

ONE STOP CONSULTING SHOP, LLC

Form 1040 - Individual Tax Return Information Required

Do not skip required questions. If a question does not apply, please write in N/A. If you need more space, please use additional pages and attachments. When you complete this form, please print, sign, date and send a copy to us. Please upload any additional documentation, back up or forms to your portal.

Primary Tax Payer Name:

Occupation/Job Title:

Secondary Tax Payer Name:

Occupation/Job Title:

Contact Phone Number:

Email Address:

Marital Status (select):

Single / Married Filing Separate / Married Filing Joint / Head of Household / Widow(er) / Registered Domestic Partnership (RDP)

Please list all individuals (including yourself) listed on your Tax Return including all dependents:

Type NAME, DATE OF BIRTH and SOCIAL SECURITY NUMBER for EACH person (or attach separate document).

YOUR HOME

Current Address:

State of Residence for tax year:

Please choose one: Full Year / Partial Year / Non-Resident

Do you own or rent your home:

What is your CURRENT primary address:

Do you have dependents?

If so, how many months of the year did they live with you?

EXPENSES (for any questions below where you answer yes, list the item and the expense amount):

Did you pay any college expenses for anyone?

Did you have daycare or childcare expenses?

Did you have any large purchases with sales tax?

Did you make any energy efficient purchases?

Did you have more than average medical expenses?

TAXES

Did you pay estimated taxes? If so, list dates and amounts.

Have you received any IRS or State notices this year?

If you are receiving a refund and want direct deposit, list your bank name, routing & account number.

Do you owe any prior year IRS debt? Are you on an IRS installment plan?

Did you invest in a retirement plan outside of your job?

Did you buy/sell any stocks?

Did you take a retirement plan distribution?

Did you buy/sell (FLIP) any homes?

Required Questions from the IRS (You must type yes or no for each question).

Does the tax payer or spouse have any interest or signature over a foreign financial account?

If yes, was the total value \$10,000 or more during the year at any time?

Does the tax payer or spouse have any digital currency?

Does the tax payer, spouse and dependents have health insurance coverage for the entire year?

If yes, did you receive a form 1095A, 1095B or 1095c?

SUPPLEMENTAL QUESTIONS (IF APPLICABLE)

Rental Property Reminders – We will need this information for each property:

1. Property address:
2. Date property was purchased: _____ Date property was first rented: _____
3. Was the property rented 12 months of the year? If not, how many months?
4. Were you actively trying to keep the property rented throughout the year?
5. Total Rents Received (Income):
6. Mortgage Payments (separate by principle, interest, insurance and property taxes):
7. Expenses summarized for the year by category (IE, repairs, contractors, office supplies, advertising, etc.)

Home Office:

This must be a dedicated space for office use only. No personal use in the room or area is permitted. ONLY sch C can use the simplified method of \$5 per square foot.

Square footage of your home: _____

Square footage of your office area: _____

Totals paid for the Entire Year:

Rent (if you do not own your home):

Utilities:

Internet Only (not phone):

Property Taxes, Home Insurance and Mortgage Interest (if you own):

Home security and Home Cleaning:

Lawn Care:

Other:

Mileage:

Did you keep a mileage log? ____ Yes ____ No (You need to tell us you kept a log; we do not need to review).
Year, make and model of your vehicle:

Starting odometer on Jan. 1: _____

Ending odometer on Dec. 31: _____

Total business miles: _____

Is this vehicle titled in the business name or your personal name?

