



# S. SHARMA TAX, INC.

INCOME TAX & ACCOUNTING SERVICES

## 2019 Client Information Worksheet

We have designed this worksheet to help our clients gather and organize relevant tax information. This worksheet also helps to ensure that the taxes are prepared correctly and accurately.

With the recent tax reform now in effect, please take the time to go through the worksheet and provide as much detail as possible as many items have changed.

**1. Personal Information:** *Must match your Social Security Card or ITIN.*

	First Name	M.	Last Name	SSN / ITIN	Date of Birth	Occupation
Taxpayer						
Spouse						
<i>If you have more dependents add additional page.</i>						Relationship
Dependent						
Dependent						
Dependent						
Dependent						

**2. Address and Contact Information:** *Provide a current US address.*

Address		Primary Phone	
Apartment/ Unit #		Secondary Phone	
City		Taxpayer's E-mail	
State	Zip Code:	Spouse's E-mail	
Provide foreign address if residing outside of the USA:			

**3. Income:** *Check all that apply and provide legible copies of all documents.*

	<input checked="" type="checkbox"/>	# of Forms		<input checked="" type="checkbox"/>	# of Forms
Form W-2 [Wages or Salary]	<input type="checkbox"/>		1099-B [Stock Gain/Loss]	<input type="checkbox"/>	
1099-Int [Interest Income]	<input type="checkbox"/>		Schedule K-1 [LLC, S-Corp]	<input type="checkbox"/>	
1099-Div [Dividend Income]	<input type="checkbox"/>		Rental Income	<input type="checkbox"/>	Attach Rental W/S
1099-Misc [Business Income]	<input type="checkbox"/>		1099-G [Unemployment]	<input type="checkbox"/>	
1099-R [Retirement Income]	<input type="checkbox"/>		1099-G [Paid Family Leave]	<input type="checkbox"/>	
1099-S [Home Sale]	<input type="checkbox"/>		SAA-1099 [Social Security]	<input type="checkbox"/>	
1099-SA [HSA Distribution]	<input type="checkbox"/>		Cryptocurrency	<input type="checkbox"/>	
1099-G [2018 State Refund]	<input type="checkbox"/>		Other: _____	<input type="checkbox"/>	

**4. Foreign Reporting:** *You must report income from all sources within and outside of the U.S.*

Foreign Wages or Salary	\$	USD	Foreign Stock Gain/Loss	Attach Statement
Foreign Interest Income	\$	USD	Foreign Home Sale	
Foreign Dividend Income	\$	USD	Foreign Rental Income	Attach Rental W/S
Foreign Business Income	\$	USD	Foreign Partnership	
Foreign Retirement Income	\$	USD	Other: _____	
Foreign Taxes Paid	\$	USD	Other: _____	

- Do you have any foreign financial accounts (Including accounts that are owned jointly)?  Yes  No
- If yes, did the aggregate value exceed \$10,000 at any time during the calendar year?  Yes  No
- If yes, did the aggregate value of the foreign financial accounts exceed \$100,000 on the last day of the tax year or more than \$150,000 at any time during the tax year?  Yes  No

I am unclear regarding the questions above and I would like more information on this topic.

**5. Relocation Expense:** *Only deductible if you are a member of the Armed Forces on active duty and, due to a military order, you move because of a permanent change of station.*

Date of Move [mm/dd/2019]		Moved From and To	
Transportation of Goods	\$	Travel/ Lodging [no meals]	\$
Storage	\$	Reimbursed by Gov't	\$

**6. Adjustments to Income:** *Provide legible copies of all documents.*

	Taxpayer	Spouse		
Traditional IRA	\$	\$	Alimony Paid	\$
Roth IRA	\$	\$	1098-E [Student Loan Int]	\$
Non-Deductible IRA	\$	\$	1098-T [Tuition Paid]	\$
SEP IRA	\$	\$	Other	
HSA Contribution	\$	\$	Other	

