**NEW CLIENTS**Icon

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**How did you hear about Rivera Personal Tax Services?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***2023 TAX YEAR INFORMATION***

*(Please Print CLEARLY)*

**Here is what you will need to include when sending your tax documents:**

o A copy of the last tax return filed (IF NEW CUSTOMER)

o A copy of your last paystub(s) of 2023 (taxpayer and spouse)

o A copy of a valid driver’s license or identification for taxpayer and spouse

o Proof of dependent residence and relationship (birth certificate, custody agreement, etc.)

⎕ *DID EVERYONE IN YOUR HOUSEHOHLD HAVE HEALTH INSURANCE FOR ALL 12 MONTHS OF 2023? YES / NO*

*Please provide Form 1095-A (Marketplace Information), 1095-B or 1095-C as eligible proof*

*Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**TAXPAYER NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/ Home /Work

**SPOUSE NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/ Home /Work

**ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPENDENTS** claimed on this return (EXACTLY AS SHOWN ON SOCIAL SECURITY CARD)

**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did Dependent Reside with You? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many months in 2020? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did Dependent Reside with You? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many months in 2020? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did Dependent Reside with You? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many months in 2020? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Care Information**

Name of Child under 13 years old: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution or Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID# or SS# (**REQUIRED**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child under 13 years old: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution or Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID# or SS# (**REQUIRED**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Tuition Information** You MUST include Tuition Statement (FORM 1098-T) with your paperwork

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tuition Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of College Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tuition Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of College Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Information** (*OPTIONAL*)

► DIRECT DEPOSIT (for Refunds) *Initial to authorize*: \_\_\_\_\_\_\_\_\_\_\_

► DIRECT DEBIT (for Balance Due) *Initial to authorize: \_\_\_\_\_\_\_\_\_\_\_\_\_*

(payment can be withdrawn on date of your choosing between actual filing date and filing deadline)

□ **Checking** □ **Savings**

Bank Routing# \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ A screenshot of a computer

Description automatically generated with medium confidence

Bank Account# \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

**Income Information:** **PLEASE PROVIDE ORIGINALS or COPIES OF RELEVANT DOCUMENTS**

 W-2s and 1099s

 Alimony Received $\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF DIVORCE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Interest & Dividends  Self Employment Income  Social Security and/or Disability

 Gambling Winnings  Stock/Property Sales  Unemployment: FORM 1099-G REQUIRED

 Pension Income  IRA Withdrawals  Farm/Trust Income

 Partnership Income (K-1)  S-Corp Income (K-1)  Misc. Income (Debt Cancellation, Unreported Tips)

**Miscellaneous**: **PLEASE PROVIDE *HUD-1 CLOSING STATEMENT* FOR PURCHASES/SALES/REFI OF PROPERTY**

 Alimony Paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF DIVORCE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Student Loan Interest Paid  Adoption Expenses  Filing Status Change from last year?

 Health Savings Acct Contributions & Distributions  State Use Tax

 Retirement Contributions, Rollovers, Conversions: **►**Traditional IRA, SEP, SIMPLE, KEOGH (Roth contributions are NOT deductible)

 Energy Credit  Health Insurance FORM 1095-A for ALL MARKETPLACE COVERAGE

**Foreign Bank Accounts**

* Over $10,000 in Foreign Account at any time during the year?
* NO foreign accounts

**Capital Gains and Losses** (provide 1099s): **PLEASE PROVIDE COST BASIS TO MATCH ALL GROSS PROCEEDS**

• Date of Sale, description, GROSS PROCEEDS (including commission)

• Date of Purchase, description, COST BASIS (including commission)

• **IMPORTANT**: Brokers are now required to report SALE PROCEEDS and COST BASIS on 1099s but may not have

all information to properly calculate: PLEASE REVIEW ALL STATEMENTS FOR PROFIT/LOSS ACCURACY

