**2018 Personal Information / Check List**

**Please fill out the items that are relevant to your tax.**

**Please use Capital Letters.**

 Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

1. **Personal Information:** **Name needs to match exactly with SSN/ITIN records**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | First Name | M. | Last Name | SSN / ITIN | Date of Birthmm/dd/yyyy | Occupation |
| Taxpayer |  |  |  |  |  |  |
| Spouse |  |  |  |  |  |  |
| If you have more dependents add more rows | Relationship |
| Dependent |  |  |  |  |  |  |
| Dependent |  |  |  |  |  |  |

(Please let me know if you need to apply for an ITIN for your spouse or dependents)

**Imp: Health Insurance / School records required as a proof to claim the Child Tax Credit - Mandatory.**

**Copy of your State ID / Driver's License is Mandatory for Electronic Filing.**

**2. Current US address and Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | Cell Phone |  |
| Apartment/ Unit # |  | Home Phone |  |
| City |  | Work Phone |  |
| State |   | Zip Code: |  |  e-mail (use a steady email) |  |

**(Please provide a copy of your previous year tax return if you a new client) -** (For existing clients: No need to fill the personal information unless there is an addition in your family)

1. **Visa Type - US Citizen / Green Card / H1 / F1 / J1 etc. (For F1&J1 - provide the I-94 - "Travel History")**
2. **Income:** Provide copies of the income documents received, if you have. (mark [x])

**[ ]** W2 – Salaried Income

**[ ]** 1099-Int - Interest Income ($10 and above interest from any Financial Institution)

**[ ]** 1099-Div - Dividend Income

**[ ]** 1099-Misc – Other Income

**[ ]** 1099-R - Retirement income / Roll over (401k/IRA)

 **[ ]** Self-Employed Income – other than 1099 - Misc

[ ] 1099-SA: Distributions from an HSA, Archer MSA, or Medicare Advantage MSA

 **[ ]** Stocks/Capital Gains - 1099

**[ ]** Unemployment Comp

**[ ]** Scholarship Received

1. **Deductions:**

 **For itemized Deductions:**

**[ ]** 2017 State Tax refund amount – 1099-G

**[ ]** Mortgage interest paid - 1098

 **[ ]** Mortgage Insurance paid

 **[ ]** Property Tax paid

 **[ ]** County Tax paid for vehicles for VA residents only

 **[ ]** Cash Donations - charity to qualified non-profit organization

 **[ ]** Non Cash Donations - (example: Salvation Army, Purple Heart, etc.)

1. **Health Insurance Coverage:** [ ] Yes [ ] No

**Purchased from Market Place**: [ ] Yes [ ] No **(healthcare.gov)**

 **At least any one of the below or both:**

[ ]1095-A \*\* (Only for purchased through heathcare.gov)

 [ ] 1095-B \*\*

 [ ] 1095-C \*\* (Only for self funded plan managed by the employer)

 \*\* - Mandatory for all taxpayers and dependents

1. **Adjustments to Income:** You may have till April 15, 2019 to contribute to your IRA for 2018. HSA contribution, Traditional IRA, Roth IRA
2. **Tuition Fees:** Paid for 4 year college education and Interest on Educational Loan

**EIN and complete address of the Educational institution is required. - 1098-T**

1. **Child Care Expense:** If the childcare provider is an Individual provide SSN. Specify for which child.

|  |  |  |  |
| --- | --- | --- | --- |
| Daycare Name |  | Tax ID Number/SSN |  |
| Phone Number |  | Amount Paid in 2018 |  |
| AddressCity, State, Zip |  | Amount Reimbursed by employer |  |

1. **Rental Income: [ ] Yes [ ] No**
2. **Income from other Corporation (K1): [ ] Yes [ ] No**
3. **State of MA: Need 1099-HC or provide the following information if you do not have 1099-HC**

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Company Name | FID or( EIN ) Number | Name of Subscriber | Subscriber Number |
|  |  |  |  |

1. **State of MA, WI and IN: Your Apartment Rent:**

|  |  |
| --- | --- |
| **Period** | **Amount**  |
|  | **$** |

1. **Bank Account Info: For Direct Deposit or Debit:**

**Bank Name:**

|  |
| --- |
|  |

 **🗸** (Check One)

|  |  |  |  |
| --- | --- | --- | --- |
| Routing No:  | Account No: | Savings | Checking |
|  |  |  |  |

1. **Additional Information:**
2. **Any Tax paid in other country?** If yes, get the double tax certificate from your employer.

1. **Foreign Bank Accounts:** Did you have foreign bank accounts with more than $10,000 (Savings, CD, FD, Shares etc. all accounts together) at any point during the year?

 [ ] Yes [ ] No

1. **Foreign Bank Accounts:** Did you have foreign bank accounts (Savings, CD, FD, Shares etc. all accounts together) with more than $100,000 (married filing jointly) / $ 50,000 (Single / married filing separately) any point during the year?

 [ ] Yes [ ] No

The FBAR deadline for calendar year 2018 is **April 15, 2019** (with extensions allowed). The IRS can impose a $10,000 penalty for each non-willful violation of the FBAR filing requirement. Where a person willfully fails to file an FBAR, the IRS may impose a penalty equal to the greater of $100,000 or 50 percent of the account's highest balance.

1. **ITIN requirements: (Our firm is a Certified Acceptance Agent for ITIN)**

ITIN can be applied only if you are not eligible for SSN. All applicants need to meet in person. Please call for exceptions.

**For Spouse:**

1) Passport Copy (First page, Last page, page having valid VISA)

 (Bring Original for verification)

2) Copy of I-94

**For Dependents:**

1) Passport Copy (First page, Last page, page having valid VISA)

 (Bring Original for verification)

2) Copy of I-94

3) Dependent (Children, Parents) - **ITIN - CAAs will now be allowed to authenticate the passport and birth certificate for dependents.**  For children under six, one of the documents can include original medical records. For school-age children, the documentation can include original, current year school records such as a report card. Video conferencing (i.e. SKYPE) is allowed those who are unable to meet personally.

**CLAIMING CHILD TAX CREDIT - 2018**

|  |  |  |
| --- | --- | --- |
| **Description** | **YES** | **NO** |
| **-** Is the child biological child of Taxpayer? |  |  |
| **-** Is the child lived in US for more than 6 month during the year 2018? |  |  |
| **-** Other than tax payer any other person claimed or claiming your child? |  |  |
|  **Proof that the Taxpayer is supporting the child for more than 6 months:(any)** |  |  |
| - Healthcare certificate |  |  |
|  **-** School Certificate |  |  |
|  **-** Daycare provider certificate |  |  |

**Declaration**: I hereby declare that the information given above are true and correct. In case of any of the above information is found to be false or untrue or misleading or misinterpreting, I am aware that I may be held liable for it.

**Tax Payer's Name : Spouse's Name :**

**Signature: Signature:**

**Date: Date:**