Union Tax Services Tax Intake Form ___)

FILING STATUS

☐ Single
☐ Married Filing Joint
☐ Married Filing Single
☐ Head of Household
☐ Qualifying Widower

ADDRESS

Street & Apt. No. _____

City _____ State _____ Zip _____

County _____ School Code (if app) _____

TAXPAYER

Social Security Number _____

First _____ MI _____ Last _____

Email _____

Work Ph _____ Cell/Other _____

Date of Birth _____ Date of Death _____

Preferred Method of Contact ☐ Email ☐ Phone ☐ Text

Occupation _____

☐ Yes ☐ No Legally Blind ☐ Yes ☐ No Dependent of Other

SPOUSE

Social Security Number _____

First _____ MI _____ Last _____

Email _____

Work Ph _____ Cell/Other _____

Date of Birth _____ Date of Death _____

Preferred Method of Contact ☐ Email ☐ Phone ☐ Text

Occupation _____

☐ Yes ☐ No Legally Blind ☐ Yes ☐ No Dependent of Other

DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS)

First, Middle Initial, Last Name	Student?	D.O.B	Social Security #	Disabled?	Relationship
_____	☐ Yes ☐ No	_____	_____	☐ Yes ☐ No	_____
_____	☐ Yes ☐ No	_____	_____	☐ Yes ☐ No	_____
_____	☐ Yes ☐ No	_____	_____	☐ Yes ☐ No	_____
_____	☐ Yes ☐ No	_____	_____	☐ Yes ☐ No	_____

EMPLOYMENT & RETIREMENT INFORMATION

1. ☐ Yes ☐ No - Are you employed?
2. ☐ Yes ☐ No - Are you contributing to a 401(k), 403(b), or other pre-tax account?

STATE & OTHER

1. ☐ Yes ☐ No - Are you requesting state return(s)? If yes, what state(s): _____
2. ☐ Yes ☐ No - Are you requesting local, school, RITA, or county return(s)? Please Specify: _____

E-FILE / FILING INFO - - REFUND / PMT INFO

1. How do you want any **refund** sent to you? MUST CHECK ONE

☐ Direct Deposit (few days) Routing #: _____ Acct #: _____
☐ Applied to next year's return
☐ Paper check by mail (could take several weeks)

2. Any **taxes due** may be paid by check or online along with voucher provided by tax preparer. *It is the taxpayer's responsibility to make payments before tax due dates.

TAX Client Schedule E info-One Page Per Property

Fill out COMPLETELY or check ☐ "N/A". Use a separate worksheet for EACH property

General: (Required for all)

Property Description: _____ ☐ Taxpayer ☐ Joint - Owner of Property

Address: _____

City: _____ State: _____ Zip: _____

General Questions:

1.☐ Yes – Check for Active Participant

2.☐ Yes – Check if property was used for personal use by you or your family for more than 14 days or 10% of the total rented days

If checked, enter the number of days for personal use: _____

If checked, enter the number of days rented: _____

Questions Related to Rental of Your Personal Dwelling (**Airbnb, VRBO, etc.)**

If only a portion of the dwelling is rented out:

1a. Enter number of rooms, OR square footage of area rented: _____ ☐ Rooms ☐ Sq Ft (Check one)

1b. Enter total number of rooms OR total square footage of dwelling: _____ ☐ Rooms ☐ Sq Ft (Check one)

2. Repairs/Supplies* related directly to area being rented (can deduct all): $ _____

*Do NOT include these again in Repairs/Supplies below

3. Rent you paid (if you rent rather than own the dwelling you're renting out): $_____

Income:	**Current Year**
Rents Received	$ _____
Royalties	$ _____
Income received from PPP/SBA type loans	$ _____ ☐ Yes ☐ No Included Above?

Property Expense:	**Current Year**
Note: IF printed material is received from client which CLEARLY indicates all info needed, fill in address above, stack printed material below this page and write "See next xx pages" in large print below.	
Advertising	$ _____
Cleaning/Maintenance	$ _____
Commissions	$ _____
Insurance	$ _____
Legal and Other Professional	$ _____
Management Fees	$ _____
Qualified Mortgage Interest	$ _____
Other Interest	$ _____
Repairs	$ _____
Supplies	$ _____
Real Estate Taxes	$ _____
Other Taxes	$ _____
Utilities	$ _____
Other:	$ _____
_____	$ _____
_____	$ _____
_____	$ _____

Assets:

Existing Assets: Please provide a detailed depreciation schedule. The schedule should include: a) Asset Description b) Date Placed in Service c) Cost d) Accumulated Depreciation e) Method of Depreciation and Years

Description: _____ Date Placed in Service: _____ Purchase Amount: $_____

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