



**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 (Market-place health insurance statement)
- Schedule(s) K-1 (income/loss from partnerships, S Corporations, etc.)
- Statements supporting educational expenses, deductions or distributions
- Brokerage statements from stocks, bonds, or other investment transactions
- Statements supporting deductions for mortgage interest, real estate tax, and charitable contributions

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				

## Delivery of Completed Returns:

In person pick up. Please notify me by  Phone  Email  Text

Phone/email to use \_\_\_\_\_

Mail my returns to this address [\$10 mailing fee]: \_\_\_\_\_  
\_\_\_\_\_

I prefer electronic delivery through your secure portal. Please use the following e-mail address:  
\_\_\_\_\_

## 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 receive Unemployment Compensation during 2022? If yes, please provide us with the 1099-G.	<input type="checkbox"/>	<input type="checkbox"/>
Did you have Marketplace "ObamaCare" health insurance coverage for any part of 2022? If so, please provide Form 1095-A.	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs in 2022 or plan to in 2023? 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 receive, sell, exchange or otherwise dispose of any financial interest in any virtual currency in 2022? If so, please provide us with a summary of transactions.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse "roll over" 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. If you have less than \$4,000 of tuition (tuition minus scholarships) please also provide receipts for books and supplies (do not include room and board).	<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"/>

**Miscellaneous Questions Continued**

**Yes No**

Did you pay for daycare in 2022? If so, please list the following information.

Care Provider \_\_\_\_\_  
 Provider Address \_\_\_\_\_  
 Amount paid \$ \_\_\_\_\_ SS# or Federal ID# \_\_\_\_\_

Did you make gifts of more than \$16,000 to any individual?

Did you make any Federal, State, School District or City estimates? If yes, please provide details.

Date Paid	Federal \$ Paid	State \$ Paid	City \$ Paid	School \$ Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did you make any contributions to a Health Savings Account (HSA)?

If yes, were these contributions taken out of your paycheck?    
 If no, the amount contributed other than through work for 2022 \$ \_\_\_\_\_  
 Is your HSA Account  Single or  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 \$ \_\_\_\_\_

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.

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.

**Itemized Deductions**

*Itemized Deductions will apply if they exceed your standard deduction.  
 STANDARD DEDUCTION: Single \$12,950 or Married \$25,900*

**Taxes Paid**

Real Estate Taxes ..... \_\_\_\_\_

**Interest Paid**

Home Mortgage Interest & Points on Form 1098... \_\_\_\_\_

**Charitable Contributions**

Cash..... \_\_\_\_\_ Non-Cash..... \_\_\_\_\_

**Medical Expenses - useful if they exceed 7.5% of total income**

**DO NOT SEND RECEIPTS**, just list totals paid below.

Dental, Eye, Medical, Hearing Aids, etc. \$ \_\_\_\_\_  
 Prescriptions \$ \_\_\_\_\_  
 Medical miles driven January - December 2022 \_\_\_\_\_ miles  
 Long Term Care Insurance paid in 2022 \$ \_\_\_\_\_ 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 \$ \_\_\_\_\_