



# Client Information Form

Stuart, FL  
 Port St. Lucie, FL  
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To better serve you and meet your tax preparation needs, we ask that you fill out the information below. If you have any questions, then please ask us and we will be glad to answer.

After completing this form please leave it along with your tax documents. We will complete your return using the information provided and will contact you to set an appointment to review your return and prepare it to e-file.

What date would you like for your return to be ready? (Minimum of 3 day turnaround): \_\_\_\_\_

## CLIENT INFORMATION

Taxpayer's Name:		SSN:		Health INS?	
Taxpayer's Occupation:		B-Day:		Blind?	
Spouse's Name:		SSN:		Health INS?	
Spouse's Occupation:		B-Day:		Blind?	
ADDRESS:			CITY:		STATE:
					ZIP
PHONE: Main:	Taxpayer's Cell	Spouse's Cell:	Best Number to Call		
Email Address:					

## DEPENDENTS

NAME:	SSN:	B-DAY:	RELATIONSHIP:	# Mths in home	Child Care Exp \$ Amt

Note you must provide Social security number for all dependents

## PAPERWORK TO BRING

_____ W-2s	_____ 1099-INTs	_____ 1099-Div	_____ 1099 Misc
_____ 1099 B (Brokerage)	_____ 1099 R	_____ K-1s	_____ Last yr's tax return
_____ Gambling	_____ Jury Duty	_____ 1098-T	_____ 1098 Mortgage
_____ Tax forms w/labels	_____ Property Tax Bill	_____ Student Loan Interest	

## DEDUCTIONS AND CREDIT ITEMS

### MEDICAL EXPENSES

Medical Savings Acct (MSA) Contributions \_\_\_\_\_  
 Health Savings Acct (HSA) contributions \_\_\_\_\_  
 Insurance & Medicare Premiums \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 Eyeglasses \_\_\_\_\_  
 Doctors \_\_\_\_\_  
 Dentists \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Ambulance \_\_\_\_\_  
 Medical auto mileage \_\_\_\_\_  
 Other medical travel expenses \_\_\_\_\_  
 Hearing aids & batteries \_\_\_\_\_  
 Other Medical expenses \_\_\_\_\_  
 Reimbursements \_\_\_\_\_

### CONTRIBUTIONS

Church \_\_\_\_\_  
 Other Cash Contributions \_\_\_\_\_  
 Charitable Auto Mileage \_\_\_\_\_  
 Property donated for which you have  
 receipts (fair market value) \_\_\_\_\_  
 Other \_\_\_\_\_

### MISCELLANEOUS

Hobby losses \_\_\_\_\_  
 Gambling losses \_\_\_\_\_  
 Classroom expenses for teachers \_\_\_\_\_  
 Energy property installed \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### CASUALTY LOSSES in Declared Zones

Cost of property lost \_\_\_\_\_  
 Fair market value of property \_\_\_\_\_  
 Insurance reimbursement received \_\_\_\_\_

### CHILD CARE EXPENSES – Bring list of Totals by Child

Providers Name	Address	ID	Amt. Pd

### EDUCATION CREDITS (1098-T)

Name of Institution	Tuition Pd	Books and Fees	Who Attended	When classes began

If you have a business or rental property, please attach an income/loss statement and support documents.

If you borrow money and the debt is canceled or forgiven, please include Form 1099-A and/or 1099-C

*I attest that the information included in this document is complete and accurate to the best of my knowledge.*

\_\_\_\_\_  
 Taxpayer Date

\_\_\_\_\_  
 Spouse Date

How did you hear about us: \_\_\_\_\_  
 \_\_\_\_\_