**7. Medical/Dental Expense:** *Must exceed 10% of your adjusted gross income.*

Insurance Premiums	\$	Hospital/Dentist Co-Pay	\$
Cost of Prescriptions	\$	# of Medical Miles	Miles
Eye glasses/Contacts	\$	Medical Equipment	\$
Did you have full year coverage for you, your spouse and all dependents:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt: _____		
If no, check the months that you were covered under a qualified health plan:	<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec		
Where was your health coverage purchased from? [Provide Form(s) 1095-A, 1095-B, and/or 1095-C]	<input type="checkbox"/> Public Exchange [Private: 1095-B or 1095-C] <input type="checkbox"/> Employer Sponsored [1095-B or 1095-C] <input type="checkbox"/> Government Marketplace [1095-A]		

**8. Taxes Paid in 2019:** *Provide legible copies of all documents.*

Real Estate Property Taxes	\$	2018 State Tax [Paid in 2019]	\$
DMV License Fee	\$	2019 Sales Tax Paid	\$

**9. Interest Paid:** *For Primary and Secondary property only [Not rental]. Provide legible copies of all documents.*

Homes Located in the US:	Primary Home	Secondary Home
Home Mortgage Interest [Attach Form(s) 1098]	\$	\$
Home Equity Line of Credit [HELOC]	\$	\$
Mortgage Insurance Premiums [PMI]	\$	\$

**10. Interest Paid to a Person or Foreign Bank:** *Provide legible copies of all documents.*

Homes Located outside of the US:	Primary Home	Secondary Home
Name of the Bank		
Address of the Bank		
Amount of Interest paid on the loan: [USD - Jan to Dec '19]	\$ USD	\$ USD

**11. Cash & Check Donations:** *To charities or a qualified religious, educational, scientific, or non-profit organization.*

Name of Charity		Cash amount	
Date of Donation		Check amount	
Name of Charity		Cash amount	
Date of Donation		Check amount	

**12. Non-Cash Donations:** [ie: Salvation Army or Goodwill]. Attach a copy of the receipt and itemized list of items.

Name & address of Charity	
Date(s) of Donation	
Fair Market Value of items	
What was donated?	
Name & address of Charity	
Date(s) of Donation	
Fair Market Value of items	
What was donated?	

**13. Misc Expense:** The Tax Cuts and Jobs Act also suspends all miscellaneous itemized deductions that are subject to the 2% of adjusted gross income floor. This change affects un-reimbursed employee expenses such as uniforms, union dues and the deduction for business-related meals, entertainment and travel.

Casualty & Theft Loss	\$	Gambling Loss [only if you have gambling income]	\$
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**14. Dependent Care Expense:** If the care provider is an Individual provide SSN. Specify for which child.

Provider Name		Tax ID Number or SSN	
Phone Number		Amount Paid in 2019	\$
Address City, State, Zip		Amount Reimbursed by employer FSA [W2, Box 10]	\$
Provider Name		Tax ID Number or SSN	
Phone Number		Amount Paid in 2019	\$
Address City, State, Zip		Amount Reimbursed by employer FSA [W2, Box 10]	\$

**15. Estimated Taxes:** Specify amount(s) paid.

Federal Estimated Taxes (IRS)				
	Q1 [01/01 - 04/17]	Q2 [04/17 - 06/15]	Q3 [06/16 - 09/17]	Q4 [09/17 - 01/15]
Amount(s) Paid	\$	\$	\$	\$
State Estimated Taxes [specify state]:				
	Q1 [01/01 - 04/17]	Q2 [04/17 - 06/15]	Q3 [06/16 - 09/17]	Q4 [09/17 - 01/15]
Amount(s) Paid	\$	\$	\$	\$

**16. Bank Account Info:** For Direct Deposit or Debit of Taxes

✓ (Check One)

Bank Name:	Routing No:	Account No:	Checking	Savings
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to list any additional information and questions you may have.

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