WELCOME TO PUMA ACCOUNTING!

To make it easier for you and meet your tax preparation expectations, take some time to fill out this information below as honestly and accurately as possible. Providing all forms and paperwork will assist in a speedy process. Please call us if you have any questions during your income tax filing process.

DROP OFF, SCHEDULE & GO!

Are you a returning Puma Accounting Client? $\square Y \mid \square N$ If yes, do you have a preferred Tax Specialist? (please provide name): _

SAVE TIME & MONEY WHEN FILING YOUR INCOME TAXES

What date would you like for your re	eturn to be r	ready b	y?:				
CLIENT INFORMATION:							
Primary Taxpayer Name:				Spouso Na	mo:		
Date of Birth:/ SS# or ITIN:				Spouse Name:			
Occupation:				Spouse Date of Birth:			
Physical Address:				Spouse SSN# or ITIN:			
City. State, Zip:				Occupation:			
Preferred Contact: ☐ Email				Physical Address (if different):			
Best Phone Number: ()							
Email:				Best Phone Number:			
Marital Status: ☐ Single │ ☐ Married │ ☐ Widowed				Email:			
Can you be claimed as a dependent Are you an active member or the sp	-			r of the military?	JY ∣ □ N		
DEPENDENTS* (or people living in your h	household)						
Name	Relationship		Date of Birth	SSN# or ITIN (ne	w clients only)	Full-Time Student	Disabled?
*If any dependents listed did not live a critical to help you accurately report yo					ss this with your tax s	specialist. This is	
CHECKLIST: DOCUMENTS & FORMS more details on reverse side of page INCOME: 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)		EXPEN Self Un-i Edu Ren Unic	PENSES: Self Employment* Jn-reimbursed by your employer Education Rental Property* Medical/Dental care Jnion Dues EDITS & DEDUCTIONS: Donate cash or goods to charity?		HEALTH INSURANCE: (Check all th at apply & include documents) Where you or any member of your household: □ Covered by a qualified employer, private or government health insurance plan? □ Enrolled in a health insurance plan through the federal or state marketplace? MISCELLANEOUS*:		

PILER(S) INFORMATION PERSONAL Your social security number (SSN) or tax ID# Your spouse's full name and SSN or tax ID# DEPENDENT(S) Dates of birth and social security numbers or tax ID# Childcare records (including the provider's tax ID#) Income of other adults in your home Form 8332: child's custodial parental rights release SOURCES OF INCOME EMPLOYED ALL W-2 Forms UNEMPLOYED: Unemployment, state tax refund (1099-G) SELF-EMPLOYED FORMS 1099 Schedules K-1 Income records to verify amounts not reported on 1099s Records of all expenses Invoices & Receipts Check registers Credit card statements and receipts Business-use asset information for depreciation Office in home information, if applicable Record of estimated tax payments made (Form 1040-ES) RENTAL INCOME Records of income and expenses Rental asset information for depreciation Record of estimated tax payments made (Form 1040-ES) RETIREMENT INCOME Pension/IRA/annuity income (1099-R) Traditional IRA basis Social security/RRB income (1099-SSA, RRB-1099) SAVINGS & INVESTMENTS OR DIVIDENDS Interest, dividend income (1099-INT, 1099-OID, 1099-DIV) Income from sales of stock or other property (1099-B, 1099-S) Dates of acquisition and records of your cost or other basis in property you sold (if basis is not reported on 1099-B, 1099-S) Dates of acquisition and records of your cost or other basis in property you sold (if basis is not reported on 1099-B, 1099-S) Health Savings Account and long-term care reimbursements Record of estimated tax payments made (Form 1040-ES) OTHER INCOME & LOSSES Gambling income (W-2G or records showing income & expense records) Jury duty records Hobby income and expenses Prizes and awards Trusts Royalty Income 1099-Misc. Any other 1099s received Record of alimony paid/received with ex-spouse's name & SSN	TYPES OF DEDUCTIONS HOME OWNERSHIP Forms 1098 or other mortgage interest statements Real estate and personal property tax records Receipts for energy-saving home improvements All other 1098 series forms Charitable Donations Cash amounts donated to houses of worship, schools, other charitable organizations Records of non-cash charitable donations Amounts of miles driven for charitable or medical purposes MEDICAL EXPENSES Amounts paid for healthcare insurance & to doctors, dentists, hospitals HEALTH INSURANCE Form 1095-A if you enrolled in an insurance plan through the Marketplace (Exchange) Form 1095-B and/or 1095-C if you had insurance coverage through any other source (e.g., an employer, insurance company, or government health plan such as Medicare, Medicard, CHIP, TRICARE, VA, etc.) Marketplace exemption certificate (ECN) if you applied for and received an exemption from the Marketplace (Exchange) CHILDCARE EXPENSES Fees paid to a licensed day care center or family day care for care of an infant or preschooler Wages paid to a baby-sitter Don't include expenses paid through a flexible spending account at work EDUCATIONAL EXPENSES Forms 1098-T from educational institutions Receipts that itemize qualified educational expenses Receipts that itemize qualified educational expenses Receipts for classroom expenses (for educators in grades K-12) STATE & LOCAL TAXES Amount of state/local income tax paid (other than wage withholding), or amount of state and local sales tax paid Invoice showing amount of vehicle sales tax paid Invoice showing amount of vehicle sales tax paid Invoice showing amount of state and local sales tax paid Invoice showing amount of personal sales tax paid ReTIREMENT & OTHER SAVINGS Form 5498-5A showing IRA contributions Form 5498-5A showing IRA contributions Records to support property losses (appraisal, clean up costs, etc.) Records to support property losses (appraisal, clean up costs, etc.) Records to support property losses (a						
TAX SPECIALIST OR CLIENT SERVICES PROFESSIONAL TO COMPLETE SECTION BELOW: Please follow ALL steps Client received the Privacy Policy: Y Client Reviewed and signed the Client Service Agreement: Y Is the client interested in Refund Transfer?: Y DN If Yes, has the client reviewed and signed the Consent to use? Y DNA							
How would the client like to review and approve their tax return? ☐ Approve Online ☐ Return to Office							
If Approval Online is selected, you must verify Tax payer and Spouse (if applicable) unexpired government-issued photo ID							
Taxpayer ID Type: Exp Date:	Spouse ID Type: Exp Date:						
Taxpayer ID Number:	Spouse ID Number:						
Place of Issuance, if any	Place of Issuance, if any						
Date of Issuance if any	Date of Issuance if any						
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