

# THE TAX OFFICE

1040 Personal Income Tax Filing

**Tax Year:**  
\_\_\_\_\_

## CLIENT INFORMATION FORM

**Filing Status:**

- Single
- Head of Household
- Married Filing Jointly
- Qualifying Widow w/Child
- Married Filing Separately
- Not Sure

## TAXPAYER INFORMATION

**Your Full Name:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Occupation:** \_\_\_\_\_

Please **CHOOSE ANY** of the following that apply:

- Disabled
- US Armed Forces
- Blind
- Someone claiming you as a dep.
- Deceased
- Homeowner
- Surviving Spouse
- Buying home in 1-2 years
- Student
- Has Marketplace Insurance

## SPOUSE INFORMATION

**Spouse Full Name:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Occupation:** \_\_\_\_\_

Please **CHOOSE ANY** of the following that apply:

- Disabled
- US Armed Forces
- Blind
- Someone claiming you as a dep.
- Deceased
- Spouse filed a separate return
- Surviving Spouse
- Lived apart from Spouse
- Student
- Has Marketplace Insurance

## ADDRESS INFORMATION

**Home Address** (No P.O. Boxes): \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zipcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_

**Resident State:** \_\_\_\_\_ **Did you live in any other state last year?**  Yes  No

**Other States Lived in:** \_\_\_\_\_ **Date of Move:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## DEPENDENT INFORMATION

**Dependent #1** Full Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to You: \_\_\_\_\_

Student  
 Disabled

Dependent worked  
 Deceased

Daycare/Nanny  
Fee Total \$ \_\_\_\_\_

**Dependent #2** Full Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to You: \_\_\_\_\_

Student  
 Disabled

Dependent worked  
 Deceased

Daycare/Nanny  
Fee Total \$ \_\_\_\_\_

**Dependent #3** Full Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to You: \_\_\_\_\_

Student  
 Disabled

Dependent worked  
 Deceased

Daycare/Nanny  
Fee Total \$ \_\_\_\_\_

**Dependent #4** Full Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to You: \_\_\_\_\_

Student  
 Disabled

Dependent worked  
 Deceased

Daycare/Nanny  
Fee Total \$ \_\_\_\_\_

## COLLEGE / TRADE SCHOOL EXPENSES

Has the **American Opportunity Credit** been claimed for the student before?

Unsure       Yes       No

Tuition and Enrollment Fees **not** listed on **Form 1098-T**: \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Cost of Books**

\$ \_\_\_\_\_ **Cost of Equipment**

\$ \_\_\_\_\_ **Cost of Supplies**

(printer, laptop, furniture, desk etc)

## ADDITIONAL TAXPAYER INFORMATION

Please select **ANY** that apply:

- Business Owner / Self-Employed**
- S-Corporation / C-Corporation**
- Made Quarterly Tax Payments**
- Landlord** (Rental Property owner)
- Sold Stocks / Crypto**
- Armed Forces Reservist**
- Moved** (Military Relocation only)
- Received Unemployment**
- Teacher or Educator**
- Sold Home Last Year**

## TAXPAYER EXPENSES

\$ \_\_\_\_\_ **Health Insurance Premiums**

\$ \_\_\_\_\_ **Doctor Visits / Deductibles**

\$ \_\_\_\_\_ **Prescriptions**

\$ \_\_\_\_\_ **Dental Treatments**

\$ \_\_\_\_\_ **Eye Exams & Eyeglasses**

\$ \_\_\_\_\_ **Medical Equip & Supplies**

\$ \_\_\_\_\_ **Mortgage Interest**

\$ \_\_\_\_\_ **Mortgage Insurance**

\$ \_\_\_\_\_ **Real Estate Property Taxes**

\$ \_\_\_\_\_ **Energy-Efficient Upgrades**

\$ \_\_\_\_\_ **Sales Tax** (vehicle, furniture etc)

\$ \_\_\_\_\_ **Vehicle Registration Fees**

\$ \_\_\_\_\_ **Electric Vehicle(s) Bought**

\$ \_\_\_\_\_ **Solar Related Purchases**

\$ \_\_\_\_\_ **Charitable Donations** (Church, Schools, Goodwill etc)

