CLIENT CHECKLIST

OFFICE USE ONLY:	
DROP OFF DATE: _	//
REC'D BY:	

NAME(S)	BEST PHONE NUMBER TO CALL				
BEST EMAIL CONTACT:	@		_·		
1. MARITAL STATUS: SINGLE MAR	RIED/JOINT	MARRIED/SEPARATE	WIDOWED		
2. HOW MANY DEPENDENTS ARE YOU CLAIM	(IF THEY DO NOT LIVE W	MANY DEPENDENTS <u>LIVE</u> WIT TH YOU THEN YOU NEED FORM 8332,	H YOU? FROM CUSTODIAL PA	ARENT)	
3. FORMS INCLUDED: # OF W2's #	OF 1099R's # OF	1099MISC's # OF 10	99NEC's		
WELFARE/AFDC W	NEMPLOYMENT COMP 'ORKMAN'S COMP LIMONY: DIVORCE DATE: SES ASSOCIATED WITH GIG I UAL/CRYPTO CURRENCY (B	SOCIAL SECURITY GAMBLING/LOTTERY // ECONOMY (LYFT, UBER, AIRBNE TCOIN, LIBRA, ETC.)		NO	
5. DID YOU RECEIVE FRONTLINE WORKER PA	AY (HERO PAY) FOR \$487.4	5? TAXPAYER:	SPOUSE:		
6. DO YOU PAY FOR CHILD CARE AND IS THE	INFO INCLUDED?		YES	NO	
7. DO YOU HAVE EDUCATION EXPENSES? (MI	JST SPECIFY GRADE BELOV	v)	YES	NO	
K – 12COLLEGE (109	8-T REQUIRED)	CONTINUING EDUCATION			
8. DID YOU BUY, SELL OR REFINANCE YOUR I ARE THE SETTLEMENT PAPERS INCL IF REFINANCE: HOW MANY YEARS DI	UDED?	YES	NO YES	NO	
9. DO YOU HAVE QUALIFIED CHARITABLE DO (PLEASE INCL	ONATIONS (QCD) FROM RET UDE RECEIPTS AND DOLLAR		YES	NO	
10. DO YOU MAKE STUDENT LOAN PAYMEN'	ΓS?		YES	NO	
FORM 1098-E INCLUDED? (REPORTS)			YES	NO	
NEED TOTAL AMOUNT OF PAYMENTS	MADE DURING YEAR:	\$			
ORIGINAL AMOUNT BORROWED		\$			
11. IF YOUR HEALTH INSURANCE IS THROUGH	GH MNSURE-IS <u>FORM 1095</u>	A ENCLOSED? *REQUIRED*	YES	NO	
12. DO YOU OR YOUR SPOUSE CONTRIBUTE	TO A TRADITIONAL IRA?		YES	NO	
13. DO WE HAVE CORRECT DIRECT DEPOSIT			YES	NO	
14. MN LAW NOW REQUIRES WE ASK, "DO Y If yes, list amount \$ (This will			YES	NO	
** PLEASE	FILL OUT GRAY I	FOLDER ALSO **			
QUESTIONS/NOTES: (use back if necessary)					