**Itemized Deductions**:

 Medical, Dental, Prescriptions (breakdown summary of out-of-pocket expenses AFTER reimbursements, including medical travel)

 Health Ins/Long Term Care Premiums  Gambling Losses (up to wins)  State & Local Taxes

 Real Estate Taxes  Mortgage Interest (inc. all 1098s & private mortgage info)

 Charitable Donations (cash and non-cash)  Points Paid (Refi/Purchase)  Investment Interest  Casualty Losses

Estimated Tax Paid

2023 Estimated Payments: FEDERAL April $\_\_\_\_\_\_\_\_\_\_\_\_ June $\_\_\_\_\_\_\_\_\_\_\_\_\_ Sep $\_\_\_\_\_\_\_\_\_\_\_ Jan 2023 $\_\_\_\_\_\_\_\_\_\_\_\_\_

2023 Estimated Payments: *STATE (EX: NJ*) \_\_\_\_\_ April $\_\_\_\_\_\_\_\_\_\_\_\_\_ June $\_\_\_\_\_\_\_\_\_\_\_\_ Sep $\_\_\_\_\_\_\_\_\_\_\_ Jan 2023 $\_\_\_\_\_\_\_\_\_\_\_\_\_

2023 Estimated Payments: LOCAL (EX: NYC) \_\_\_\_\_ April $\_\_\_\_\_\_\_\_\_\_\_\_\_ June $\_\_\_\_\_\_\_\_\_\_\_\_ Sep $\_\_\_\_\_\_\_\_\_\_\_ Jan 2023 $\_\_\_\_\_\_\_\_\_\_\_\_

**Investment Rental Property**:

TOTAL RENTAL INCOME 2023: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Days Rented\_\_\_\_\_\_\_\_\_\_

 Mortgage Interest  Property Taxes  Insurance Premiums  Utilities Paid  Maintenance Costs

 Repairs and Supplies  Auto and Travel Expenses  Professional & Legal Fees  Landscaping & Snow Removal

(MULTIPLE INVESTMENT RENTAL PROPERTIES: PLEASE LIST INCOME & EXPENSES **SEPARATELY** FOR EACH ADDRESS)

**Self-Employment Expenses**: (INCLUDE SEPARATE INFORMATION SHEETS FOR EACH BUSINESS)

Are expenses recorded properly?  Logbook for vehicles? 

 Auto/Truck Expenses (including year/make/model– leased or owned – mileage -- actual expenses – purchase date/price)

 Tolls and Parking  Cost of Goods Sold  Advertising & Insurance (inc. health)

 Fees/Licenses/Permits  Office Expenses & Supplies  Payroll / Subcontractors (provide W2s/1099s)

 Telephone & Utilities  Dues & Prof. Publications  Postage/Freight/Delivery/Printing

 Computer Hardware  Software and Internet Expenses  Miscellaneous

**COMMENTS**: (attach additional sheets as needed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please pick one of the following options for your completed return:**

* I/We will pick up the completed return
* I/We request a copy of the return be emailed to email address on file
* I/We request a copy of the return be sent via the RPTS secured/encrypted site *(If an account has not been created, please ask for the invitation link)*

**PAY YOUR TAX PREPARATION FEE**

*RPTS accepts CASH, VENMO, CASHAPP, ZELLE, CHECKS or CREDIT CARDS.*

***FEE can also be deducted from Refund for additional fee of $54.95 (3rd party bank fees)***

*Please complete the following or call us with credit card info:*

(circle one): VISA/MASTERCARD /AMEX/ DISCOVER

►CARD NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVC CODE\_\_\_\_\_\_\_\_

NAME ON CARD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\* 5% FEE WILL BE ADDED ON FOR CREDIT CARD PAYMENTS \*\*\*\*\*\*\***

**I authorize RPTS to prepare my 2023 tax return and create my PIN number to be used as my signature for electronic filing. The information I/we have provided is COMPLETE.**

**Signature Taxpayer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Spouse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_**