

THE TAX OFFICE

1040 Personal Income Tax Filing

Tax Year:

CLIENT INFORMATION FORM

Filing Status:

- | | |
|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Head of Household |
| <input type="checkbox"/> Married Filing Jointly | <input type="checkbox"/> Qualifying Widow w/Child |
| <input type="checkbox"/> Married Filing Separately | <input type="checkbox"/> Not Sure |

TAXPAYER INFORMATION

Your Full Name: _____ **SSN#:** _____

Date of Birth: ____/____/____ **Occupation:** _____

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

- | | |
|---|---|
| <input type="checkbox"/> Disabled | <input type="checkbox"/> US Armed Forces |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Someone claiming you as a dep. |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Homeowner |
| <input type="checkbox"/> Surviving Spouse | <input type="checkbox"/> Buying home in 1-2 years |
| <input type="checkbox"/> Student | <input type="checkbox"/> Has Marketplace Insurance |

SPOUSE INFORMATION

Spouse Full Name: _____ **SSN#:** _____

Date of Birth: ____/____/____ **Occupation:** _____

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

- | | |
|---|---|
| <input type="checkbox"/> Disabled | <input type="checkbox"/> US Armed Forces |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Someone claiming you as a dep. |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Spouse filed a separate return |
| <input type="checkbox"/> Surviving Spouse | <input type="checkbox"/> Lived apart from Spouse |
| <input type="checkbox"/> Student | <input type="checkbox"/> 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

☐ Dependent worked

☐ Daycare/Nanny

☐ Disabled

☐ Deceased

Fee Total \$ _____

Dependent #2 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship to You: _____

☐ Student

☐ Dependent worked

☐ Daycare/Nanny

☐ Disabled

☐ Deceased

Fee Total \$ _____

Dependent #3 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship to You: _____

☐ Student

☐ Dependent worked

☐ Daycare/Nanny

☐ Disabled

☐ Deceased

Fee Total \$ _____

Dependent #4 Full Name: _____

SSN#: _____ Date of Birth: ____/____/____

Relationship to You: _____

☐ Student

☐ Dependent worked

☐ Daycare/Nanny

☐ Disabled

☐ Deceased

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:

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

TAXPAYER EXPENSES

- | | |
|--|--|
| \$ _____ Health Insurance Premiums | \$ _____ Dental Treatments |
| \$ _____ Doctor Visits / Deductibles | \$ _____ Eye Exams & Eyeglasses |
| \$ _____ Prescriptions | \$ _____ Medical Equip & Supplies |
| \$ _____ Mortgage Interest | \$ _____ Real Estate Property Taxes |
| \$ _____ Mortgage Insurance | \$ _____ Energy-Efficient Upgrades |
| \$ _____ Sales Tax (vehicle, furniture etc) | \$ _____ Electric Vehicle(s) Bought |
| \$ _____ Vehicle Registration Fees | \$ _____ Solar Related Purchases |
| \$ _____ Charitable Donations (Church, Schools, Goodwill etc) | |
| _____ Charitable Work Mileage (miles driven for volunteer work etc) | |
| \$ _____ Donated Vehicle / Boat | |
| \$ _____ Student Loan Interest | \$ _____ Taxpayer HSA Contributions |
| \$ _____ Spouse Loan Interest | \$ _____ 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

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