



**THE TAX DOCTOR**  
**TAX PREPARATION AND FINANCIAL CONSULTING INC.**  
**6528 GREENLEAF AVE., SUITE 204**  
**WHITTIER, CA 90601**  
**(562) 550-9600**

## **CLIENT INTAKE CHECKLIST:**

- WAGE STATEMENTS / W2'S**
- DRIVER'S LICENSE (FOR EVERYONE INCLUDED IN THE RETURN)**
- SOCIAL SECURITY CARDS (FOR EVERYONE INCLUDED IN THE RETURN)**
- DEPENDENT SOCIAL SECURITY NUMBERS & DATE OF BIRTH**
- LAST YEAR FEDERAL & STATE TAX RETURN (IF YOU ARE A CURRENT CLIENT WE HAVE THESE)**
- CHILD CARE EXPENSES & PROVIDER INFORMATION**
- LOTTERY OR GAMBLING WINNINGS/LOSSES**
- STATE & LOCAL TAXES PAID**
- MORTGAGE OR HOME EQUITY LOAN INTEREST PAID (1098)**
- REAL ESTATE & PERSONAL PROPERTY TAXES**
- CASH & NON-CASH CHARITABLE DONATIONS**
- MEDICAL & DENTAL EXPENSES**
- RECORD OF PURCHASE OR SALE OF RESIDENCE**
- ALIMONY PAID OR RECEIVED**
- UNREIMBURSED EMPLOYMENT RELATED EXPENSES**
- JOB RELATED EDUCATIONAL EXPENSES**
- EDUCATOR EXPENSES**
- TUITION & EDUCATION FEES (1098-T)**
- STUDENT LOAN INTEREST (1098-E)**
- COMMISSIONS RECEIVED/PAID**
- PENSION, RETIREMENT INCOME (1099-R)**
- UNEMPLOYMENT INCOME (1099-G)**
- CANCELLED DEBT AMOUNT (1099-C)**
- SOCIAL SECURITY INCOME (SSA-1099)**
- IRA CONTRIBUTIONS**
- STATEMENT OF SALE OF STOCKS OR BONDS (1099-B)**
- INTEREST & DIVIDEND INCOME (1099-INT/1099-DIV)**
- STATE REFUND AMOUNT (1099-G)**
- INCOME & EXPENSES FROM RENTALS**
- SELF-EMPLOYED BUSINESS INCOME & EXPENSES (1099-MISC)**
- ESTIMATED TAXES**
- 1099-K MERCHANT CHARGES**
- REGISTERED DOMESTIC PARTNERS-BOTH MEMBERS INFO SEPARATELY**
- ESTIMATED TAXES OR FOREIGN TAXES PAID**
- ANY NOTICES, BILLS, ETC. FORM FTB OR IRS**
- K-1 FOR S-CORP, PARTNERSHIP, LLC, TRUST**
- FORM 1095-A HEALTH INSURANCE STATEMENT**



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## **ADDITIONAL RESOURCES:**

- FINANCIAL ADVISORS SERVICES**
- LIVING TRUST SERVICES**
- CREDIT REPAIR SERVICES**
- TAX/DEBT FORGIVENESS SERVICES**
- BANKRUPTCY SERVICES**
- REAL ESTATE SERVICES**
- SOCIAL MEDIA MARKETING SERVICES**
- WEB DESIGNER SERVICES**
- NOTARY SERVICES**
- ATTORNEY SERVICES**
- LIFE INSURANCE SERVICES**
- FUNERAL SERVICES**
- INSURANCE SERVICES**
- BUSINESS COACHING SERVICES**
- BUSINESS CONSULTING SERVICES**
- MERCHANT SERVICES**
- PHOTO & VIDEOGRAPHER SERVICES**
- MEDICARE/HOMECARE SERVICES**
- ITIN SERVICES**
- FINANCE IS OUR SPECIALTY BUT WE HAVE A BROAD NETWORK OF MANY SERVICES, IF THERE IS ANYTHING YOU NEED JUST ASK**



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## CLIENT INFORMATION:

### TAXPAYER:

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MI :** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_  
**WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **HOME NUMBER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

### SPOUSE:

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MI :** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_  
**WORK PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **HOME NUMBER:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

### DEPENDENTS:

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MI :** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MI :** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MI :** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **SS#:** \_\_\_\_\_  
**DATE OF BIRTH:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

*Please provide Drivers License and Social Security Cards for Taxpayer, Spouse and All Dependents*  
 Enrolled To Practice Before The I.R.S.

## ADDITIONAL DEPENDENTS:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ SS#: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ SS#: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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