***IF YOU HAVE A 1099, LLC taxed as a Disregarded Entity, or Sole Proprietorship,
PLEASE INCLUDE ALL BUSINESS INCOME (FORM 1099) AND BUSINESS EXPENSES
SUMMARIZED BY CATEGORY OR ATTACH A PROFIT & LOSS STATEMENT.***

Please make sure to UPLOAD / PROVIDE the following required forms:

Drivers License of each person listed on the return (unless under 18)

All income forms: W2 and 1099 NEC/MISC/INT/SSA

All Tax Documents (IE: Property Taxes, Sales Tax, Mortgage Interest, Donations)

Health insurance forms (1095)

Stocks Detail (if applicable)

Any other supporting tax documents

Client Release of Information and Disclosure

One Stop uses 3rd party tax professionals who are licensed by the IRS and the State and Federal Law requires this consent form to be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution. You are not required to complete this form. Because our ability to disclose your tax return information to another tax return preparer affects the service we provide you and its cost, we may decline to provide you with service or change the terms of service that we provide you if you do not sign this form. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time you specify.

The above captioned client(s) hereby authorize us to release Income Tax Information and related tax and financial documents for the intended purpose of meeting the taxpayer(s) request to prepare federal and state tax return(s), provide tax planning and ongoing taxing authority monitoring and other services as requested. The information to be released includes all tax return files, accounting files, work papers, files, reports, correspondence, electronic media, and any other documents as required. This consent is valid until revoked UNLESS its expiration is listed here:

_____.

The information is being disclosed to 3rd party Tax Professionals contracted by One Stop Consulting Shop, LLC including:

Collin Clark Law, PLLC / K.R. Hoffman & Co., LLC / Kenneth Hoffman / Cali Rabins / Alexander DuRose / Ed Kotler

It is understood that releasing privileged documents to third parties will likely waive any privileged protection that exists with respect to the documents and its content. If you believe your tax return has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484 or by email to: complaints@tigta.treas.gov

I, _____ (print name) as authorized representative of the above named entity or personally authorized and consent to the disclosure or use of the tax return information described in the above paragraphs for the purposes there stated. _____ INITIAL

I acknowledge that I have retained One Stop Consulting Shop, LLC and its contractors to prepare my tax return and I have provided my own information or P&L for their use and/or income and expense category totals to be used to compiled a summary Profit and Loss Statement. Because One Stop Consulting Shop, LLC did not provide audited financial statements or review original receipts (source documents), they are solely relying on my certification that all income and expense numbers used in tax return preparation are correct.

My signature and date below affirm that I have attempted to the best of my ability to provide the above requested information to ensure an accurate tax return. I have also reviewed and understand all disclosure requirements and have made my best attempt to provide accurate information to One Stop Consulting Shop, LLC and its contractors. I understand and accept the above information, as well as any other communications I have with One Stop Consulting Shop, LLC and their sub-contractors, and assert all information provided to One Stop Consulting Shop, LLC is correct to the best of my knowledge, truthful and accurate. I have provided One Stop Consulting Shop, LLC and their sub-contractors all income, deductions, and other information necessary for the preparation of my income tax return for which I have adequate support.

Signature of Contact

Date

Print Name:

Please Note: If you are filing a tax return with the status of MARRIED FILING JOINT, both spouses must sign this form (wet signature required – meaning handwritten).

ELECTION TO FILE A JOINT TAX RETURN

You are electing to file your income taxes on a joint return. Filing a joint return requires an affirmative election indicated by your signing the form with the intent to file jointly with your spouse.

Filing jointly generally results in a lower tax than if you each file separately. Filing a joint return, however, renders each spouse both individually and jointly liable to the IRS for the entire tax liability reported on the return or later determined by an audit.

This joint and several liability may be avoided only if you qualify for very restrictive so called “innocent spouse” relief. You may if you choose, file a separate return reporting only your income, deductions, tax-credits and withholding. Thus, you should sign the tax return only if you are certain it is accurate, intend to file a joint return and thereby assume all of the benefits and burdens of the joint return election.

If one of you wish to file your tax return other than Married Filing Joint, then DO NOT sign this form.

I, _____, and _____
Primary Tax Payer (PRINT) Spouse Name (PRINT)

Agree to file our _____ tax return as MARRIED FILING JOINT.
Tax Year

Signature: _____ Date: _____
Primary Tax Payer

Signature: _____ Date: _____
Spouse