



PLEASE FILL THIS OUT BEFORE YOUR APPOINTMENT

We must receive this to prepare your taxes!

Intake Form

801.660.8200

hello@pack.tax

www.pack.tax

2325 N Washington Blvd North Ogden, UT 84414

PERSONAL INFORMATION

| Name | SSN | Date of birth |
|--------------------------------------|-------|---------------|
| Taxpayer | | |
| Spouse | | |
| Street address, city, state, and ZIP | | |
| Occupation | Phone | Email |
| Taxpayer | | |
| Spouse | | |

Marital Status at end of 2022
 Married
 Married filing separately
 Single
 Widow(er)* *If spouse died in 2022 enter the date of death: / /

Have there been any significant changes in the information described in this section within the last year?

Refund Direct Deposit
 Bank Name Routing # Account # Checking Savings

DEPENDENTS

| Dependent's first and last name | SSN | Relationship | Lived w/you for more than half the year? (Y/N) | Date of birth | Disabled (Y/N) | Full-time student (Y/N) |
|---------------------------------|-----|--------------|------------------------------------------------|---------------|----------------|-------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Y N
 Is it possible that any other adult (like your ex spouse) will be claiming any of these dependents?

DAYCARE

Y N
 Did you pay any daycare expenses that were not reimbursed through work?
 Name of Day Care Provider: Federal ID Number (SSN or EIN) of Provider:
 Child Name: Amount Paid: \$
 Name of Day Care Provider: Federal ID Number (SSN or EIN) of Provider:
 Child Name: Amount Paid: \$

HEALTH INSURANCE

Y N
 Did anyone in your household have health insurance through the government marketplace? (If YES then you must bring your 1095-A statement available at healthcare.gov)
 Did you have a Health Savings account during the year?
 Did you use any funds from it? (This is found on your 1099-SA from the HSA.) Amount: \$
 Did you ever use your Health Savings account to pay for things that were not qualified expenses?

Call us with questions at 801.660.8200 or email us at hello@pack.tax

CONTINUE ON REVERSE SIDE

ENERGY

Y N

 Did you get solar installed in your home? Amount: \$
 Did you get new windows, exterior doors, furnace, AC or hot water heater? *(Please bring proof of purchase)*

| Type | Amount \$ | Type | Amount \$ |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

 Did you purchase a new electric vehicle? *(Please bring VIN and purchase documents)*

EDUCATION

Y N

 Did you pay any student loan interest in 2022? How much? Taxpayer: \$ Spouse: \$
 Did you pay any out of pocket expenses for tuition, books, or fees for school? *(Must be post-high school.)* How much? *(If any tuition was paid, please bring the 1098-T tuition statement. You can get this directly from your online portal at the university or school.)*

TOTAL PAID IN TUITION

 Taxpayer: \$ Spouse: \$ Dependent: \$ Dependent: \$

TOTAL PAID IN BOOKS AND SUPPLIES

 Taxpayer: \$ Spouse: \$ Dependent: \$ Dependent: \$

INCOME

Total number of W-2s from jobs

Taxpayer: Spouse:

Total number of 1099-R retirement statements

Taxpayer: Spouse:

Y N

 Did you receive income from Social Security? *(Bring pink and white SSA statement.)*
 Did you collect any unemployment? *(Bring 1099-G from jobs.utah.gov)*
 Did you sell any stock during the year? *(Bring 1099-B.)*
 Did you earn any interest or dividends this year? *(Bring 1099-INT and 1099-DIV.)*
 Did you have any self-employment income during the year? *(Bring profit and loss.)*
 Did you have any rental income during the year? *(Bring profit and loss.)*
 Did you have any other income that's not listed above? List here:

 Did you buy or sell any digital assets (like crypto, bitcoin, etc) during the year? *(Bring 1099-B.)*
 Did you receive more than \$600 through a third party processor like Venmo, Cash App, Paypal, etc? *(Please bring 1099-k)*

ADJUSTMENTS

Y N

 Did you receive any alimony during the year? Amount: \$ Date of Divorce: / /
 Did you pay any alimony during the year? Amount: \$ Date of Divorce: / /
 Did you contribute to an IRA? Taxpayer: \$ Spouse: \$
 Did you contribute to a ROTH IRA? Taxpayer: \$ Spouse: \$
 FOR EDUCATORS: Did you have any expenses that were not reimbursed? Taxpayer: \$ Spouse: \$

ITEMIZED DEDUCTIONS

PLEASE COMPLETE WITH YOUR MONETARY AMOUNTS.

CHARITABLE DONATIONS:

 Monetary Donations: \$ Material "Stuff" Donations (DI, etc; **garage sale value): \$

PERSONAL HOUSES:

Total Property Tax Paid on Personal Houses: \$ Total Mortgage Interest Paid on Personal Houses: \$ *(Please bring forms 1098-E)*

MEDICAL EXPENSES:

Total paid on medical and dental insurance premiums that are NOT paid through your employer: \$ Total out of pocket medical and dental expenses (incl. doctor bills, co-pays, etc.) Taxpayer: \$ Spouse: \$ Total number of medical miles driven: Taxpayer: Spouse:

Questions or Notes for Pack Tax: