

Basic Taxpayer Information

ORG6

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name.....	_____	_____
Middle initial and suffix.....	MI Suffix	MI Suffix
Social security number.....	_____	_____
Occupation.....	_____	_____
Work phone/extension.....	_____	_____
Cell phone.....	_____	_____
E-mail address.....	_____	_____
Birthdate.....	MM/DD/YYYY	MM/DD/YYYY
Blind.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number..... _____
City.....	State.....	ZIP code.....
Home phone.....	Foreign country.....	_____
Fax.....	Foreign phone.....	_____

FILING STATUS

1 Single
 2 Married filing jointly
 3 Married filing separately
 Check this box if you **did not** live with spouse at any time during the year.....
 Check this box if you are eligible to claim spouse's exemption.....
 Check this box if your spouse itemizes deductions.....
 4 Head of household
 If the qualifying person is a child but not your dependent, enter
 Child's name..... Child's social security number.....
 5 Qualifying widow(er)
 Check the box for the year the spouse died 2013 2014

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Date of Birth	2015 Child Care Expense	
				+Months in U.S.	*Not Citizen
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

**** For the Dependent Code, enter the following:**
 L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)
 + Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.
 * Check this box if dependent child is not a U.S. citizen or resident alien

WHS, LLC

Tax Year 2021 Engagement Letter Acknowledgement

Client Name(s) _____

I request the client copy of my current tax return in the following format:

- Paper copy
- Electronically (including client portal)
only your original documents returned by mail
- Other _____

I have been given the opportunity to review the WHS, LLC engagement letter and I agree to all the terms and conditions as noted in this engagement.

(Client Signature)

(Date)

Best phone #(s): _____

Email address: _____

BOTTOM PORTION FOR TAX PREPARER

Returns covered by this engagement letter

- Federal 1040 and related schedules
- Maryland Individual return and related schedules
- Other State returns, list _____
- Local income tax returns, list _____
- Amended Returns as required
- Maryland Personal Property Return
- Property Tax or Renter's Credit Application
- Tax Planning - Correspondence in response to inquiries and/or notices from tax authorities
- Other, list _____

Client Name(s) _____

CHECK OFF AND FILL IN INFORMATION THAT APPLIES TO YOUR TAX SITUATION

ECONOMIC IMPACT PAYMENT

In 2021 most taxpayers received a Federal “Stimulus Check” or “Economic Impact Payment” from the Federal government for the 2021 tax year. As your tax preparer, we are required to reconcile your payments to determine if you are owed any additional payment.

You should have received Notice 1444-C showing the amount of the check, but many people have misplaced this letter. We are asking you to provide us with the amount below.

_____ I have received and attached a copy of Notice 1444-C

_____ I do not have a copy of Notice 1444-C, but I did receive a stimulus check

in the amount of \$ _____

_____ I did not receive any stimulus

Foreign Bank account owner or signature authority

_____ Yes

_____ No

Cryptocurrency Accounts

_____ Yes

_____ No

Child Tax Credit Advance Payments

_____ I have received and attached a copy of Letter 6419

_____ I do not have a copy of Letter 6419, but I did receive Advanced Child Tax Credit in the amount of \$ _____

Client Signature

Date