	OLTERIT TRICODALATION						
	CLIENT INFORMATION Name Date In						
	Address Info Taken By: City/ State/Zip *E-mail						
	Drimary Phone: \(\Pi\) Cell	 П Ноте	□ Work				
ERAL		Number Da					
	FILING STATUS	TAXPAYER		SPOUSE			
9	☐ Single	SSN					
EN 1	☐ Married-Joint	DOB DOB					
	☐ Married-Separated	DOD DOD					
R	Head of Household	IP PIN# IP PIN#					
SC		xes <u>IDENTITY THEFT</u>					
	☐ Property Tax Credit: Social Security SSA-1099 Real Estate Tax Receipt						
	Receipt or letter from landlord stating amount of rent paid						
	Received, sold, sent, exchanged or acquired virtual currency? YESNO						
F	<u>DEPENDENTS</u>						
DA			#3-NAME				
Z W		Relationship					
EPENDANT		SSN					
2-D		DOB					
EEN		Student					
ZEE		Months lived with taxpayer					
SCR	*LIST ADDITIONAL DEPENDENTS	Filing Own Return IN NOTES	Filing Own	Ketuiii			
ן נט	FILING OPTIONS & DIRECT DEPOSIT						
<u>5,</u>	FILING OPTIONS & DIRECT	T DEPOSIT					
<u> </u>	FILING OPTIONS & DIRECT GAVE VOIDED CHECK	T DEPOSIT					
<u> </u>	GAVE VOIDED CHECK □	T DEPOSIT					
L	GAVE VOIDED CHECK NAME OF BANK						
	GAVE VOIDED CHECK ☐ NAME OF BANK ROUTING # SAVINGS ☐ CHECKING						
DIRECT DEPOSIT 6	GAVE VOIDED CHECK ☐ NAME OF BANK ROUTING # SAVINGS ☐ CHECKING						
Ŀ	GAVE VOIDED CHECK ☐ NAME OF BANK ROUTING # SAVINGS ☐ CHECKING						
DIRECT DEPOSIT	GAVE VOIDED CHECK ☐ NAME OF BANK ROUTING # SAVINGS ☐ CHECKING						
_	GAVE VOIDED CHECK ☐ NAME OF BANK ROUTING # SAVINGS ☐ CHECKING						

	INCOME CHECKLIST	LINICARDI OVANCAIT	CTUDENTI			
1E	INCOME CHECKLIST					
			HSA/MEDICAL SAVINGS			
201	1099R					
N 3-INCOME			ALIMONY:			
	1099-MISC BUSIN					
SCREEN	1099-NEC					
SCR	1099-INT					
<u> </u>	1099-DIV	FARM	WINLOSS			
	ITEMIZED DEDUCTIONS					
	OUT OF POCKET MEDICAL EXPENSES CHARITABLE CONTRIBUTIONS TAXES PAID & OTHER					
TS	MEDICAL EXPEN	SES	CASH		PERSONAL PROPERTY	
EN	HEALTH INS. PREMIU	JMS	NON-CASH		REAL ESTATE	
ST	MEDICAL MI	LES (CHARITABLE MILES	H	HOME MORTGAGE INTEREST	
& 5-ADJUSTMENTS	LONG TERM CARE INSURA	NCE			MOVING EXPENSE	
	EDUCATIONAL					
	1098-T (EDUCATION CREE)IT)T	EXTBOOKS/OTHER			
4	CHILD/DEPENDENT CARE: PROVIDER	ADDRESS				
EE	HEALTHCARE-AFFORDABLE CARE				FEDERAL ID#	
SCREEN	DID EVERYONE IN HOUSEHOLD HAVE HEALTH INSURANCE? YES NOHEALTH INS/FORM(S) 1095 A					
ESTIMATE	ESTIMATED TAXES PAID					
	2021 OVEDDAYMENT		EEDEDAL		CTATE	
II	2021 OVERPAYMENT _ 2022 PAYMENTS _		FEDERAL		STATE	
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