

# Harvey Tax Pros, LLC

9358 GA Highway 85, Waverly Hall, Georgia 31831

Office (706) 582-6033

Thank you for choosing Harvey Tax Pros, LLC for your tax preparation needs. You are responsible for all information on your return, so please provide complete and accurate information to the certified tax preparer. If you have any questions, please feel free to ask the tax preparer for assistance.

**YOU WILL NEED THE FOLLOWING:**

- Tax information such as Forms W-2, 1099, 1098
- Social Security Cards or ITIN letters for you and all persons listed on the return.
- Picture ID (such as valid driver's license or other government issued ID for you and your spouse. If applicable).

**Your Personal Information:**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ U.S. Citizen?    y    n

Social Security Number: \_\_\_\_\_ Spouse Social Security Number \_\_\_\_\_

**Spouse Information**

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ U.S. Citizen?    y    n

**Contact Information**

Mailing Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB   /  /   Job Title \_\_\_\_\_ Spouse's DOB   /  /   Spouse's Job Title \_\_\_\_\_

Can anyone else claim you or your spouse on their tax return?    Y    N

**Marital Status and Household Information**

As of December 31, 2017, were you? Single    MFJ    MFS    HOH    Widowed/ w dependent child     
(date of spouse's death)   /  /  

List the names below of everyone who lived in your home in 2017 (other than you and your spouse)

Dependent's Name	Date of Birth	Number of Months	Relationship	Social Security No#

Your Signature: \_\_\_\_\_ Spouse's Signature: \_\_\_\_\_

PLEASE NOTE: ALL HARVEY TAX PROS TAX SERVICE REFUND CUSTOMERS (10-21 DAYS): HARVEY TAX PROS has service charges (preparation fees); there are also other fees such as transmitting, processing, loan origination, and bank fees. By signing this form, I release Harvey Tax Pros and its employees from any liability and accept such fees.

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## Due Diligence

**Due to increased fraud prevention, this tax year we must make sure all information on your tax forms are as accurate as possible. Providing as much information as possible helps to ensure that you will be filling the correct forms and receiving the correct deductions for the tax year 2017.**

### Dependent Information

What is your relationship to the dependent(s) on your return? \_\_\_\_\_

Have you been disallowed from claiming dependents in the past? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Can you provided documentation for your dependent(s) to prove that your dependent(s) have lived with you over 6 months in 2017, and you provided over 50% of their care? **(Check all that apply)**

\_\_\_\_\_ Medical Records                      \_\_\_\_\_ School Records                      \_\_\_\_\_ Birth Certificate(s)

\_\_\_\_\_ Child Care Provider Records                      \_\_\_\_\_ Church Statement                      \_\_\_\_\_ Copy of Lease

\_\_\_\_\_ Placement Agency Statement                      \_\_\_\_\_ Social Services Record or Statement

### Business Information

Do you or did you own a business in the tax year 2017? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Can you provide proof of your business income and expenses? \_\_\_\_\_ Yes or \_\_\_\_\_ No

**(Check all that apply)**

\_\_\_\_\_ Income Summary                      \_\_\_\_\_ Bank Statements                      \_\_\_\_\_ 1099k                      \_\_\_\_\_ Record of Expenses

\_\_\_\_\_ Gross Receipts                      \_\_\_\_\_ Sales Tax Returns                      \_\_\_\_\_ Form 1099                      \_\_\_\_\_ Business License

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## School Credits

Did you attend school in the 2017 tax year? \_\_\_\_\_ Yes or \_\_\_\_\_ No

If you under the age of 24 can you be classified as a dependent on another person's tax return?

\_\_\_\_\_ Yes or \_\_\_\_\_ No

Are you under 24 and classified as an independent student? \_\_\_\_\_ Yes \_\_\_\_\_ No or \_\_\_\_\_ N/A

Have you been convicted of a felony possession or distribution of a controlled substance before the end of 2017? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Did you and your dependent(s) have health insurance for the entire tax year 2017? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Who did not have health insurance? \_\_\_\_\_

If not, then indicate which month(s) you did have health insurance:

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

By signing this page, I have been as accurate and forthcoming with the information that I have provided to Harvey Tax Pros, LLC and my tax preparer.

Print: \_\_\_\_\_ Spouse Print: \_\_\_\_\_

Signature: \_\_\_\_\_ Spouse: \_\_\_\_\_

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I \_\_\_\_\_, authorize my tax preparer \_\_\_\_\_, to electronically sign my documents on my behalf.

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Signature

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Date

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Notary Public

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I \_\_\_\_\_, authorize Harvey Tax Pros to direct deposit my federal and states refund into my banking account. My bank name is \_\_\_\_\_, my routing number (nine-digit number on bottom of check) is \_\_\_\_\_, and my account number is \_\_\_\_\_.

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Your Signature

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Date

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Notary Public

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## Itemized Deductions Worksheet

There are two types of deductions, the standard deduction and itemized deductions. To itemize your expenses must total more than the standard deduction. Itemization is especially designed for tax payers who own a home, pay mortgage, and property tax, or who also have a lot of medical expenses.

### Medical and Dental

**Medical and dental expenses are out of pocket expenses that are no covered by insurance.**

Medical Expense \_\_\_\_\_

\_\_\_\_\_

Dental Expenses \_\_\_\_\_

### Church and Charities Contributions

Church Tithes \_\_\_\_\_ Amount \_\_\_\_\_

Charity # 1 \_\_\_\_\_ Amount \_\_\_\_\_

Charity #2 \_\_\_\_\_ Amount \_\_\_\_\_

### Unreimbursed Expenses

Tools/Supplies \_\_\_\_\_

Uniforms \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mileage \_\_\_\_\_ Date Vehicle Put in Service \_\_\_\_\_

Other (\_\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_\_) \_\_\_\_\_

### Home/Car

Home Mortgage Interest      1<sup>st</sup> \_\_\_\_\_      2<sup>nd</sup> \_\_\_\_\_

Property Taxes      \_\_\_\_\_

Ad Valorem Taxes      \_\_\_\_\_

**Your Signature:** \_\_\_\_\_      **Spouse Signature:** \_\_\_\_\_

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I agree that everything on this sheet is true to my acknowledgement and is based on my records of expenses and summary of income kept during the 2017 tax year.

## Business Income and Expenses Worksheet

<b>Business Type</b> _____			
<b>Business Address</b> _____			
<b>Gross Income</b> \$ _____			
Advertising		Office Expenses	
Car and Truck Expenses		Pension and Profit-Sharing Plan	
Commissions & Fees		Rent of Lease	
Contract Labor		a. Vehicles, Machinery, Equip.	
Depletion		b. Other Business Property	
Depreciation & Sec 179		Repairs and Maintenance	
Employee benefit programs		Supplies	
Insurance (Other than Health)		Taxes & Licenses	
Interest		Travel, Meals, & Entertainment	
a. Mortgage		a. Travel	
b. Other		b. Deductible Meals & ENT.	
Legal & Professional Services		Utilities	
Other Expenses		Wages	
Total Business Mileage		Commuting Mileage	
Date Vehicle Was Placed in Service _____ / _____ / _____			

**Signature:** \_\_\_\_\_