\_\_\_\_\_ **Charitable Work Mileage** (miles driven for volunteer work etc)

\$ \_\_\_\_\_ **Donated Vehicle / Boat**

\$ \_\_\_\_\_ **Student Loan Interest**

\$ \_\_\_\_\_ **Spouse Loan Interest**

\$ \_\_\_\_\_ **Taxpayer HSA Contributions**

\$ \_\_\_\_\_ **Spouse HSA Contributions**

(Not the same as 401(K) Contribution through your employer):

**Taxpayer IRA Contribution:** \$ \_\_\_\_\_  Traditional  ROTH

**Spouse IRA Contribution:** \$ \_\_\_\_\_  Traditional  ROTH

**Alimony:** \$ \_\_\_\_\_  Paid  Received

**Payer or Recipient Full Name:** \_\_\_\_\_

**SSN#:** \_\_\_\_\_ **Date of Divorce or Legal Separation:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## TERMS OF ENGAGEMENT

Thank you for choosing **The Tax Office** for your tax services needs. We will be preparing your Federal & State income tax returns based on the information provided by you. While we may ask for clarification on certain items, we will not audit or verify the information provided.

### **Your Responsibilities**

It is your responsibility to ensure that you provide all necessary information for the preparation of complete and accurate tax returns.

You should retain all documents, canceled checks, and other data that support your reported income and deductions. These may be needed to prove the accuracy and completeness of your tax returns to a taxing authority.

You are ultimately responsible for the accuracy of your tax returns, so please review them carefully before signing.

### **Our Responsibilities**

We will use the information provided by you to ensure that your tax returns are accurate to the best of our knowledge. We will electronically file your tax returns in a timely manner.

While we can provide an estimated refund date, we have no control over when the IRS or State issues your refund. These taxing authorities do not guarantee a specific refund date.

In the event of a tax examination, we can assist you with any correspondence or communication from the IRS or State.

We will retain records related to this engagement for 5 years. After this period, we are free to destroy these records. Please note that we do not keep any of your original records, so you should keep them in secure storage.

In the event of a complaint regarding our services, we will work in good faith to resolve the issue. Federal, state, and local tax authorities impose various penalties and interest charges for non-compliance with tax laws and regulations, including failure to file or late filing of returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all tax, penalties, and interest charges imposed by tax authorities.

### **Extra Fees**

Files received in full within **10 days prior to the Tax Deadline (April 15)**, will be subject to a **\$25 late submission fee** and will be applied to cover the additional time and effort required to complete your tax return in a timely manner. If it is not possible to complete your return before the deadline, the **fee will be used towards filing Form 4868 (Extension of Time)**.

### **Professional Fee**

Our professional fee for the services outlined above is estimated based upon the complexity of the work to be performed, and our professional time, as well as out-of-pocket expenses.

## ACKNOWLEDGEMENT

We truly appreciate the opportunity to be of service to you. By signing below, you acknowledge that you have read and understand the terms of engagement outlined above.

**We will not initiate services until we receive the signed agreement.**

Sincerely,  
**The Tax Office**

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Rush Service

Turnaround Time 1-2 Days (+\$100 additional fee)

### All Digital Copies of your 1040 are free.

Printed Paper Copy of 1040 (+\$10 additional fee, +shipping if mailed)

### Preferred Method of Contact:

E-mail     Phone     Text

### Are you interested in any other services we offer?

Payroll     Bookkeeping     LLC Filing

## FINANCIAL INFORMATION

Checking     Saving     Prefer Physical Check     Debit Card

**Bank Name:** \_\_\_\_\_

**Routing#:** \_\_\_\_\_ **Account#:** \_\_\_\_\_

### The Tax Office

4110 Southpoint Blvd

Jacksonville FL 32216

(904) 577-0086



[cs@thetaxoffice.us](mailto:cs@thetaxoffice.us)



[www.thetaxoffice.us](http://www.thetaxoffice.us)