## NEW CLIENT INFORMATION FORM:

**PLEASE PROVIDE PAST 1 YEAR OF TAX RETURNS BOTH FEDERAL AND STATE.**

**PLEASE DO NOT E-MAIL SENSITIVE INFORMATION UNLESS IT IS PASSWORD PROTECTED. YOU MAY UPLOAD IT TO OUR SECURE CLIENT WEB PORTAL.**

DATE: ______________________________

NAME (spouse on next page): ______________________________

HOME ADDRESS: ______________________________

HOME PHONE: ______________________________

CELL PHONE: ______________________________

HOME FAX: ______________________________

EMAIL: ______________________________

BANK NAME/ROUTING NUMBER FOR REFUNDS: ______________________________

BANK ACCOUNT NUMBER: ______________________________

BUSINESS PHONE: ______________________________

OFFICE FAX: ______________________________

SOCIAL SECURITY #: ______________________________

MARITAL STATUS: ______________________________

DATE OF BIRTH: ______________________________

DATE OF MARRIAGE: ______________________________

OCCUPATION: ______________________________

NAME OF EMPLOYER: ______________________________

TITLE: ______________________________

BUSINESS ADDRESS: ______________________________

REFERRED BY: ______________________________

**SPOUSE INFORMATION:**

NAME: ______________________________

CELL PHONE: ______________________________

SOCIAL SECURITY #: ______________________________

DATE OF BIRTH: ______________________________

EMAIL: ______________________________

OCCUPATION: ______________________________

NAME OF EMPLOYER: ______________________________

**DEPENDENT/CHILDREN INFORMATION:**

NAME: ______________________________

SOCIAL SECURITY #: ______________________________

DATE OF BIRTH: ______________________________

RELATIONSHIP: ______________________________

NAME: ______________________________

SOCIAL SECURITY #: ______________________________

DATE OF BIRTH: ______________________________

RELATIONSHIP: ______________________________

**DEPENDENT/CHILDREN INFORMATION (CONTINUED);**

NAME: ______________________________

SOCIAL SECURITY #: ______________________________

DATE OF BIRTH: ______________________________

RELATIONSHIP: ______________________________

NAME: ______________________________

SOCIAL SECURITY #: ______________________________

DATE OF BIRTH: ______________________________

RELATIONSHIP: ______________________________

______________________________

NAME: ______________________________

SOCIAL SECURITY #: ______________________________

DATE OF BIRTH: ______________________________

RELATIONSHIP: ______________________________

**PLEASE FILL OUT THE FOLLOWING PAGES TO THE BEST OF YOUR ABILITY.**

## Fixed / Equity Assets

| Product: | Taxpayer Value: | Spouse Value: | Joint Value: | Grand Total: |
|---|---|---|---|---|
| 401K/403B: Current Employer | | | **N / A** | $ 0 |
| 401K/403B: Former Employer | | | **N / A** | $ 0 |
| Regular IRA | | | **N / A** | $ 0 |
| Roth IRA | | | **N / A** | $ 0 |
| Brokerage Account | | | | $ 0 |
| Stocks (Outside Brokerage) | | | | $ 0 |
| Mutual Funds (Outside Brokerage) | | | | $ 0 |
| Bonds (Outside Brokerage) | | | | $ 0 |
| Savings/Money Market | | | | $ 0 |
| CD's | | | | $ 0 |
| Checking | | | | $ 0 |
| Annuities | | | | $ 0 |
| 529 Plans | | | | $ 0 |
| Cash Value Life | | | | $ 0 |
| Personal Property/Collectibles | | | | $ 0 |
| Real Estate | | | | $ 0 |
| Other (describe): | | | | $ 0 |
| Other (describe): | | | | $ 0 |
| Other (describe): | | | | $ 0 |
| **Total:** | $ 0 | $ 0 | $ 0 | $ 0 |

## Work Benefits

| Type | Value | Cost | Ownership |
|---|---|---|---|
| Life | | | |
| Disability | | | |
| Medical | | | |

## Liabilities

| Type | Current Balance | Original Balance | Term in Months | APR | Credit Amount | Payment Amount and Mode |
|---|---|---|---|---|---|---|
| Credit Card | | | | 0.00% | | |
| Auto Loan | | | | 0.00% | | |
| Auto Loan | | | | 0.00% | | |
| First Mortgage | | | | 0.00% | | |
| $2^{nd}$ Mortgage | | | | 0.00% | | |
| Equity Line | | | | 0.00% | | |
| Student Loan | | | | 0.00% | | |
| Other (describe): | | | | 0.00% | | |
| Other (describe): | | | | 0.00% | | |
| Total: | $ 0 | | | | | |

