Tax Year 2022 Tax Return Drop-Off Client Form

Date ___/___/_____

Client Name ____________________________________ Spouse Name ________________________________

Home Phone# _______________ Cell Phone# _______________

Can we contact you in the evening? ☐ Yes ☐ No How late can we contact you? ___________

Email Address __________________________________

(Email needed to receive notice of acceptance of tax return)

**** ALL SUPPORTING DOCUMENTS ARE REQUIRED TO FILE 2022 TAX RETURN***

***** ALL New clients must supply a copy of their last year tax return***

WE NEED A CURRENT COPY OF YOUR DRIVERS LICENCE(s)

All Questions MUST be answered

Did you Move? (New Address) or change your Phone Numbers? ☐ Yes ☐ No

IF YES, PLEASE Provide: ____________________________________

Income Related Important Questions or Documents

1. Did you change jobs this past year? (We need all W2's) ☐ Yes ☐ No
2. Do you have rental income ☐ Yes ☐ No
3. Did you receive any **cash or other sources of income** not reported on w-2 or 1099? ☐ Yes ☐ No
   a. If yes, how much $______________
4. Did you collect Unemployment? (1099-G) ☐ Yes ☐ No
5. Did you make Contributions to an IRA? ☐ Yes ☐ No *If yes, How Much:* _______________
6. Did you take a Distribution from your IRA or 401K? ☐ Yes ☐ No *If yes, Provide the 1099-R*
7. Did you Buy or Sell Stocks? ☐ Yes ☐ No If yes, provide the 1099B
8. Did you receive Dividends or Interest ☐ Yes ☐ No *If yes, provide the 1099INT or 1099DIV*
9. Did you have any Lottery Winnings/ Prizes? ☐ Yes ☐ No *If yes, provide W-2G*
10. Did you have any Cancellation of Debt? ☐ Yes ☐ No *If yes, provide 1099-C*
    (Settled on credit card debt, foreclosure of house, forgiveness of a loan)
11. Health Ins. proof all year: 1095a or 1095b or 1095c if <u>MA Resident 1099HC</u>
    a. Did you have Health Insurance <u>All Year</u>? ☐ Yes ☐ No

Related Questions that may affect your tax return:

1. Do you ***rent*** in **Massachusetts**? – If YES, Rent paid per month $________ # of Months ______
2. If over age 65 living in Massachusetts– How much was your water & sewer bills? $___________
3. **Connecticut Resident:** Personal Property (Vehicle or Real Estate) Tax $_____________
4. Did you purchase or sell a house in the past year? (We need the Closing Doc) ☐ Yes ☐ No
5. Have you made any energy efficient home improvements in the past year? ☐ Yes ☐ No
   (Windows, doors, insulation, roofing – Need Receipts)
6. Did you have any Student Loan Interest? ☐ Yes ☐ No
7. Are you enrolled in college or Do you have children attending college? ☐ Yes ☐ No
   a. Do you have 1098 T and College Financial Transcript ☐ Yes ☐ No ***IF YES, YOU NEED BOTH***

Do you have Children/Dependents? ☐ **Yes** ☐ **No** **If yes, complete the following questions**

1. Did you bring in ***Supporting Documents***? ☐ Yes ☐ No - ***MUST HAVE TO COMPLETE RETURN***
2. Did you have a change in Dependents? ☐ Yes ☐ No

   Adding a child ☐ Removing a child ☐ Did you adopt a child? ☐ Yes ☐ No

   a. Name________________________ Date of Birth _________ Social Security# __________

   Months in Home _____

   b. Did you have any Day Care Expenses? ☐ Yes ☐ No If Yes, $_______

   Providers Name: _______________________ EIN# ____________

Questions if you think you <u>might qualify to Itemize Deductions</u>:

1. Do you own your house? We need the 1098 Mortgage Interest & Real Estate Tax info
   a. do you have a second mortgage? ☐ Yes ☐ No
2. **Massachusetts Resident**: Did you pay Vehicle Excise Tax? $___________
3. Did you make Charitable Contributions in 2022? How much $__________ (Need receipts or proof of contribution)
4. Did you have unusually large Medical Expenses ☐ Yes ☐ No * If Yes, you will need to discuss this with your preparer

Are you Self Employed? ☐ **Yes** ☐ **No**

If YES, answer the following questions and schedule a meeting with the preparer

1. Do you have an office in your home? ☐ Yes ☐ No
2. Did you make any Estimated Tax Payments? ☐ Yes ☐ No

If yes:	Federal:	Q1 $_________	State: $_________	Date: ___________
	Federal:	Q2 $_________	State: $_________	Date: ___________
	Federal:	Q3 $_________	State: $_________	Date: ___________
	Federal:	Q4 $_________	State: $_________	Date: ___________

3. Do you use your vehicle for Business purposes?
   a. If yes, provide mileage: Business Miles _________ Total Miles for the Year _________
   b. Excise Tax: $ _________ / Vehicle Loan Interest $_________ / Tolls & Parking $ ________

Banking Information – For Direct Deposit or Direct Debit

Do you want Direct Deposit? (If you are filing jointly, both parties must be on the bank account) ☐ Yes ☐ No

We need the following information:

Bank Name	**Routing No.**	**Account No.**	**Checking or Savings**
_______________________	___________________	_________________	_________________

AUDIT PROTECTION ☐ Yes ☐ No ***Ask Tax Preparer for Details*** *- MUST COMPLETE ADDITIONAL FORM*

Other Special Instructions:

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Must provide a current copy of Driver's License(s) **Signature:** _______________________________________

Disclaimer: Additional time spent on return due to missing or incomplete items may result in an ***additional fee***.
This is not an all-inclusive list. There could be other situations that may affect your tax liability.

DRENEN FINANCIAL SERVICES, INC.
A WEALTH MANAGEMENT FIRM
89 South Maple Street, Westfield MA 01085
413-569-0015 413-642-3127