

TAX YEAR _____

YOUR INFORMATION

Your Full Name	Social Security Number	Birth Date	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SPOUSE'S INFORMATION

Spouse's Full Name	Social Security Number	Birth Date	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS & CONTACT INFORMATION

Mailing Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address (If different, or if Mailing Address is a P.O. Box)	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Cell Phone	Spouse's Cell Phone	Other Phone	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FILING STATUS

Marital status at the end of tax year.

☐ Single ☐ Married

If married, did you live apart from your spouse during the last 6 months of this tax year?

☐ 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.

Can you be claimed as a dependent on someone else's tax return?

☐ Yes ☐ No

Did you pay for over half the cost of keeping up your home during this tax year?

☐ 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	Social Security Number	Relationship to You	# of Months Lived with You in 2019

If requested by the IRS, what documentation can you provide 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.)?

If requested by the IRS, what documentation can you provide that shows evidence that each of your dependents lived with you for the number of months stated above during this tax year (school, medical, childcare provider, social service records, etc.)?

REQUIRED INFORMATION FOR DEPENDENT CHILDREN

If you are claiming a dependent child on your tax return, in order for us to meet certain requirements set forth by the IRS, you are required to accurately and thoroughly answer all questions listed below. If applicable, be sure to provide a detailed explanation for each child you are claiming. Your tax preparer will review each question that pertains to your situation during the preparation of your tax return.

Are you claiming a child who was between 19 & 23 years of age at the end of this tax year and a full-time student for any part of five calendar months this year? If yes, please list the educational institution and the months attended by the child as a full-time student.

☐ Yes ☐ No

Are you claiming a child who is permanently and totally disabled? If requested by the IRS, can you provide documentation that verifies the child is permanently and totally disabled, such as a note from a doctor, healthcare provider, or social service program?

☐ Yes ☐ No

Are you claiming a child who is under age 13? If yes, please explain who provided child care while you worked?

☐ Yes ☐ No

Are you claiming a child who lived with any other adult relative for more than half the year during this tax year? If yes, please list each adult relative who lived in the same home as the child for more than half the year, their relationship to the child, and their income for current tax year.

☐ Yes ☐ No

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.

☐ Yes ☐ No

TAX PREPARER'S NOTES

HEALTH CARE COVERAGE INFORMATION

In the table below, please provide accurate and thorough health care coverage information for current tax year 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.

Family Member	Coverage All of year	Coverage Part of the Year (List Months During year with Coverage)	Type of Health Care Coverage (See Types of Qualifying Coverage Below)	No Coverage in year
You	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Your Spouse	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Your Dependents (List Each)				
(1)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
(2)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
(3)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
(4)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
(5)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Types of Qualifying Health Care Coverage

- Employer or Job-Based Plan
- Plan purchased directly from an insurance company
- Medicare
- TRICARE
- Marketplace or Exchange Plan
- Student Health Plan purchased at a college or university
- Medicaid/CHIP
- VA Health Program

EXEMPTIONS FROM HAVING HEALTH CARE COVERAGE

If you or any other member of your tax household went without qualifying health care coverage at any time during tax year, do any of the following exemptions apply?

Received an exemption from the Marketplace because of financial or personal hardship, religious conscience, etc. Must provide the Exemption Certificate Number received from the Marketplace.	<input type="checkbox"/>	Prep Code
Would have been required to pay more than 8.05% of household income for the lowest cost coverage available. Must provide documentation from your employer or the Marketplace (if not eligible for employer coverage) showing the premiums you would have paid each month for the lowest cost coverage available to you and/or your family.	<input type="checkbox"/>	A/G
Went without coverage for less than 3 consecutive months.	<input type="checkbox"/>	B
Lived abroad, or not a citizen of the U.S.	<input type="checkbox"/>	C
Member of a health care sharing ministry.	<input type="checkbox"/>	D
Member of a Federally-recognized Indian tribe or eligible for services through an Indian health care provider.	<input type="checkbox"/>	E
Incarcerated following a conviction.	<input type="checkbox"/>	F
Resided in a state that did not expand Medicaid, and household income was below 138% of the federal poverty line.	<input type="checkbox"/>	G
General Hardship. You experienced a hardship that prevented you from obtaining qualified coverage.	<input type="checkbox"/>	G
Member of your tax household born, adopted, or died during 2018 and another exemption claimed on Form 8965.	<input type="checkbox"/>	H

TAX PREPARER'S USE ONLY

Household Income: _____ Below Filing Threshold? ☐
Household income is MAGI plus the MAGI of each dependent required to file a tax return. MAGI is AGI plus tax-exempt interest and Form 2555 exclusions.

Gross Income: _____ Below Filing Threshold? ☐
Gross income is all income received that is not exempt from tax. It includes gains from the sale of a main home (regardless of exclusion of gain), capital gains, (not reduced by losses), and gross income from a business (not reduced by expenses). Include only the taxable part of Social Security benefits.

2018 Gross Income Filing Thresholds:

S	<65	\$12,000	≥65	\$13,600			MFS	Any	\$5		
HOH	<65	\$18,000	≥65	\$19,600			QW	<65	\$24,000	≥65	\$25,300
MFJ	2<65	\$24,000	1≥65	\$25,300	2≥65	\$26,600					

DURING TAX YEAR, DID YOU OR YOUR SPOUSE...

☐ Live or work in any other states? If yes, please explain.

Receive any of the following?

☐ Wages or salaries

☐ Unemployment compensation

☐ Social Security benefits

☐ Self-employment income or a 1099-MISC

☐ Pension, annuity, IRA, or retirement income

☐ Interest on savings or stock dividends

☐ Gambling winnings

☐ Advance Premium Tax Credit

☐ Other _____

Make payments for any of the following?

☐ Daycare expenses

☐ Home mortgage interest

☐ Real estate taxes

☐ Student loan interest

☐ College tuition

☐ IRA contribution

☐ Other _____

TERMS OF ENGAGEMENT

Tax Notary Express will prepare your Federal & State income tax returns if applicable using information you provide. We may ask for clarification of some items, but we will not audit or otherwise verify the information you give to us.

YOUR RESPONSIBILITIES

It is your responsibility to provide all the information required for the preparation of complete and accurate tax returns. You should retain all documents, cancelled checks, and other data that support your reported income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for your income tax returns, and therefore, you should review them carefully before you sign them.

OUR RESPONSIBILITIES

We are responsible for taking the information given to us by you and ensuring your tax returns are accurate to the best of our knowledge. We are also responsible for the timely electronic filing of your tax returns.

During our engagement with you, we may provide you with an estimated refund date. We do not however have any influence over the IRS or State issuing your refunds. These taxing authorities do not guarantee a specific date that a tax refund will be issued.

Your tax returns may be selected for audit by a taxing authority. In the event of a tax examination, we can arrange to assist you with any correspondence or communication that is initiated by the IRS or State.

It is our policy to keep records related to this engagement for 3 years. However, we do not keep any of your original records, so you should retain these records in secure storage. Upon the expiration of the 3 year period, we are free to destroy our records related to this engagement.

In the event of a complaint related to the services we provide, we agree to discuss the complaint, and if necessary, to take action in a good faith effort to resolve the complaint. If we make an error on your tax return, and it is discovered after the return has been filed, we will create a 1040X to amend any errors. However, we are not responsible for additional taxes that may be required due to an error.

All information I have given is true and correct to the best of my knowledge. I also agree to and accept the Terms of Engagement.

Your Signature

Spouse's Signature

Date