## Relationships and Documents

| | Contact Name | Phone Number | Document Title | Applicable Date |
|---|---|---|---|---|
| Attorney | | | | |
| Will | | | | |
| Prior Accountant | | | | |
| Trust(s) | | | | |
| Power of Attorney | | | | |
| Health Care Proxy | | | | |
| Inheritance Expected/Probate | | | | |

# Questions

**Please check the appropriate box and include all necessary details and documentation.**

| | Yes | No |
|---|---|---|
| **Personal Information** | | |
| Did your marital status change during the year? | ☐ | ☐ |
| If yes, explain: ______________________________________________ | | |
| Did your address change from last year? | ☐ | ☐ |
| Can you be claimed as a dependent by another taxpayer? | ☐ | ☐ |
| Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | ☐ | ☐ |
| **Dependent Information** | | |
| Were there any changes in dependents from the prior year? | ☐ | ☐ |
| If yes, explain: ______________________________________________ | | |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of $1900? | ☐ | ☐ |
| Do you have dependents who must file a tax return? | ☐ | ☐ |
| Did you provide over half the support for any other person(s) during the year? | ☐ | ☐ |
| Did you pay for child care while you worked or looked for work? | ☐ | ☐ |
| Did you pay any expenses related to the adoption of a child during the year? | ☐ | ☐ |
| **Purchases, Sales and Debt Information** | | |
| Did you start a new business or purchase rental property during the year? | ☐ | ☐ |
| Did you acquire a new or additional interest in a partnership or S corporation? | ☐ | ☐ |
| Did you sell, exchange, or purchase any real estate during the year? | ☐ | ☐ |
| Did you purchase or sell a principal residence during the year? | ☐ | ☐ |
| Did you foreclose or abandon a principal residence or real property during the year? | ☐ | ☐ |
| Did you acquire or dispose of any stock during the year? | ☐ | ☐ |
| Did you take out a home equity loan this year? | ☐ | ☐ |
| Did you refinance a principal residence or second home this year? | ☐ | ☐ |
| Did you sell an existing business, rental, or other property this year? | ☐ | ☐ |
| Did you incur any non-business bad debts this year? | ☐ | ☐ |
| Did you have any debts canceled or forgiven this year? | ☐ | ☐ |
| Did you purchase a new hybrid, alternative motor, or electric motor energy efficient vehicle this year? | ☐ | ☐ |
| Did you pay any student loan interest this year? | ☐ | ☐ |
| **Income Information** | | |
| Did you have any foreign income or pay any foreign taxes during the year? | ☐ | ☐ |
| Did you receive any income from property sold prior to this year? | ☐ | ☐ |
| Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? | ☐ | ☐ |
| Did you make any withdrawals from or contributions to an IRA, Keogh, SIMPLE, SEP, or other qualified retirement plan? | ☐ | ☐ |
| Did you make any withdrawals/contributions from/to a retirement plan (including IRA) due to Midwestern Disaster area relief? | ☐ | ☐ |
| Did you make any withdrawals from an education savings or 529 Plan account? | ☐ | ☐ |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year? | ☐ | ☐ |
| Did you receive any Social Security benefits during the year? | ☐ | ☐ |

Did you receive any unemployment benefits during the year? ☐ ☐
Did you receive any disability income during the year? ☐ ☐
Did you receive tip income not reported to your employer this year? ☐ ☐
Did any of your life insurance policies mature, or did you surrender any policies? ☐ ☐
Did you cash any Series EE or I U.S. Savings bonds issued after 1989? ☐ ☐

## Itemized Deduction Information

Did you incur a casualty or theft loss during the year? ☐ ☐
Do you have evidence to substantiate charitable contributions? ☐ ☐
Did you make any noncash charitable contributions (clothes, furniture, etc.)? ☐ ☐
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C. ☐ ☐
Did you have an expense account or allowance during the year? ☐ ☐
Did you use your car on the job, for other than commuting? ☐ ☐
Did you work out of town for part of the year? ☐ ☐
Did you have any expenses related to seeking a new job during the year? ☐ ☐
Did you make any major purchases during the year (cars, boats, etc.)? ☐ ☐
Did you make any out-of-state purchases (by telephone, internet, mail, in person) that the seller did not collect state sales or use tax? ☐ ☐

