

# EL TRIUNFO TAX SERVICES!

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.

**1**

Fill out this form to the best of your knowledge, and review and sign.

**2**

You can choose to leave this form and your tax documents with the front desk or you can choose to have a 10-15 minute meeting with your tax professional.

**3**

After your tax return is ready, you can come back in to the office to complete it or we can complete it online.

Are you a returning El Triunfo Tax Services Client?  Y  N

First time with us? Send us your last tax return and tell us how you heard about us: \_\_\_\_\_

Tax Year: \_\_\_\_\_

Filing Status:  Single  MFJ  MFS  HOH

Would you like to designate \$3 to the presidential campaign fund?  Y  N

### TAXPAYER INFORMATION

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 SSN or ITIN: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Best Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Preferred Contact Method:  Email  Text  Phone  Mail

Can you be claimed as a dependent by someone else?  Y  N

### SPOUSE INFORMATION

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 SSN or ITIN: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address (If different): \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Best Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Are you or your Spouse / Dependent an active member of the military?  Y  N

### DEPENDENTS (person you provide more than half of their support)

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

**INCOME:***(Check all that apply & include documents.)*

- Employer (W-2)
- Interest (1099-Int)
- Social Security / Retirement (SSA-1099)
- Dividends (1099-Div)
- Stock or Mutual Fund Sale (1099-B)
- Unemployment (1099-G)
- Cancellation of Debt (1099-C)
- Buy / Sell Crypto Currency
- Other: \_\_\_\_\_

**BUSINESSES:***(Check all that apply & include documents.)*

- Self-Employment Income (1099-NEC)
- Self-Employment Expenses
- Rental Property (Income / Rent)
- Rental Property (Expense)
- S-Corp, LLC, or Partnership (K-1)
- PPP Loan / SBA Loan / EDIL Grant / ERC or Other
- Single-Member LLC
- Automobile used for business. Mileage \_\_\_\_\_

**CREDIT & DEDUCTIONS:***(Check all that apply & include documents.)*

- Donate cash or goods to a charity?
- Pay Student Loan interest? (1098-E)
- Pay Child / Dependent Care expense?
- Have a Mortgage Payment (1098)
- Make an IRA Contribution
- Pay Property Taxes?
- Tuition Paid (1098-T)
- Prepaid Taxes?
- Third Stimulus / EIP (Letter 6475)
- Received Advanced Child Tax Credit? (Letter 6419)

**HEALTH INSURANCE:***(Check all that apply & include documents.)*

- Covered by a qualified private or government health insurance plan?
- Enrolled in a health insurance plan through the federal or state marketplace?
- Received Form 1095-A, 1095-B, or 1095-C
- Out-of-Pocket Medical / Dental Expenses

**MISCELLANEOUS:***(Check all that apply)*

- Sell a home? (1099-S)
- Adopt a child?
- Suffer catastrophic loss?
- Have gambling winnings / losses?
- Take an IRA or 401(k) distribution (1099-R)

**DUE DILIGENCE:**

- Copy of Prior Year Tax Return
- Copy of Driver Licenses
- Copy of Taxpayer, Spouse, and Dependents SSN / ITIN Cards
- Copy of Birth Certificates for Dependents
- Proof of Health Insurance
- Proof Residence for Dependents

**NOTES SECTION**

TAXPAYER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SPOUSE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**INTERNAL USE ONLY:** PCS FCS ACS UTCS Client Portal