

Background Information

This information will be used to determine your filing status. If you have recently married, be sure that your spouse has a social security number and that if her name has been changed it is reflected on her social security card.

Taxpayer Name: _____ Date of Birth (MM/DD/YY): _____

U.S. Social Security #: _____ Canadian Tax ID #: _____

NEW Please upload/include a copy of your U.S. Social Security Card. Uploaded? Yes Do not have

Please upload/include a copy of your Driver’s License. Uploaded? Yes Do not have

Preferred Method of Contact:

Phone: _____ Call Text Email : _____

Marital Status: Single Married Divorced Is This a Change From Last Year? Yes No

Spouse Information (If Applicable)

Legal Name: _____ Date of Birth (MM/DD/YY): _____

U.S. Social Security #: _____ Canadian Tax ID #: _____

NEW Please upload/include a copy of their U.S. Social Security Card. Uploaded? Yes Do not have

Please upload/include a copy of their Driver’s License. Uploaded? Yes Do not have

Mailing Address for Refunds & Correspondences:

_____ Apartment/Unit

House Number & Street

_____ Postal Code

City State

Agent Name: _____ Phone: _____

Financial Advisor: _____ Phone: _____

Cryptocurrency

During 2022, did you hold any cryptocurrency? No Crypto Held/Bought Sold, please see page 4

Direct Deposit - Note if you have a balance due, I will notify you of the amount due prior to filing your taxes.

Do you want your refunds directly deposited into your bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you want any balances owed directly withdrawn from your bank account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If we did your taxes last year, should we use the same bank info as last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Fill below)

Bank Name: _____ **Bank Routing:** _____

Bank Account #: _____ Checking Savings

Dependents

If we did your taxes last year, please feel free to only list any children that were born during 2021 or 2022. If you have a significant other (or parent) that you pay more than half of their expenses, please indicate them as well. If you are a new client, please provide all of your dependents' information. Feel free to include a separate document.

Dependent's Name	Birthdate	Social Security Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Can you claim all the dependents we have on record and listed above?

Yes No (Who?): _____

If you have any dependents who are 19 years or older, please check what applies below:

- They are your child in college
 They lived with you for at least half the year
 You paid for at least half of their living expenses

Tax Tip

Please note that under certain circumstances significant others or other individuals who are without wages and who you support can be claimed as a dependent.

Child Care Expenses

A credit is allowed for all qualified child care expenses paid. You are only eligible if both parents work (or attend school) and your child is under the age of 13.

Name of child: _____

Care provider name: _____

SS # or Business ID #: _____

Care provider address: _____

Dates care was provided: _____ to _____ total amount paid: \$ _____

Important: Please provide separate information for each child's expenses that were paid and separate information for each childcare provider used.

Higher Education Tuition and Interest

Tax credits are available for tuition and student loan interest incurred by students pursuing college or graduate degrees. The taxpayer, spouse or any of their dependents can incur these expenses. These deductions and credits are limited to your income level – however if you have paid tuition or student loan interest, please include the amounts here and let me determine whether you qualify.

Name of student: _____ University or College: _____

Tuition paid (include 1098-T form): \$ _____

Student loan interest paid (include 1098-E form): _____

Employment Income – U.S. & Canada

Please list all employers that provided a W-2 (US) or T-4 (Canada)

Employer/Team	Recipient	Wage Slip Enclosed?
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT – Please indicate any road trips you did not travel with the team for any reason:

Foreign Employment Income – Outside U.S. & Canada

If you played or earned income in Europe, Asia, or South America this past year please indicate below and attach any wage slips and paystubs you may have.

Employer/Team	Wage Slip Enclosed	Amount Received	Currency
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Foreign <input type="checkbox"/> USD
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Foreign <input type="checkbox"/> USD
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Foreign <input type="checkbox"/> USD

Other Income – Endorsement, Self-Employment, Unemployment

If you received income from appearances, card signings, coaching, consulting, educational clinics or camps, or unemployment/maternity leave, which were not included in any of the sources listed above, you still need to report this income. **This income should be reported on a 1099-MISC or 1099-NEC slip.**

Payer/Source	Type of Income	Amount
_____	<input type="checkbox"/> Endorsement <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment	\$ _____
_____	<input type="checkbox"/> Endorsement <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment	\$ _____
_____	<input type="checkbox"/> Endorsement <input type="checkbox"/> Self-employment <input type="checkbox"/> Unemployment	\$ _____

Partnership Revenue

If you have a financial interest in a business or partnership, please attach all K-1 forms that you received.

Partnership/Investment	Active or Passive Participation?	K-1 Slip Enclosed?
_____	<input type="checkbox"/> Actively Run <input type="checkbox"/> Passive Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Actively Run <input type="checkbox"/> Passive Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Actively Run <input type="checkbox"/> Passive Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No

Foreign Bank Account – Outside U.S.

If you have a financial interest in or signature authority over a foreign financial account, including a bank account, brokerage account, mutual fund, retirement account, or any other money held or invested in a foreign entity, please indicate so below. **This information does not impact your tax calculations but each account that exceeds \$10,000 needs to be reported.**

Bank Name & Address	Account Number	Maximum Amount	Currency
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Retirement Contributions

I have contributed (or will contribute before April 15th) to a retirement account:

- Traditional ROTH Non-Deductible (only impacts individuals/couples with high income)
- Maximize my RRSP (Canadian Residents only – done before February 28th)

My contribution is (or will be):

- Maximum - \$6,000 (\$7,000 if 50 or older)
- Other amount: _____

For individuals who are self-employed (or have endorsement income) there is the possibility to make an additional retirement contribution to a SEP IRA. This contribution must be made before filing your return (including any extension).

