

For in office use:	
Date	
Employee	

New / Returning

INTAKE SHEET

NAME	SOC SEC #	DOB
SPOUSE	SOC SEC#	DOB
ADDRESS		
CITY/ STATE/ ZIP		· · · · · · · · · · · · · · · · · · ·
PREVIOUS/OTHER STATE	HOW LONG	DATE OF MOVE TO MN
PHONE	EMAIL:	
FILING STATUS:	□ MARRIED JOINTL)	/ MARRIED SEPERATELY
DEPENDENTS:	OLD - (Complete Due Diligence Works	sheet)
Previous year/last year	Grade NAME	Grade
		Grade
NAME		Grade
NEW: NAME	SOC SEC #	DOBGR
RELATIONSHIPLI	VED WITH - YES - NO # OF M	ONTHS CHILDCARE \(\text{ YES } \(\text{ NO} \)
NEW: NAME	SOC SEC #	DOBGR
RELATIONSHIPLI	VED WITH YES NO # OF N	NONTHSCHILDCARE = YES = NO
INCOME:		
R(IRA) Social Security		DIVB(BROKER)G's urchase Docs?Sale Docs?
OTHER INCOME (?)(Rental Income, gi		
STOCKS: Need Date purchased	# of shares Am	ount per share
HEALTH INSURANCE: Health coverag	e through Marketplace?	1095A? HSA?
	Student Account Activity S DUE DILIGENCE WORKSHEET)	tatement Receipts 1098-E
RENT CREDIT FORM	No	OTICE 1444 for 2020 ONLY

SCHEDULE A

HOME:		
Mortgage Interest/Points from Form 1		
Contract for Deed Interest Statement	<u> </u>	
Property Tax Statement		
MEDICAL: (If more than 10% of AG	I)	
Medical Insurance Payments		
Co-Payments ,		
Dentist		
Eyeglasses		
Prescriptions		
Mileage/Parking		
3		
DONATIONS : (If Property over \$50	0.00, list dates, addre	sses and itemized list)
Cash/Check - \$		•
Cash/Check - \$		
Cash/Check - \$		
Property/Clothing = \$		
. , -		
STATE TAXES:		
Car License Tabs - \$		
MN State W/H Tax - \$		
MN State Tax Paid for prior year - \$_		
Sales Tax on Vehicle Purchase - \$		
INSURANCE LOSSES:		
<u> </u>	<u>UNREIMBURSED</u>	
JOB EXPENSES:		
Job Education:		
Mileage: Travel:	Meals:	
AUTO INFO: Year/Make	Model	
Union Dues:		
Uniforms:		
Publications:		
Investments/Safe Deposit Box:		
Other:		
MISSING INFO/NOTES:		

