

2022 CLIENT INFORMATION SHEET

WE ONLY ACCEPT CASH OR CHECK

CHECK BOX IF NEW CLIENT

TAXPAYER:

FIRST NAME _____ MI _____

LAST NAME _____

SSN: _____

D.O.B.: ____/____/____

PHONE NUMBER: _____

OCCUPATION: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SPOUSE:

FIRST NAME _____ MI _____

LAST NAME _____

SSN: _____

D.O.B.: ____/____/____

PHONE NUMBER: _____

OCCUPATION: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DO YOU LIVE IN CITY LIMITS: **(Circle one)** YES NO

***ARE YOU CLAIMED ON ANOTHER PERSON'S RETURN (ex. parent)? **(Circle one)** YES NO

- **MARITAL STATUS: (Circle one)** SINGLE MARRIED REQUESTING MARRIED FILING SEPARATE
 - IS THERE A SPECIFIC REASON FOR MARRIED FILING SEPARATE? **(Circle one)** YES NO
 - DID YOU LIVE APART FROM SPOUSE SINCE JULY 1ST? **(Circle one)** YES NO
 - PLEASE SPECIFY REASON FOR REQUESTING TO BE MARRIED FILING SEPARATE
-

***IS THIS YOUR YEAR TO CLAIM DEPENDANTS? (Circle one) YES NO**

****ADDITIONAL FEES WILL BE ADDED IF YOUR RETURN NEEDS TO BE CHANGED BECAUSE A CHILD HAS ALREADY BEEN CLAIMED BY SOMEONE ELSE****

****IF YOU HAVE A CHILD CUSTODY AGREEMENT, WE WILL NEED AN UPDATED COPY ON FILE**

FIRST	LAST	SS#	D.O.B.	DID CHILD LIVE WITH YOU ALL 12 MONTHS? (Circle one)	COLLEGE STUDENT? (Circle one)
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO
_____	_____	_____	_____	YES NO	YES NO

IF CHILD(REN) DID NOT LIVE WITH YOU ALL 12 MONTHS, PLEASE SPECIFY NUMBER OF MONTHS AND DAYS THEY DID LIVE WITH YOU

CONTINUE TO BACK FOR ADDITIONAL INFORMATION AND SIGNATURE

DO YOU HAVE ANY CHILD CARE EXPENSES YES NO (TUITION TO PRIVATE SCHOOLS, DAYCARE, PRIVATE BABYSITTER)?
EXPENSES MUST BE CLAIMED BY BABYSITTER

****IF YES, WE NEED NAME, EIN OR SSN, ADDRESS AND AMOUNT PAID FOR EACH CHILD.**

****IF YOUR CHILD IS A COLLEGE STUDENT- WE NEED THE 1098-T FROM THE INSTITUTE ALONG WITH ANY OUT- OF- POCKET EXPENSES NOT COVERED BY TUITION OR SCHOLARSHIPS (COMPUTER, BOOKS, SUPPLIES)**

***DID YOU MOVE IN 2022? (Circle one) YES NO**

DATE MOVED _____

PREVIOUS ADDRESS _____

BUSINESS/FARM/RENTAL

- CIRCLE ALL OF THE FOLLOWING THAT APPLY: BUSINESS FARM RENTALS N/A
- DID YOU PROVIDE A SUMMARY SHEET OF ALL INCOME AND EXPENSES FOR ABOVE? YES NO
- DID YOU RECEIVE A K-1 FROM A CORPORATION OR A PARTNERSHIP? (Circle one) YES NO

ESTIMATED PAYMENTS FEDERAL/STATE/SD/CITY {THESE ARE NOT PAYMENTS WITHHELD FROM YOUR EMPLOYER ON W-2 WAGES}

***DID YOU MAKE ANY ESTIMATED PAYMENTS? (Circle all that apply) FEDERAL STATE SCHOOL DISTRICT CITY**
PLEASE LIST WHO PAYMENT WAS MADE TO, AMOUNT PAID AND THE DATES PAID

***IF YOU RECEIVE A REFUND, DO YOU WANT: (Circle one)** DIRECT DEPOSIT CHECK BY MAIL

BANK NAME _____ CHECKING SAVINGS

ROUTING NO _____ ACCOUNT NO _____

PRIVACY POLICY: Tax Preparers are not able to release any information from your tax files without your written permission or consent, doing so is subject to penalty and fine. I certify all information filled out in this form to be true and accurate. I also authorize Tingley Tax Preparation LLC to release my tax return information only at my request for purpose requested for all yrs. Unless otherwise authorized by the law.

COPY OF VALID DRIVERS LICENSE IS REQUIRED BEFORE TAXES CAN BE FILED

THIS FORM MUST BE ACCURATELY COMPLETED TO PREVENT ADDITIONAL BILLING

HAS ALL TAX INFORMATION BEEN SUBMITTED TO OUR OFFICE? (Circle one) YES NO

Signature (required) _____ DATE _____