|  |  |
| --- | --- |
|  |  |

FILING STATUS (Select One)

|  |  |
| --- | --- |
|  | SINGLE |
|  | HEAD OF HOUSEHOLD |
|  | MARRIED FILING SEPARATELY |
|  | MARRIED FILING JOINTLY |
|  | QUALIFYING WIDOW(ER) |

TAXPAYER INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME |  | LAST NAME |  |
| AGE |  | DATE OF BIRTH |  |
| HOME PHONE |  | WORK PHONE |  |
| CELL PHONE |  | EMAIL ADDRESS |  |
| CURRENT ADDRESS |  | SOCIAL SECURITY NUMBER |  |
| OCCUPATION |  | EMPLOYER |  |

PERSONAL STATUS (Check all that apply)

|  |  |
| --- | --- |
|  | FULL\_TIME STUDENT |
|  | TOTALLY AND PERMANENTLY DISABLED |
|  | LEGALLY BLIND |
|  | DEPENDENT OF OTHERS |

SPOUSE INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST NAME |  | LAST NAME |  |
| AGE |  | DATE OF BIRTH |  |
| HOME PHONE |  | WORK PHONE |  |
| CELL PHONE |  | EMAIL ADDRESS |  |
| CURRENT ADDRESS |  | SOCIAL SECURITY NUMBER |  |
| OCCUPATION |  | EMPLOYER |  |

SPOUSE PERSONAL STATUS (Check all that apply)

|  |  |
| --- | --- |
|  | FULL\_TIME STUDENT |
|  | TOTALLY AND PERMANENTLY DISABLED |
|  | LEGALLY BLIND |
|  | DEPENDENT OF OTHERS |

DEPENDENTS

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | DATE OF BIRTH | RELATIONSHIP | SOCIAL SECURITY NUMBER |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

HEALTHCARE

DID YOU, YOUR SPOUSE, AND YOUR DEPENDENTS HAVE HEALTH INSURANCE LAST YEAR (IF YES, DID YOU RECEIVE A 1095-A)

|  |  |  |
| --- | --- | --- |
| TAXPAYER |  |  |
| SPOUSE |  |  |
| DEPENDENT 1 |  |  |
| DEPENDENT 2 |  |  |
| DEPENDENT 3 |  |  |
| DEPENDENT 4 |  |  |
| DEPENDENT 5 |  |  |
| DEPENDENT 6 |  |  |
| DEPENDENT 7 |  |  |
| DEPENDENT 8 |  |  |

TUITION EXPENSE

HAVE YOUR DEPENDENTS INCURRED ANY TUITION EXPENSES?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

CHILD CARE EXPENSE

HAVE YOU INCURRED ANY CHILD CARE EXPENSE?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

ENERGY STAR RATED IMPROVEMENTS

PLEASE LIST ALL ENERGY RATED IMPROVEMENTS YOU HAVE MADE TO YOUR HOME:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

ARE YOU CURRENTLY RENTING YOUR RESIDENCE?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

WHAT IS YOUR MONTHLY RENTAL AMOUNT?

|  |
| --- |
|  |

HOW MANY MONTHS WERE YOU AT THIS LOCATION?

|  |
| --- |
|  |

DO YOU OWN YOUR RESIDENCE?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

HAVE YOU PAID PROPERTY TAXES THIS YEAR?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

HAVE YOU SOLD ANY STOCKS THIS YEAR?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

HAVE YOU MADE A WITHDRAWAL FROM YOUR 401K THIS YEAR?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

HAVE YOU PAID VEHICLE TAXES THIS YEAR?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

HAVE YOU PAID MORTGAGE INTEREST THIS YEAR?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

HAVE YOU PAID ANY REAL ESTATE TAXES THIS YEAR?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

HAVE YOU PAID ANY INHERITANCE TAXES THIS YEAR?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

HAVE YOU, YOUR SPOUSE, OR YOUR DEPENDENTS RECEIVED AN IDENTITY PIN THIS YEAR?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

EXPENSES

CURRENT YEAR ONLY

|  |  |
| --- | --- |
| EXPENSES | AMOUNT |
| Medical |  |
| Dental |  |
| Insurance Premiums Paid |  |
| Long-Term Care Premiums |  |
| Prescriptions |  |
| Investment Interest |  |
| Cash Contributions |  |
| Non-Cash Contributions |  |
| Unreimbursed Business Expenses |  |
| Union Dues |  |
| Tax Preparation Fees |  |
| Investment Expenses |  |
| Gambling Losses |  |
| TOTAL |  |

NOTES AND COMMENTS

|  |
| --- |
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CLIENT ACKNOWLEGEMENT

I acknowledge that I am giving Gemini Financial Services permission to prepare my income taxes and agree to pay the tax prep fees upon picking up my tax information. If for any reason I decide that I am not having Gemini Financial Services transmit my tax return I will still pay my tax prep fees for their time preparing my tax return.

|  |  |  |  |
| --- | --- | --- | --- |
| TAXPAYER SIGNATURE |  | DATE |  |
| SPOUSE SIGNATURE |  | DATE |  |