



**MUHLENKAMP
& ASSOCIATES, LLC**
CERTIFIED PUBLIC ACCOUNTANTS

Dear Client:

The attached worksheets will assist you in compiling and reporting information necessary for us to properly prepare your income tax return. Please complete the worksheets and include supporting documentation where necessary. If you have an appointment, we encourage you to drop off, or upload to our secure portal, this worksheet, last year's tax return, and any tax forms two weeks prior to your appointment. New information you subsequently receive can easily be added to your return.

Please provide us with the following documentation:

- A copy of last year's tax return, if not prepared by our office
- Copy of your Driver's License (we can make this copy for you)
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, retirement, etc.)
- Form(s) 1095 A, B, C (health insurance statement)
- Schedule(s) K-1 (income/loss from partnerships, S Corporations, etc.)
- Statements supporting deductions for mortgage interest, real estate tax, and charitable contributions
- Statements supporting educational expenses, deductions or distributions
- Brokerage statements from stocks, bonds, or other investment transactions
- Any tax notices received from the IRS, State, School, City or other taxing authorities

Thank you for your help in the completion of these worksheets.

Sincerely,

Muhlenkamp & Associates, LLC

Client Information

Taxpayer

Name..... _____

Social Security Number.. _____

Date of Birth _____

Driver's License # _____ Issue Date _____ Expiration Date _____

Spouse

Name..... _____

Social Security Number.. _____

Date of Birth _____

Driver's License # _____ Issue Date _____ Expiration Date _____

Current Address _____

City _____ State _____ Zip Code _____

County..... _____

School District..... _____

E-Mail Address..... _____

Taxpayer Cell Number.... _____

Spouse Cell Number..... _____

Home Phone Number..... _____

Can we text you when your return is ready? YES NO

Do you live within the city limits? YES NO

Did you move at all during the year? YES NO

If yes: Previous Address _____

Date of Move _____

Dependents (need copies of social security cards)

	Name (First, MI, Last)	Date of Birth	Social Security Number	Relationship
1				
2				
3				
4				
5				

Miscellaneous Questions

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

	Yes	No
If you receive a refund, would you like it direct deposited? If yes, please provide a voided check.	<input type="checkbox"/>	<input type="checkbox"/>
Were there any changes in dependents (births, adoptions, marriages, divorce, or deaths) during the year? If yes, please provide details. Full Name _____ Date of Birth _____ Social Security Number _____	<input type="checkbox"/>	<input type="checkbox"/>
Have your dependents lived with you for more than half the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have Marketplace "ObamaCare" health insurance coverage for any part of 2019? If so, please provide Form 1095-A.	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs in 2019 or plan to in 2020? If yes, please provide detail.	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell any stocks, bonds or other investment property? If yes, we need purchase price, date bought, sale price and date sold.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse "rollover" a profit-sharing or retirement distribution into another plan? If yes, enter amount \$ _____ and attach 1099R.	<input type="checkbox"/>	<input type="checkbox"/>
Did you contribute to a Traditional or Roth IRA? (other than through work) If yes, enter the amount and <u>circle the type of IRA</u> . (Traditional or Roth) Taxpayer \$ _____ Spouse \$ _____.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any college tuition or book expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, please provide the student's name, college attended, the year in college, and any Form(s) 1098-T. <i>The American Opportunity Education Credit is available for the first four years of post-secondary education. A maximum of \$4000 of expenses are allowed to receive the credit. Therefore, if you have \$4,000 of tuition (tuition minus scholarships), there is no need to add up additional expenses. If you have less than \$4,000 of tuition please also provide receipts for books and supplies (do not include room and board).</i>	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to or receive any distributions from a state 529 Plan? If yes, please provide us with the contribution amount per beneficiary or the 1099-Q for distribution. Please indicate which state plan: Ohio's Blackrock _____ OR Other _____ (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for daycare in 2019? If so, please list the following information. Care Provider _____ Provider Address _____ Amount paid \$ _____ SS# or Federal ID# _____	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Questions Continued

	Yes	No
Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any Federal, State, School District or City estimates? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
Date Paid Federal \$ Paid State \$ Paid City \$ Paid School \$ Paid		

Did you make any contributions to a Health Savings Account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were these contributions taken out of your paycheck?	<input type="checkbox"/>	<input type="checkbox"/>
If no, the amount contributed other than through work for 2019 \$ _____		
Is your HSA Account <input type="checkbox"/> Single or <input type="checkbox"/> Family?		
Do you have any Use Tax to remit to the state? If yes, enter the amount of taxable purchases made in which no sales tax was paid \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, have you received correspondence from the IRS, State, School or city tax authorities. If so, provide us with copies of those letters.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter with PIN information.	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deductions

Itemized Deductions will apply if they exceed your standard deduction.
STANDARD DEDUCTION: Single \$12,200 or Married \$24,400

Taxes Paid

Real Estate Taxes _____

Interest Paid

Home Mortgage Interest & Points on Form 1098... _____

Charitable Contributions

Cash & Non-Cash Contributions

_____

_____

Medical Expenses - useful if they exceed 10% of total income

DO NOT SEND RECEIPTS, just list totals paid below.

Dental, Eye, Medical, Hearing Aids, etc. \$ _____

Prescriptions \$ _____

Medical miles driven January - December 2019 _____ miles

Long Term Care Insurance paid in 2019 \$ _____ Taxpayer \$ _____ Spouse

Health Insurance (Do not include pretax insurance paid through work) \$ _____

Medicare premiums paid but not listed on SSA statement \$ _____

Were you reimbursed for any of the above expenses through your HSA or medical reimbursement account? If yes, amount \$ _____