



BAKER BUSINESS & TAX SOLUTIONS, PLLC

To better serve you and meet your tax preparation expectations, we ask that you take a few minutes to complete the information below. If you have any questions while completing this form, please don't hesitate to ask.

- A** ➔ Fill out this form to the best of your knowledge, and review and sign the legal documents.
- B** ➔ You can choose to leave this form and your tax documents with us or you can choose to have a 10--15 minute meeting with our tax professional.
- C** ➔ After your tax return is ready, you can come back to the office to complete it, or choose our APPROVE ONLINE option to finish your return online.

Are you a returning BBTS Client? YES ___ NO ___

CLIENT INFORMATION:

Marital Status: ___ Single ___ Married ___ Widowed

Primary Taxpayer Name: _____ Spouse Name: _____

Date of Birth: _____ Spouse Date of Birth: _____

SSN or ITIN: _____ Spouse SSN or ITIN: _____

Street Address: _____ Spouse Street Address, or SAME: _____

City, State, Zip: _____ Spouse City, State & Zip, or SAME: _____

Preferred Contact Method: ___ Telephone ___ Email

Telephone #: _____ Spouse Telephone #: _____

Email: _____ Spouse Email: _____

Occupation: _____ Spouse Occupation: _____

Can you be claimed as a dependent by someone else? ___ YES ___ NO

Are you or your spouse/dependent an active member of the military? ___ YES ___ NO

DEPENDENTS* (or person living in your household)

Name	Relationship	Date of Birth	SSN or ITIN	Full-Time Student?	Disabled?

**if any dependents listed do not live at the primary taxpayers 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.*

(Check all that apply & include documents)

INCOME:

<input type="checkbox"/>	Employer (W-2)
<input type="checkbox"/>	Self-Employment*
<input type="checkbox"/>	Interest (1099-Int)
<input type="checkbox"/>	Social Security/Retirement
<input type="checkbox"/>	Dividends (1099-Div)
<input type="checkbox"/>	Rental Property*
<input type="checkbox"/>	Stock or Mutual Fund sale(1099-B)
<input type="checkbox"/>	Unemployment

EXPENSES:

<input type="checkbox"/>	Self Employment*
<input type="checkbox"/>	Un-reimbursed by your employer
<input type="checkbox"/>	Education
<input type="checkbox"/>	Rental Property*
<input type="checkbox"/>	Medical / Dental care
<input type="checkbox"/>	Union Dues
<input type="checkbox"/>	
<input type="checkbox"/>	

CREDIT & DEDUCTIONS:

<input type="checkbox"/>	Donate cash or goods to a charity?
<input type="checkbox"/>	Pay Student Loan interest?
<input type="checkbox"/>	Pay child/dependent care expense?
<input type="checkbox"/>	Have a mortgage payment? (1098)
<input type="checkbox"/>	Make an IRA Contribution?
<input type="checkbox"/>	Make a major taxable purchase?
<input type="checkbox"/>	Pay property taxes?
<input type="checkbox"/>	

HEALTH INSURANCE:

Were you or any members of your household:

<input type="checkbox"/>	Covered by a qualified private or government health insurance plan?
<input type="checkbox"/>	Enrolled in a health insurance plan through the federal or state marketplace?
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

MISCELLANEOUS*:

(Check all that apply)

Did you or your spouse:

<input type="checkbox"/>	Sell a home?
<input type="checkbox"/>	Take an IRA or 401(k) distribution?
<input type="checkbox"/>	Pay / Receive alimony?
<input type="checkbox"/>	Adopt a child?
<input type="checkbox"/>	Suffer catastrophic loss?
<input type="checkbox"/>	Have gambling winnings/losses?

**if this applies, we recommend you meet with your tax professional to discuss your tax situation before dropping off your information.*

TAX PROFESSIONAL OR CLIENTSERVICE PROFESSIONAL COMPLETE THE SECTION BELOW:

Follow up

How would the client like to review and approve their tax return?

BBTS Office – Appointment time & date: _____

Approve Online: _____ ***If approve online is selected, taxpayer identity & spouse identity must be verified.*

Taxpayer ID Type: _____ Exp Date: _____ Spouse ID Type: _____ Exp. Date: _____

Place of Issuance, if any: _____ Place of Issuance, if any: _____

Date of Issuance, if any: _____ Date of Issuance, if any: _____