

ALPHA FINANCIAL & TAX
INDIVIDUAL/JOINT TAX RETURN INTAKE FORM – TAX YEAR 2021

FILING STATUS

___ SINGLE
 ___ MARRIED FILING JOINT
 ___ MARRIED FILING SINGLE
 ___ HEAD OF HOUSEHOLD
 ___ QUALIFYING WIDOWER

ADDRESS

NUMBER _____

 CITY _____
 STATE, ZIP _____
 COUNTY _____

TAXPAYER

LAST: _____
 FIRST, MI: _____
 SOC SEC #: _____
 EMAIL: _____
 BEST PHONE: _____
 DATE OF BIRTH: _____
 DATE OF DEATH: _____
 OCCUPATION: _____
 EMPLOYER: _____
 ARE YOU LEGALLY BLIND? ___Y ___N
 ARE YOU A DEPENDENT ON ANOTHER PERSON'S
 TAX RETURN THIS YEAR? ___Y ___N

SPOUSE

LAST: _____
 FIRST, MI: _____
 SOC SEC #: _____
 EMAIL: _____
 BEST PHONE: _____
 DATE OF BIRTH: _____
 DATE OF DEATH: _____
 OCCUPATION: _____
 EMPLOYER: _____
 ARE YOU LEGALLY BLIND? ___Y ___N
 ARE YOU A DEPENDENT ON ANOTHER PERSON'S
 TAX RETURN THIS YEAR? ___Y ___N

DEPENDENTS (INCLUDING NON-CHILD DEPENDENTS)

<u>FIRST, MI, LAST NAME</u>	<u>STUDENT?</u>	<u>D.O.B.</u>	<u>SOC SEC</u>	<u>DISABLED?</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TAX-DEFERRED RETIREMENT PLAN INFORMATION

	<u>You</u>	<u>Spouse</u>
Are you contributing to a workplace retirement plan currently?	_____	_____
Are you contributing to an Individual Retirement plan (IRA) currently?	_____	_____
Do you own an old workplace retirement plan from a former employer?	_____	_____

STATE/OTHER

State return(s) needed: _____

Local, school or county return(s) needed: _____

GENERAL QUESTIONS

Please check as appropriate, and please provide details either in Comments section on last page or with documentation.

- Did your marital status change from the prior year?
- Did you change your address from last year?
- Did you have a change in dependents from last year?
- Did you have children under 19 (or 24 if a full time student) who had more than \$2,200 in unearned income?
- Are all your dependents either US Residents or Citizens?
- Did you pay any adoption expenses?
- Are you being claimed as a dependent on someone else's return?
- Were either you or your spouse in the military or National Guard?
- Did you purchase or sell your primary residence, or did you refinance your home?
- Have you been notified by the IRS of changes to a previously submitted tax return, or received other notices?
- Did you make gifts of over \$15,000 to any individuals?
- Did you buy and/or sell any virtual currency? (If yes, we'll need statements from those accounts)

FILING INFORMATION

How do you want any refund to be sent to you? Please check one:

- Direct Deposit
- Mail
- Applied to next year's return

TAX DEDUCTIONS & CREDITS

Please check any that may apply:

- Do you expect to be itemizing deductions this year? If so, or if you're sure, please complete "Schedule A Info"
- Energy Efficiency-related upgrades and/or repairs
- Oil & Gas Investment credits
- Other tax shelters or credits
- Child Care Expenses paid: \$ _____
Provider Name & Address: _____
Provider EIN: _____

ESTIMATED TAX PAYMENT AMOUNTS & DATES

QUARTER 1 FEDERAL \$ _____ DATE: _____
QUARTER 2 FEDERAL \$ _____ DATE: _____
QUARTER 3 FEDERAL \$ _____ DATE: _____
QUARTER 4 FEDERAL \$ _____ DATE: _____

QUARTER 1 STATE \$ _____ DATE: _____
QUARTER 2 STATE \$ _____ DATE: _____
QUARTER 3 STATE \$ _____ DATE: _____
QUARTER 4 STATE \$ _____ DATE: _____

INCOME – Please check any income received by you or your Spouse

<input type="checkbox"/> W-2 Employment	<input type="checkbox"/> Other assets sold for gains or losses
<input type="checkbox"/> Interest and/or Dividends	<input type="checkbox"/> Rental Real Estate income
<input type="checkbox"/> Tax-exempt Interest and/or Dividends	<input type="checkbox"/> Passive loss carryover from last year: \$ _____
<input type="checkbox"/> State refunds, credits, offsets, taxable refunds	<input type="checkbox"/> K-1 (from S Corp, Partnership, etc.)
<input type="checkbox"/> Business Income	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Securities sales (must include statements, basis)	<input type="checkbox"/> Social Security
<input type="checkbox"/> Loss carryover from last year: \$ _____	<input type="checkbox"/> Foreign Income
<input type="checkbox"/> Alimony (Only for Decrees prior to 2019)	<input type="checkbox"/> Other income:
\$ _____	_____
Name: _____	_____
SSN: _____	_____

ADJUSTMENTS TO INCOME

<input type="checkbox"/> Educator/Teacher Expenses	<input type="checkbox"/> Traditional IRA Contributions (Not Roth IRA)
<input type="checkbox"/> Health Savings Account Contributions	<input type="checkbox"/> Student Loan, Tuition, College Fees
<input type="checkbox"/> Active Duty Military Moving Expenses	<input type="checkbox"/> Alimony Paid (Only for Decrees prior to 2019)
<input type="checkbox"/> Contributions to SEP, SIMPLE and other Qual plans	Name: _____
<input type="checkbox"/> Self Employed Health Insurance	SSN: _____