## Miscellaneous Information

Did you make gifts of more than $13,000 to any individual? ☐ ☐
Did you have any educational expenses during the year? ☐ ☐
Did you make any contributions to an education savings or 529 Plan account? ☐ ☐
Did you make any contributions to a Health savings account (HSA) or Archer MSA? ☐ ☐
Did you pay long-term health care premiums for yourself or your family? ☐ ☐
Did you pay any COBRA health care coverage continuation premiums? ☐ ☐
Did you engage in any bartering transactions? ☐ ☐
Are you an active participant in a pension or retirement plan? ☐ ☐
Did you retire or change jobs this year? ☐ ☐
Did you incur moving costs because of a job change? ☐ ☐
Did you, your spouse, or your dependents attend a post-secondary school during the year? ☐ ☐
Did you pay any individual as a household employee during the year? ☐ ☐
Did you make energy efficient improvements to your main home this year? ☐ ☐
Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country? ☐ ☐
Did you receive correspondence from the State or the Internal Revenue Service? ☐ ☐
If yes, explain: ______________________________________________
Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund. ☐ ☐
Did you pay state and local real estate property taxes this year? If yes, please attach a supporting statement. ☐ ☐

**NOTES:**

**<u>NO NEED TO FILL ANYTHING OUT. JUST SIGN THE LAST PAGE WHERE INDICATED</u>.**

**<u>PLEASE HAVE EACH SPOUSE (IF APPLICABLE) SIGN A SEPARATE FORM.</u>**

Form **8879**

Department of the Treasury
Internal Revenue Service

# IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

**2019**

Submission Identification Number (SID) ▶

| Taxpayer's name | **Social security number** |
|---|---|
| Spouse's name | **Spouse's social security number** |

**Part I** **Tax Return Information — Tax Year Ending December 31, 2019** (Whole dollars only)

| | | | |
|---|---|---|---|
| 1 | Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35) | **1** | |
| 2 | Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61) | **2** | |
| 3 | Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a) | **3** | |
| 4 | Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a) | **4** | |
| 5 | Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75) | **5** | |

**Part II** **Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537.** Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☑ I authorize Tasia Matacchieri to enter or generate my PIN | 5 | 8 | 5 | 6 | 2 | as my

**ERO firm name** — **Enter five digits, but don't enter all zeros**

signature on my tax year 2019 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ____________ Date ▶ ____________

**Spouse's PIN: check one box only**

☐ I authorize ____________ to enter or generate my PIN ☐☐☐☐☐ as my

**ERO firm name** — **Enter five digits, but don't enter all zeros**

signature on my tax year 2019 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ ____________ Date ▶ ____________

**Practitioner PIN Method Returns Only—continue below**

**Part III** **Certification and Authentication — Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. ☐☐☐☐☐☐☐☐☐☐☐

**Don't enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ ____________ Date ▶ ____________

**ERO Must Retain This Form — See Instructions**
**Don't Submit This Form to the IRS Unless Requested To Do So**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form 8879 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form8879*.

### Purpose of Form

Form 8879 is the declaration document and signature authorization for an e-filed return filed by an electronic return originator (ERO). Complete Form 8879 when the Practitioner PIN method is used or when the taxpayer authorizes the ERO to enter or generate the taxpayer's personal identification number (PIN) on his or her e-filed individual income tax return.

**CAUTION** *Don't send this form to the IRS. The ERO must retain Form 8879.*

### When and How To Complete

Use this chart to determine when and how to complete Form 8879.

| IF the ERO is . . . | THEN . . . |
|---|---|
| Not using the Practitioner PIN method and the taxpayer enters his or her own PIN | Don't complete Form 8879. |
| Not using the Practitioner PIN method and is authorized to enter or generate the taxpayer's PIN | Complete Form 8879, Parts I and II. |
| Using the Practitioner PIN method and is authorized to enter or generate the taxpayer's PIN | Complete Form 8879, Parts I, II, and III. |
| Using the Practitioner PIN method and the taxpayer enters his or her own PIN | Complete Form 8879, Parts I, II, and III. |

### ERO Responsibilities

The ERO must:

**1.** Enter the name(s) and social security number(s) of the taxpayer(s) at the top of the form.

**2.** Complete Part I using the amounts (zeros may be entered when appropriate) from the taxpayer's 2019 tax return. Form 1040-SS filers leave lines 1 through 3 and line 5 blank.

