

SSN

## 2022 New Client

	AND BUSINESS SERVICES LLC Preparer		rc	p Off F	orm
Please include a copy of last years return			Drop Off Date		
O I am interested in a Refund Advance Loan			Req Pick Up Date		
Primary Taxpayer			Spou	ISE	
Name			Name		
Address			Address		
City	State	_ Zip		Sta	
Phone Birthdate			Phone Birthdate		
Occupation SSN			OccupationSSN		
Email			Email		
Marital Status: O Single O Married O Widowed			Are you active in the military? <b>O</b> Yes <b>O</b> No		
Are you active in the military? <b>O</b> Yes <b>O</b> No			Is anyone claiming you as a dependent? <b>O</b> Yes <b>O</b> No		
Is anyone claiming you as a dependent? <b>O</b> Yes <b>O</b> No			Tell us about your year (big events, purchases, etc)		
Types of Income — Check all that apply					
<b>o</b> W2 <b>o</b> W2-G					
O 1099-Misc/NEC O 1099-SSA					
<b>O</b> 1099-INT <b>O</b> 1099-R					
<b>O</b> 1099-B <b>O</b> 1099-G					
O 1099-S, A or C O Farm/Business					
3rd Economic Impact Payment (Stimulus Checks)					
	a 3rd stimulus payment a copy of Letter 1444-0		O No	If Yes, how much (must	be exact!) \$
Did you receive A	dvance Child Tax Cred	it? OYes ON	O If Ye	es, how much (must be exac	ct!) \$
Number of Qualify	ying Children	(Please enclose a co	opy of Le	etter 6419 from the IRS)	
Dependents					
Dependent 1 Dependent 2			Dependent 3	Dependent 4	
Name					
Birthdate					
Relationship					