- Please let me know how much I am eligible to contribute (after preparing your return)

Investments – Interest, Dividends, Stocks & Cryptocurrency

If you received interest from a bank account or had dividends and/or stock sales in a brokerage account, please indicate below all financial institutions in which you have investment income. All information will be reported on forms 1099-INT or 1099-DIV in the US and T4 or T5 slips in Canada. Please include all tax documents from banks and brokerage firms. If you are missing any of that information, please let us know.

Bank or Firm	Summary Document Included?	Advisor Will Forward?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Deductions & Credits

Deductions lower your taxable income while credits lower your actual tax. All deductions & credits should be substantiated with receipts.

Business Deductions – Not Related to Self-Employment

Changes to tax law have greatly reduced the amount of business deductions individuals are allowed to take. **Self-employed individuals (Sole Proprietors) should use page 8.**

Agent Fees: \$ _____ Union Dues: \$ _____

Conditioning Expense (Trainers/coaches, gym, ice fees, equipment, supplements): \$ _____

Receipts Included? Yes No

Property – Not Rented

If you only own **rental property**, please use **page 9**. If **you don't own property**, please skip this section.

Did you buy or sell your property over the past year? No

Yes - *Please include HUD & closing statement*

Sale Price: \$ _____ Purchase Price: \$ _____

Taxes and Interest

Please indicate any property taxes or mortgage interest from a home loan paid during the year. *If these payments were made through an escrow account, this amount will be found on a 1098-MIS statement.* Otherwise, you should collect receipts to show the amounts paid. ***If you paid interest on a home equity loan and/or refinance of your home, please include that information as well.***

Property Address (Not Rented)	Tax Paid	Interest Paid	1098-MIS Slip
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Property Taxes

Please include any amounts of personal property tax you paid on your car (or boat, RV, etc.).

Registration Tax Amount: \$ _____ State paid to: _____ Receipt Enclosed Yes No

Registration Tax Amount: \$ _____ State paid to: _____ Receipt Enclosed Yes No

Charitable Contributions

Contributions of money or property to a qualified organization are deductible. For contributions over \$250, please include a receipt.

Organization	Donation Type	Amount	Receipt?
_____	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Cash <input type="checkbox"/> In-Kind _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Charitable Miles: _____

Green Energy

There are many tax credits available at both the federal and state level for individuals who invest in items that reduce their carbon footprint. These include electric/plug-in vehicles, home improvements for those vehicles, and other substantial home improvements aimed at reducing heating/cooling/electric consumption. Please include receipts or attach additional information for each investment.

Item	Amount	Receipt
_____	\$ _____	<input type="checkbox"/> Enclosed
_____	\$ _____	<input type="checkbox"/> Enclosed
_____	\$ _____	<input type="checkbox"/> Enclosed

Medical Expenses

Medical expenses are amounts that are not paid by insurance, or your employer and **they must exceed 7.5% of your income. Unless you have a large amount of expenses or do not have health care through your employer, you will probably not qualify for this deduction.**

Expense	Amount	Expense	Amount
Prescriptions	\$ _____	Doctor/Dentist Visits	\$ _____
Hospital Expenses	\$ _____	Medicine/Prescriptions	\$ _____

Long-Term Care Insurance

Premiums for long-term care insurance may provide a tax deduction. If you and/or your spouse paid any premiums during the year, please indicate the amount of premium paid for the year.

Taxpayer Amount: \$ _____ Spouse Amount: \$ _____

Small Business Revenue – Sole Proprietorships

If you or your spouse own/operate a small business, your income from this business will need to be reported. You should also include any expenses related to the business and they should be substantiated with a receipt. ***If you run more than one business, please fill out this page for each one.***

Name of Business: _____ Business ID#: _____

Income From Operations: \$ _____

Expense	Amount	Receipts?
Estimated Tax Payments (Enclose Receipts)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cost of Goods Sold/Materials	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contract Labor	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advertising	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parking Fees & Tolls	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions & Fees	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance (Other than health)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest Paid	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal & Professional Services	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office Expense	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repairs & Maintenance	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Supplies	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Travel (Hotels, Flights, etc.)	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Meals	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internet	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mileage Expense Business Miles: _____ Total Miles Driven _____

Home Office Expense Total sq footage of home: _____ Area used for business _____

Rent: \$ _____ Utilities: \$ _____ Repairs: \$ _____

Rental Real Estate

If you and/or your spouse own a property that you rent, please provide that information below. ***If you own more than one property, please fill out this page for each one.***

Kind of Property: Single Family Home Condo/Apartment Duplex Other_____

Property Address: _____

Purchase Date: _____ Purchase Price: \$_____ Capital Improvements: \$_____

Are you (and your spouse) the sole owner(s)? Yes No

If not, who else owns the property (beside your spouse)? _____

What % do you own? _____%

Did you live in the property during the year? No Yes – Dates:_____

Rents Collected: \$_____

Expense	Amount	Receipts?
Advertising	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto & Travel	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cleaning & Maintenance	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissions	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal & Professional Services	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOA Fees	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management Fees	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage Interest	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repairs	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplies	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxes	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	\$_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If You Sold the Property During the Year – Please Include the HUD & Closing Statements

Date of Sale: _____ Sale Price: \$_____