



Elma's Tax Service

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CLIENT INFORMATION SHEET

2018 TAX YEAR

YOUR INFORMATION

Your Full Name: _____ Birth Date: ____/____/____
Occupation in 2018: _____ SS#: ____-____-____
Can you be claimed as a dependent on someone else's tax return? Yes No

SPOUSE INFORMATION

Spouse's Full Name: _____ Birth Date: ____/____/____
Occupation in 2018: _____ SS#: ____-____-____

ADDRESS & CONTACT INFORMATION

Mailing Address: _____
Physical Address: _____
Your Cell Phone: (____)-____-____ Email address: _____@_____
Spouse Cell Phone: (____)-____-____ Email address: _____@_____
Other Phone: (____)-____-____ Other Phone: (____)-____-____
Would like appointment reminders via: Text Email Both None

FILING STATUS

Marital status at the end of 2018: Single Married Head of Household
If married, did you live apart from your spouse during the last 6 months of 2018? Yes No
By answering "Yes," you are confirming that if requested by the IRS, you can provide documentation that verifies your spouse did not live with you during the last 6 months of the year, such as a lease agreement, utility bills, a letter from a clergy member, or a letter from social services.
If HOH, did you pay for over half of the cost of keeping up your home during 2018? Yes No
Upkeep expenses include rent, utilities, food eaten in the home, mortgage interest, real estate taxes, and insurance on the home. If you use payments you received under any public assistance program to pay for part of the cost of keeping up your home, you cannot count them as money you paid. However, you must include them in the total cost of keeping up your home to figure if you paid over half the cost. By answering "Yes," you are confirming that if requested by the IRS, you can provide documentation that verifies you paid for over half the cost of keeping up your home, such as rent receipts, utility bills, grocery receipts, and other household bills.

DEPENDENTS

FIRST NAME	LAST NAME	BIRTH DATE	SS #	RELATIONSHIP	# MOS IN HOME

REQUIRED INFORMATION FOR DEPENDENTS

Are you claiming a child who was between 19 and 23 years of age at the end of 2018 and a full-time student for any part of five calendar months during 2018? Yes No

If yes, please include a copy of the 1098-T issued to the student for 2018

Are you claiming a child who is permanently and totally disabled? Yes No

If yes, please include documentation that verifies the child is permanently and totally disabled, such as a note from a doctor, healthcare provider, or social service program.

Are you claiming a child who is not your own son or daughter?

If yes, please explain why the parents of the child are not claiming the child & provide Form 8332 signed by the custodial parent. _____

Are you claiming child care expenses? Yes No

If yes, please include a year end statement from the provider which include provider name, address, EIN or SSN & amount paid.

Required documentation for all dependents:

- **documentation that shows evidence of the relationship between you and each of your dependents listed above. (birth certificates, marriage certificates, court documents, letters from authorized placement agencies, etc.).**
- **documentation shows evidence that each of your dependents lived with you for the number of months stated above during 2018 (school, medical, childcare provider, social service records, etc.).**

HEALTH CARE COVERAGE INFORMATION

Please provide health care coverage information for 2018 for each member of your tax household. As a reminder, you and each member of your tax household are required by law to either have basic health insurance for the entire year, qualify for a coverage exemption, or pay a penalty when you file your Federal income tax return. A 1095 form will be mailed to your home address and include that with your tax documents provided to us.

Exemptions (there are more but we can help you calculated those):

- Went without coverage for less than 3 consecutive months.
- Lived abroad, or not a citizen of the U.S.
- Member of a health care sharing ministry.
- Member of a Federally-recognized Indian tribe or eligible for services through an Indian health care provider.
- Incarcerated following a conviction.

DURING 2018, DID YOU OR YOUR SPOUSE...

Live or work in any other states? Yes No

If yes, please explain. _____

Receive any of the following? (Provide documentation of all that apply)

- Wages or Salaries Self- Employment income or a 1099-Misc Gambling Wins
 Unemployment Income Pension, Annuity, IRA or retirement income Interest Income
 Social Security Benefits Advance Premium Tax Credit Other _____

Make payments for any of the following? (Provide documentation of all that apply)

- Student Loan Interest Home Mortgage Interest Gambling Losses
 Real Estate Taxes IRA Contribution Other _____