

Fredrichs Financial Services

We will need to see documentation for all information provided; i.e. W2's 1099's RE Taxes paid etc.

Client Name: _____ Social Security Number: _____ - _____ - _____
 Occupation: _____ Student interest pd? _____ Unreimbursed Tuition Expense? _____
 Spouse Name: _____ Social Security Number: _____ - _____ - _____
 Occupation: _____ Student interest pd? _____ Unreimbursed Tuition Expense? _____
 Client Date of Birth: _____ Spouse Date of Birth: _____ Is Address on last years return still current? Yes No
 If no, enter Current Address: _____

Do you live in a CITY: **VILLAGE:** or **TOWN:** **Provide Name** _____ What School District do you reside in? _____

Home Phone Number: (_____) _____ - _____ Best time to Call _____ Latest time to Call _____

Cell Phone Number (_____) _____ - _____ Email Address _____

Copy of Last years return attached? (Required for new clients) Yes No Alimony Paid or Received? SSN/Amt _____

Dependents: (If more than 2, complete reverse side) Dependent care benefits received from employer? Yes No Amount _____

Name: _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ Relationship: _____ Unreimbursed College/Private tuition Pd? _____ Amt for Books? _____

Day Care? Yes No if yes, Amount paid _____ Provider Name: _____ ID/SSN: _____ - _____ - _____

Provider Address: _____ Child Support Received? Yes No Amt: _____

Name: _____ Social Security Number: _____ - _____ - _____

Date of Birth: _____ Relationship: _____ Unreimbursed College/Private tuition Pd? _____ Amt for Books? _____

Day Care? Yes No if yes, Amount paid _____ Provider Name: _____ ID/SSN: _____ - _____ - _____

Provider Address: _____ Child Support Received? Yes No Amt: _____

Edvest/Tommorows Scholar Contribution? Yes No If yes, Amount paid per child: _____

Fed Estimated taxes Paid: _____/_____/_____/_____ Date paid if other than when due: _____

WI Estimated taxes Paid: _____/_____/_____/_____ Date paid if other than when due: _____

Any IRA Contribs Made? Yes No Any Roth Contribs Made? Yes No if yes, Amt: _____ SpouseAmt: _____

W-2's included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many? _____	Virtual/Crypto Currency Activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1099-G included? (State Refund/Unemployment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many? _____	1098 included? Mortgage interest paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount Paid: _____
1099-Misc included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many? _____	Real Estate Taxes Paid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date & Amount Paid _____
1099-R included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many? _____	Rent Paid? Heat Included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount Paid: _____
1099-INT and/or 1099-OID included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many? _____	Rent Certificate included? (Homestead Credit)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Must have original signature from landlord.
K-1 included? (Trust, S Corp, Partnership Income)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many? _____	New Windows/Doors/Furnace AC/Insulation added this yr?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provide invoices- detail Energy efficiency %/level for all.
Dividend Income 1099-DIV included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many? _____	Marketplace Health Care Insure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provide Form 1095A
Stock Sales 1099-B included? (Include orig. costs/date bought)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many? _____	Charitable Contributions? (If over \$500 non-cash, provide a detailed description)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount contributed: _____
Social Security 1099-SSA included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many? _____	Medical Exp? (total must exceed 7.5% of income)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total Amount Paid: _____
Gambling Winnings/Losses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$Won _____ \$Lost _____	Long Term Care (Nursing home) Insurance premiums?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total Amount Paid: _____
HSA, MSA, ARCHER 1099-SA included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Purchase or Sale of Home in Last yr?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provide copies of closing documents

Use the Reverse side of this form if more space is required.