Date Home Equity Loan Acquired

Home Equity Loan Balance at Year End

2nd Home Mortgage Interest (Provide 1098):

Mortgage Interest Paid

Date Mortgage Acquired

Mortgage Balance at Year End

Additional Home/Property Mortgage Interest Paid:

D. Energy Efficient Home Improvements

Improvement: Cost:

Improvement: Cost:

Improvement: Cost:

Improvement: Cost:

12. Un-reimbursed Employee Expense

The recent changes to the tax laws have eliminated the Federal deduction for Unreimbursed Employee Expenses, however you may still qualify for a deduction on your State Tax Return.

Who are these expenses for: ☐ Taxpayer ☐ Spouse

If both spouses have expenses, please list the spouse's on a separate sheet.

A. Non-Reimbursed Employee Expenses

Union & Professional Dues

Meals

Entertainment

Insurance (Malpractice, E&O, Etc.)

Occupational License, Fees, Credentials, Etc.

Publications & Journals

Telephone

Tools costing less than \$500

Tools over \$500 each -- Provide Description, Price, & Date of Purchase on a Separate Sheet

Supplies

Uniforms

Uniform Cleaning

Other:

B. Business Travel (As Un-reimbursed Employee)

Airfare, Train, Etc.

Lodging (Not including meals)

Meals

Auto Rental, Bus, Taxi, Etc.

Laundry

Non-Reimbursed Miles Driven

Other (Specify):

C. Business Vehicle Expense (As Un-reimbursed Employee)

Vehicle Make/Model/Year

Date Purchased

Beginning/Ending Mileage for Year /

Total Miles (Including Personal)

Commute Miles

On-the-Job Miles

Is the vehicle leased? ☐ Yes ☐ No

Do you have written records to support use? ☐ Yes ☐ No

Was another vehicle available for personal use? ☐ Yes ☐ No

Cost of Fuel, Repairs & Maintenance

Cost of Insurance, License & Fees

12. Employee Expense (Continued)

D. Employee Home Office

For Employee Home Office Only.

To qualify, an "office in the home" must be used exclusively and on a regular basis (a) as your principal place of business, or (b) by patients, clients, or customers in meeting and dealing with you in a normal course of business. A home office will qualify as your principal place of business if: 1) You use it exclusively and regularly for the administrative or management activities of your trade or business, and 2) You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. If you are an employee, the home office use must also be for the convenience of the employer. Enter 100% of home taxes and mortgage interest under Itemized Deductions on Sections 7B&C.

Area of Home

Total Square Footage of Home

Square Footage of Area used for Business

Home Office Expenses

\$ Amount	Expense applies to:	
Insurance	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Rent	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Repairs & Maint.	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Utilities	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Other (Specify):	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only
Other (Specify):	<input type="checkbox"/> Entire Home	<input type="checkbox"/> Office Only

13. Signature

To the best of my knowledge, all of the information contained within this document is true, correct, and complete.

Taxpayer:

Date:

Spouse:

Date:

Please attach an additional sheet with any Questions, Comments, or Notes.

OFFICE USE ONLY

☐ New Client

Ref By:

☐ ETO

☐ SP

☐ BK

☐ PR

Notes