

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	e ready?:					
CLIENT IN	IFORMATION:					
Primary Taxpayer:	Spouse:					
First Name: Middle:	First Name: Middle:					
Last Name:	Last Name:					
Date of Birth:	Spouse Date of Birth:					
SSN# or ITIN:	Spouse SSN# or ITIN:					
Marital Status: ☐ Single ☐ Married ☐ Widowed Occupation:						
Occupation:	Physical Address (If different):					
Physical Address:						
City, State, Zip:	Best Phone Number:					
Preferred Contact Method:	Email:					
Best Phone Number:						
Email:						

DEPENDENTS* (or person living in your household)

	Name	Relationship	Date of Birth	SS# or ITIN	Full- Time	Disabled?	
					Student?	☐ Yes	
					☐ Yes ☐ No	☐ No	
					☐ Yes	□ Yes	
					□ No	□ No	
					☐ Yes ☐ No	☐ Yes ☐ No	
					☐ Yes ☐ No	☐ Yes ☐ No	
					☐ Yes	☐ Yes	
					□ No	□ No	
	professional. This is critical to he Depen Name of the Child: Name of School: Address of School: FEIN of School: Total amount paid: \$	dent Care Expense	s:(Pre-School or	After School)		es.	
	INCOME:	EXF	EXPENSES: CREDIT & DEDU		EDUCTIONS	:	
	(Check all that apply & include docum	include documents.) (Check all that apply & include documents.) (Check all that apply & include documents.)		ts.)			
	☐ Employer (W-2)	☐ Self-E	Employment*	☐ Donate cash or good		оа	
	☐ Self-Employment*	☐ Un-reim	☐ Un-reimbursed by your employer		charity?		
	□ Interest (1099-Int)	er			☐ Pay Student Loan interest?		
	☐ Social Security (SSA-10	D99)	☐ Education		☐ Pay Child/Dependent Care expense?		
	☐ Retirement plan distribution*		☐ Rental Property*		•		
	(1099-R)	☐ Medical/Dental care		☐ Have a Mortgage Payment? (1098)			
	□ Dividends (1099-Di	v) 🗆 Uı	nion Dues	☐ Make an IRA Contribution?		n?	
☐ Rental Property*					☐ Make a major taxable		
	☐ Stock or Mutual Fund (1099-B)	sale	purchase?		3		
	,			☐ Pay Prop	perty Taxes?		
	☐ Unemployment			□ HSA Co	ontribution?		

	he \$150.00 sit fee.	de that you do not want us to			
is a commercial tax preparation busines	correct to the best of my/our knowledge. I fully ur ss and does not prepare taxes for free. A&F FI d after we have prepared your taxes and you dec	NANCIAL charges a minimum			
Ц	Yes I agree with the Statement				
Dependents: (Only list the ones that you for EIC purposes) The IRS has been spot that you have the right to claim your dependent able to prove that you are eligible to repay previous years of EIC for those dehave court papers placing the dependent dependents support, and the dependent previous year. You are responsible for a filing of your Tax Return, so make sure the	intend to claim on your taxes, dependents must be the checking tax returns to verify EIC eligibility, be so bendents for EIC in the event of an IRS mail audit claim your dependents for EIC purposes you will expendents. You must be related to your EIC dependents in your custody and care. You must have put must have lived in the household with you for any and all information provided to A&F FINANCI, and all the information is true and correct.	be related by blood or marriage sure that you are able to prove of your Tax Return. If you are be denied EIC and required to endents by blood, marriage, or provided at least 50% of the at least six months during the			
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plan through the federal or state marketplace?	☐ Change in marital status?				
☐ Enrolled in a health insurance	☐ Have gambling winnings/losses?				
plan?	☐ Suffer catastrophic loss?				
or government health insurance	☐ Adopt a child?				
☐ Covered by a qualified employer, private	☐ Pay/Receive alimony?				
your household:	☐ Sell a home?				
Were you or any members of	Did you or your spouse:				
(Check all that apply & include documents.)	(Check all that apply.)				
HEALTH INSURANCE:	MISCELLANEOUS*:				