

P. O. Box 431, New Hartford, CT 06057 Phone: (860) 738-1040

COMPLETE ONLY I	F THERE ARE ANY CH	ANGES FROM	1 YOU	JR PRIOR INCOME	TAX FILING THRO	UGH US.
TAXPAYER				SPOUSE		
Name:				Name:		
SS#:				SS#		
Date of Birth:				Date of Birth:		
Occupation:				Occupation:		
Address:		City:		State:	Zip:	
Telephone:	Cell:		Email:			
	CI	HILDREN AND	OTHE	R DEPENDENTS		
Name:	Birt	Birthdate:		SS#:		
Name:	Birt	Birthdate:		SS#:		

In the event you are due a refund,	, please provide your o	direct deposit information:	Circle one: Checking or Savings
Routing:	Account:	Bank N	ame:

SS#:

Education Expenses:

THESE ARE SOME OF THE ITEMS THAT WE WILL NEED FOR THE PREPARATION OF YOUR TAXES:

Copy of all W-2's for Wages

Name:

IRA Contributions:

Copy of all W2-P or 1099's for Pensions, IRA's or Annuity Distributions

Birthdate:

- Copy of all W2-G's for Gambling Winnings
- 1095-A for Subsidized Health Insurance, CT Access Health- Not CT Husky
- 1099-SA For HSA/MSA Distributions. Form 5498-SA for Contributions
- 1099-G for Government Payments including Unemployment, Taxable Refunds and Paid Leave
- 1099 Forms for Interest, Dividends, Stock Sales, and Brokerage Accounts
- SSA –1099 Social Security Benefits, Disability and Railroad Retirement.
- 1099-K Third Party Payments
- Schedule K-1 Forms for Partnerships, Corporations, Trusts or Estate Income
- Energy Efficient Primary Home Improvement, EV Purchase Receipts
- Charitable Contribution Receipts
- ANY other INCOME received

Applicable Printable Deduction Organizers are available on our website.

If you are a new client, please bring a copy of your previous year's tax return.