** Client Information Form**

**Tax Year:** 2023

**Do you owe any monies to the IRS, student loans, child support or any other federal/state government agency that may garnish your tax refund?** YES or NO ***(please circle)***

**How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taxpayer Information:**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse Information:**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_ZipCode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Filing Status:** \_\_\_\_\_Single \_\_\_\_\_\_Married Filing Jointly \_\_\_\_\_\_Married Filing Separately

\_\_\_\_\_Head of Household ***\*To file HOH you need proof of lease or utility bills.***

1. **Do you have an Identity Protection Pin issued by the IRS?** YES or NO **(*please circle)***
2. ***At any time during the tax year, did you receive, sell, exchange, or otherwise dispose of any virtual currency (cryptocurrency)?*** YES or NO **(*please circle)***
3. **Can someone else claim you as a dependent?** YES or NO ***(please circle)***

**Documentation Checklist**

* Client Photo Identification
* Client Social Security Card
* Client IRS Identity Protection Pin (if applicable)
* Dependent(s) Birth Certificate
* Dependent(s) Social Security Card
* Income Documentation (W2, 1099, etc.)
* Expenses Documentation (Property Tax, Mortgage, College, etc.)
* Earned Income Credit Questionnaire (if applicable)

**Dependent's Residency Requirement**

**If you are claiming any dependents, be sure to provide their SS CARDS, BIRTH CERTIFICATES. In order to file a dependent on your tax return you are attesting that the child/dependent lived with you in the SAME home for more than 6 months of the tax year. If the dependent did NOT live with you for more than HALF of the tax year you CANNOT claim the dependent. If you are audited by the IRS you MUST be able to have DOCUMENTATION that shows their address is the same as yours. (e.g. school records, medical records, doctor bills, Medicaid Statement, Social Services Records, or anything that shows your child's name and current address).**

Please enter your dependents information below.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Relationship** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Income Information**

Please check the income sources you received at ANY time during the tax year.

Types Of Income:

* Wages or Salary (W2)
* Unemployment
* Pension/Retirement Income
* Dividend/Sale of Stocks (1099-DIV)
* Rental Income
* Farm Income
* Interest Income (1099-INT)
* Self-Employed/Business Income (Schedule C)
* Independent Contractor (1099-NEC)
* Alimony Received
* Lottery or Gambling Income (W2-G)
* Social Security Income (1099-SSA)
* Other Income

**Child Care Expense (Credit)**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal Tax ID Number (EIN): \_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City \_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Amount Paid Year To Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Insurance**

***Please make sure you answer this question to the best of your knowledge to avoid your refund being DELAYED!***

**Did you have health care coverage during the tax year?**

YES or NO ***(please circle)***

**What type of coverage did you receive?**

* **Employer/Job Health Plan**
* **Medicaid/State/Healthy Kids Plan**
* **Medicare**
* **Healthcare.gov Marketplace/Obama Care**
* **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did you receive a Health Insurance Coverage Form (1095-A, 1095-B or 1095-C)?**

YES or NO ***(please circle)***

**E-File Options Please select how you would like your refund.**

**Do you want to apply for the Refund Advance up to $7,000? (NO CREDIT CHECK)**

* YES
* NO

**Would you like to add AUDIT PROTECTION to your tax return? (RECOMMENDED FOR SCHEDULE C/SELF-EMPLOYED RETURNS)**

* YES
* NO

**How would you like your refund deposited?**

* Paper Check *(We will call/text when ready for pick up at our office)*
* Debit Card
* Direct Deposit

Bank Name for Direct Deposit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (9 digits)

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I have CONFIRMED my bank account information is ACCURATE. I understand any errors in entering incorrect information is not the tax preparer's responsibility.***

**By signing below, the information submitted is TRUE, ACCURATE and COMPLETE to the best of my knowledge. Once my tax return is TRANSMITTED and ACCEPTED by the IRS any changes will require an amendment to be filled at an additional cost.**

**CLIENT NON-PAYMENT/OFFSET CLAUSE**

**We strive to assist all of our clients in their tax needs; however, we understand that situations arise. If your refund is offset by the IRS, student loans, child support or your check is mailed, you are still obligated to pay our company the fees associated with filing your tax return. By signing this agreement, you acknowledge that if payment is not made in full within 30 days legal actions will be sought to resolve payment.**

Taxpayer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_