



PO Box 743562
 Riverdale, GA 30274
 Ph: (404) 966-0966
 Fx: (678) 489-5259
 Email: OmegaTaxSvcLLC@aol.com

Basic Information

- _____ 1. Name, SSN/ITIN, and date of birth for you and your dependents
- _____ 2. Last Year's Federal & State Return (if new client)
- _____ 3. Estimated Taxes Paid

Income Information

- _____ 4. Form W-2's
- _____ 5. Form 1095's - Health insurance marketplace Statement (1095-A), health coverage (1095-B), and employer-provided health insurance (1095-C)
- _____ 6. Form 1098's - Mortgage interest (1098) and Student loan interest (1098-E)
- _____ 7. Form 1099's - Dividend income (1099-DIV), Interest income (1099-INT), Miscellaneous income (1099-MISC), Sale of home or real estate (1099-S), capital gains (1099-B), distributions from an HAS, Archer MSA, or Medicare Advantage MSA (1099-SA), and unemployment compensation (1099-G)
- _____ 8. Form 2439's - Notice to shareholder of undistributed long-term capital gains
- _____ 9. Schedule K-1's - Partnership, S Corp and estate or trust income

Expense Information

- _____ 10. Child and Dependent Care Expenses (including provider's name, address, amount and Tax-ID number)
- _____ 11. Education Expenses (including school's name, address, and separate amounts for tuition, books, supplies and fees)
- _____ 12. Medical Expenses
 - _____ Medical _____ Premiums
 - _____ Dental _____ Premiums
 - _____ Vision _____ Premiums
 - _____ Supplies
 - _____ Prescriptions
 - _____ Laboratory
- _____ 13. Vehicle Taxes Paid (Advalorem tax. Include vehicle year, make & model)
- _____ 14. Real Estate Taxes
- _____ 15. Mortgage Interest Paid
- _____ 16. Charitable Contributions (include name, address, amount and brief description of contribution)
- _____ 17. Business or Employee Expenses
- _____ 18. Gambling expenses
- _____ 19. Investment Transactions
- _____ 20. Retirement Contributions
- _____ 21. Foreign Earned Income and Foreign Taxes paid
- _____ 22. Moving Expenses
- _____ 23. Energy Efficiency Property Expenses
- _____ 24. Household Employee Expenses
- _____ 25. Alimony Expenses and/or Income
- _____ 26. Expenses for miscellaneous itemized deductions

For E-filing/Direct Deposit/Direct Debit

- _____ 27. Bank Information (Account Number, Routing Number and Account Type)
- _____ 28. Prior year's Self-Select PIN or Prior year's AGI (Adjusted Gross Income)



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Client Information

Full Name: _____ DOB: _____
Address: _____ Apt #: _____
City/ST/Zip: _____ SSN: _____
Mobile #: _____ Home #: _____ Msg #: _____

Spouse: _____ DOB: _____
Address: _____ Apt #: _____
City/ST/Zip: _____ SSN: _____
Mobile #: _____ Home #: _____ Msg #: _____

Dependent Information

Full Name: _____ DOB: _____
Relation: _____ # of Mos: _____ SSN: _____

Full Name: _____ DOB: _____
Relation: _____ # of Mos: _____ SSN: _____

Full Name: _____ DOB: _____
Relation: _____ # of Mos: _____ SSN: _____

Full Name: _____ DOB: _____
Relation: _____ # of Mos: _____ SSN: _____

Vehicle Information

Year/Make: _____ Model: _____
Advalorem: _____ Color: _____

Year/Make: _____ Model: _____
Advalorem: _____ Color: _____

Year/Make: _____ Model: _____
Advalorem: _____ Color: _____