

# Accounting Unlimited, LLC

## Individual Tax Preparation Intake Form

**Filing Status:** Single \_\_\_\_\_ MFJ \_\_\_\_\_ MFS \_\_\_\_\_ QW \_\_\_\_\_ HOH \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you claiming yourself? \_\_\_\_\_ Claimed by someone else? \_\_\_\_\_

US Citizen: Yes / No **Social Security Number:** \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

School District: \_\_\_\_\_ City/Town/Village of: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Referred By: \_\_\_\_\_

Do you have an HSA? Yes / No Family \_\_\_\_\_ Self \_\_\_\_\_ Used 100% for Medical Purposes: Yes / No 1099-SA: Yes / No

Did you acquire Health Ins. through the Market Place? Yes / No **If yes, you must provide a 1095-A**

**Required To Help Prevent Identity Theft:**

Driver's License Number \_\_\_\_\_ or State ID Number \_\_\_\_\_

Issuing State \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Does Not Expire (State ID Only) \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you claiming yourself? \_\_\_\_\_ Claimed by someone else? \_\_\_\_\_

US Citizen: Yes / No **Social Security Number:** \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Do you have an HSA? Yes / No Family \_\_\_\_\_ Self \_\_\_\_\_ Used 100% for Medical Purposes: Yes / No 1099-SA: Yes / No

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Would you like Accounting Unlimited to discuss your return with the IRS if needed? \_\_\_\_\_ (Valid Until 4-15-2023)

Did you make Estimated Quarterly Tax Payments? \_\_\_\_\_ Total Federal Payments Paid \_\_\_\_\_ Total State Payments Paid \_\_\_\_\_

Do you need additional state returns? Yes \_\_\_\_\_ Which States \_\_\_\_\_ No \_\_\_\_\_

Did you move to WI in 2021? Y or N If yes, when: Month \_\_\_\_\_ Day \_\_\_\_\_

Did you or your dependents have any tuition expenses? \_\_\_\_\_

Do you have child care expenses? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please provide statement from child care facility)

Did you itemize last year? Yes \_\_\_\_\_ State Refund Amount \_\_\_\_\_ No \_\_\_\_\_

### **School Property Tax Credit:**

Do you rent? Yes / No Monthly rent amount you paid \_\_\_\_\_ # of months rented \_\_\_\_\_ Was heat included? \_\_\_\_\_

Do you own your home? Yes / No Do you have receipts for property taxes assessed and paid in 2021? Yes / No

### **Advanced Child Tax Credit:**

Did you receive advance child tax credit payments in 2021? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you have Letter 6419 from the IRS? Yes \_\_\_\_\_ No \_\_\_\_\_

(This letter verifies the amount you received.)

### **Banking Information For Refund or Balance Due: (Optional)**

Use Account For: Refund \_\_\_\_\_ Balance Due \_\_\_\_\_ Date the balance due should be withdrawn from your account \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

### **EIC and Education Credit Questions:**

Was your child Under age 19? \_\_\_\_\_ or under age 24 and a student? \_\_\_\_\_

Has the student claimed the Hope Scholarship Credit or the AOC for any previous years? \_\_\_\_\_ If so how many? \_\_\_\_\_

Did the student complete the first 4 years of postsecondary education before 2021? \_\_\_\_\_

Was the student convicted before the end of 2021 of a felony for possession or distribution of a controlled substance? \_\_\_\_\_

Were any of these credits disallowed or reduced in a previous year? \_\_\_\_\_

If so did you complete the recertification form 8862? \_\_\_\_\_