**3.** Enter or generate, if authorized by the taxpayer, the taxpayer's PIN and enter it in the boxes provided in Part II.

**4.** Enter on the authorization line in Part II the ERO firm name (not the name of the individual preparing the return) if the ERO is authorized to enter the taxpayer's PIN.

**5.** Provide the taxpayer(s) Form 8879 by hand delivery, U.S. mail, private delivery service, email, Internet website, or fax.

**6.** Enter the 20-digit Submission Identification Number (SID) assigned to the tax return, or associate Form 9325, Acknowledgement and General Information for Taxpayers Who File Returns Electronically, with Form 8879 after filing. If Form 9325 is used to provide the SID, it isn't required to be physically attached to Form 8879. However, it must be kept in accordance with published retention requirements for Form 8879. See Pub. 4164, Modernized e-File (MeF) Guide for Software Developers and Transmitters, for more details.

**CAUTION** *You must receive the completed and signed Form 8879 from the taxpayer before the electronic return is transmitted (or released for transmission).*

For additional information, see Pub. 1345.

### Taxpayer Responsibilities

Taxpayers must:

**1.** Verify the accuracy of the prepared income tax return, including direct deposit information.

**2.** Check the appropriate box in Part II to authorize the ERO to enter or generate your PIN or to do it yourself.

**3.** Indicate or verify your PIN when authorizing the ERO to enter or generate it (the PIN must be five digits other than all zeros).

**4.** Sign and date Form 8879. Taxpayers must sign Form 8879 by handwritten signature, or electronic signature if supported by computer software.

**5.** Return the completed Form 8879 to the ERO by hand delivery, U.S. mail, private delivery service, email, Internet website, or fax.

Your return won't be transmitted to the IRS until the ERO receives your signed Form 8879.

**Refund information.** You can check on the status of your 2019 refund if it has been at least 72 hours since the IRS acknowledged receipt of your e-filed return. But if you filed Form 8379 with your return, allow 11 weeks. To check the status of your 2019 refund, do one of the following.

- Go to *www.irs.gov/Refunds*.
- Call 1-800-829-4477 for automated refund information and follow the recorded instructions.
- Call 1-800-829-1954.

### Important Notes for EROs

- Don't send Form 8879 to the IRS unless requested to do so. Retain the completed Form 8879 for 3 years from the return due date or IRS received date, whichever is later. Form 8879 may be retained electronically in accordance with the recordkeeping guidelines in Rev. Proc. 97-22, which is on page 9 of Internal Revenue Bulletin 1997-13 at *www.irs.gov/pub/irs-irbs/irb97-13.pdf.*
- Confirm the identity of the taxpayer(s).
- Complete Part III only if you are filing the return using the Practitioner PIN method. You aren't required to enter the taxpayer's date of birth, prior year adjusted gross income, or PIN in the Authentication Record of the electronically filed return.
- If you aren't using the Practitioner PIN method, enter the taxpayer(s) date of birth and either the adjusted gross income or the PIN, or both, from the taxpayer's prior year originally filed return in the Authentication Record of the taxpayer's electronically filed return. **Don't** use an amount from an amended return or a math error correction made by the IRS.
- Enter the taxpayer's PIN(s) on the input screen only if the taxpayer has authorized you to do so. If married filing jointly, it is acceptable for one spouse to authorize you to enter his or her PIN, and for the other spouse to enter his or her own PIN. It isn't acceptable for a taxpayer to select or enter the PIN of an absent spouse.
- Taxpayers must use a PIN to sign their e-filed individual income tax return transmitted by an ERO.
- Provide the taxpayer with a copy of the signed Form 8879 for his or her records upon request.
- Provide the taxpayer with a corrected copy of Form 8879 if changes are made to the return (for example, based on taxpayer review).
- EROs can sign the form using a rubber stamp, mechanical device (such as a signature pen), or computer software program. See Notice 2007-79, 2007-42 I.R.B. 809, available at *www.irs.gov/irb/2007-42_IRB/ar10.html* for more information.
- Go to *www.irs.gov/Efile* for the latest information.