



WELCOME TO A&F FINANCIAL!

To better serve you and meet your tax preparation expectations, we ask that you take a few minutes to fill out the information below.

If you have any questions while completing this form, please do not hesitate to ask.

After completing this form, you are going to take 2 simple steps:
Step 1 - Drop off your paperwork. Step 2- Schedule a quick follow-up appointment.

Are you a returning A&F FINANCIAL Client? Y | N

What date would you like for your return to be ready?: _____

CLIENT INFORMATION:

Primary Taxpayer:

First Name: _____ Middle: _____

Last Name: _____

Date of Birth: _____

SSN# or ITIN: _____

Marital Status: Single | Married | Widowed

Occupation: _____

Physical Address: _____

City, State, Zip: _____

Preferred Contact Method: Email | Phone

Best Phone Number: _____

Email: _____

Spouse:

First Name: _____ Middle: _____

Last Name: _____

Spouse Date of Birth: _____

Spouse SSN# or ITIN: _____

Occupation: _____

Physical Address (If different): _____

Best Phone Number: _____

Email: _____

DEPENDENTS* (or person living in your household)

Name	Relationship	Date of Birth	SS# or ITIN	Full- Time Student?	Disabled?
				<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
				<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

* If any dependents listed did not live at the primary taxpayer's address the entire year, please discuss this with your tax professional. This is critical to help us help you accurately report your residency and dependency to the tax authorities.

Dependent Care Expenses: (Pre-School or After School)

Name of the Child: _____
 Name of School: _____
 Address of School: _____
 FEIN of School: _____
 Total amount paid: \$_____

INCOME:

(Check all that apply & include documents.)

- Employer (W-2)
- Self-Employment*
- Interest (1099-Int)
- Social Security (SSA-1099)
- Retirement plan distribution* (1099-R)
- Dividends (1099-Div)
- Rental Property*
- Stock or Mutual Fund sale (1099-B)
- Unemployment

EXPENSES:

(Check all that apply & include documents.)

- Self-Employment*
- Un-reimbursed by your employer
- Education
- Rental Property*
- Medical/Dental care
- Union Dues

CREDIT & DEDUCTIONS:

(Check all that apply & include documents.)

- Donate cash or goods to a charity?
- Pay Student Loan interest?
- Pay Child/Dependent Care expense?
- Have a Mortgage Payment? (1098)
- Make an IRA Contribution?
- Make a major taxable purchase?
- Pay Property Taxes?
- HSA Contribution?

