

Nedi's Tax Services

Phone Number/ Fax: (682) 276-6020

CURRENT TAX YEAR: _____

Taxpayer Info:

Last Name: _____ First Name: _____ MN: _____

SSN: ____-____-____ Occupation: _____ D.O. B: _____

☐ U.S. Citizen ☐ Resident ☐ Non-Resident

If not U.S Citizen, Country of Citizenship: _____

E-Mail: _____ Phone#: _____

Address: _____ City: _____ St: ____ Zip: _____

☐ Single ☐ Head of Household ☐ Married filing jointly

☐ Married filing separately ☐ Widow

Spouse Info:

Last Name: _____ First Name: _____ MN: _____

SSN: ____-____-____ Occupation: _____ D.O. B: _____

☐ U.S. Citizen ☐ Resident ☐ Non-Resident

If not U.S Citizen, Country of Citizenship: _____

E-Mail: _____ Phone#: _____

Dependents Info:

Last Name: _____ First Name: _____ MN: _____

SSN: ____-____-____ Relation: _____ D.O. B: _____

Last Name: _____ First Name: _____ MN: _____

SSN: ____-____-____ Relation: _____ D.O. B: _____

Last Name: _____ First Name: _____ MN: _____

SSN: ____-____-____ Relation: _____ D.O. B: _____

I hereby sign and authorize Nedi's Tax Services, to prepare and file taxes on my behalf. Nedi's Tax Services is not liable for any owed to the IRS on my part. I also understand that I am liable for all fees to the Tax Preparer at Nedi's Tax Services. Please note that we are not liable for any wrong information or/ and information not given to any Tax Preparer of Nedi's Tax Services.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

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NEW CLIENT ☐

Client Questionnaire

Please answer all questions based on January 01, _____ thru December 31, _____

1. How did you hear about Nedi's Tax Services? _____
(Please write the name down for the referral payment)
2. LAST YEAR: What was your refund amount: _____
3. DEPENDENTS: How many dependents will you be claiming this year:
(MUST HAVE PROOF FOR ALL DEPENDENTS)? _____
4. JOBS: How many jobs did you have **for current tax year**? _____
5. UNEMPLOYMENT: Did you receive unemployment **for current tax year**? _____
6. SCHOOLS: Did anyone in the household attend college or training **for current tax year**? _____
7. At any time during the year did you sell, exchange otherwise dispose of a digital asset? _____
8. BUSINESS: Does anyone in the household have their own business? _____
 - IS IT REGISTERED with the State (LLC or Corp)? _____
 - ***REQUIRED*** Have you paid your Franchise Tax? _____
 - ***REQUIRED*** Have you reported your BOI Report? _____
9. MORTGAGE? Did you have a Mortgage **for current tax year**? _____
10. 401K: Did anyone in the household withdraw from their 401K **for current tax year**? _____
11. Does anyone in the household owe any of the following **for current tax year**?
 - IRS? _____ What is the amount owed? _____
 - CHILD SUPPORT? _____ What is the amount owed? _____
 - STUDENT LOANS? _____ What is the amount owed? _____

By signing I acknowledge all the information to be correct. Also, by signing this form if you owe any money to IRS, Child Support, Student loans. You are responsible for fees due to Nedi's Tax Services at the time of service, if the preparer is not notified that anyone in the household owes any money and their refund was taken by IRS ETC..... Nedi's Tax Services will take legal action and will report to the collection agency. So please tell us if you owe any money to see if we can help in any way.

Taxpayer Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

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Expenses for Side Jobs/Hustles, Sole Proprietorship:

“LLC Business Owners Also Provide Profit & Loss Report or Fill out our Schedule C”

1. How much did you spend **weekly** on gas **last year**? _____
2. How much did you pay for car insurance **monthly** **last year**? _____
3. How much did you pay for phone services **monthly** **last year**? _____
4. Do you have a car note? _____
 - If **yes** how much did you pay **monthly**? _____
 - Date Placed in service? _____
Date Acquired? _____
5. Car make and model? 1^{st(car)} _____, _____ 2^{nd(car)} _____, _____

1^{st(car)} Year: _____ Current Mileage: _____
2^{nd(car)} Year: _____ Current Mileage: _____
6. Did you have health insurance through the MARKETPLACE? _____
If so: Did you receive your **1095-A form**? _____
7. Any donations made in previous year (church, charity)? _____ Amount? _____
8. Any daycare/school payments made for dependents under 18? _____
Amount? _____
9. Other expenses or notes we need to be aware of? _____
 - _____
 - _____
 - _____

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Please provide a voided check. Without this information we will not be able to do direct deposit.

Bank Name: _____

Routing Number: _____ Account Number: _____

Card Number _____ Exp. __/__ CVV ____ Zip Code: _____

I, _____ authorize "Nedi's Tax Services Corp" to charge my credit card or bank account for agreed services if pay by refund fails or if my refund is withheld by the IRS.

Failure to provide correct payment information can result in Our right to refuse service for current and any future services and possible collections.