

EASTERN IOWA TAX & ACCOUNTING, LLC

NEW CLIENT INFORMATION SHEET

PLEASE FILL OUT COMPLETELY (DUE TO IRS RULING, WE NEED PROPER NAMES)

YOUR NAME \_\_\_\_\_ S.S. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Cell # \_\_\_\_\_ Occupation: \_\_\_\_\_

SPOUSE \_\_\_\_\_ S.S.# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Cell # \_\_\_\_\_ Occupation \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Spouse Email \_\_\_\_\_

Marital Status in **2021** (circle one) Married Single Widow(er), Date of Spouse's Death \_\_\_\_\_ **File jointly:** YES NO

If Filing separately Spouses Adjusted Gross Income is required: \_\_\_\_\_

**IOWA RESIDENTS ONLY:** SCHOOL DISTRICT YOU LIVE IN \_\_\_\_\_ **IL RESIDENTS ONLY:** PARCEL ID # \_\_\_\_\_

**DEPENDENTS (CHILDREN & OTHER) \*\*\*COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD REQUIRED FOR ALL DEPENDENTS\*\*\*\***

Name (First, Last) \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

SS # \_\_\_\_\_ Months Lived with you \_\_\_\_\_ Disabled: Yes or No

**Full Time Student:** Yes or No **Dependent's Gross Income:** \_\_\_\_\_

Name (First, Last) \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

SS # \_\_\_\_\_ Months Lived with you \_\_\_\_\_ Disabled: Yes or No

**Full Time Student:** Yes or No **Dependent's Gross Income:** \_\_\_\_\_

Name (First, Last) \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

SS # \_\_\_\_\_ Months Lived with you \_\_\_\_\_ Disabled: Yes or No

**Full Time Student:** Yes or No **Dependent's Gross Income:** \_\_\_\_\_

Did you claim the **First Time Homebuyer Credit on your 2008 tax return?** (for payback on credit) Yes/No

**\*\*ALL NEW CLIENTS NEED COPY OF 2020 TAX RETURN FOR FEDERAL & STATE \*\*\*\*\***

**THIS FORM NEEDS TO BE COMPLETED AND RETURNED WITH TAX DOCUMENTS**

|   |                      |
|---|----------------------|
| Did you or spouse receive any unemployment income? If yes, please provide 1099G                                     | Yes/No               |
| Did you receive retirement or Social Security benefits? If yes please include Statement from SSA-1099               | Yes/No               |
| Did you have any gambling winnings/losses If yes please include W2G's and loss documentation                        | Yes/No               |
| Did you sell any stocks, bonds, mutual funds or other assets? Will need to provide a 1099                           | Yes/No               |
| Did you make any contributions (outside of payroll) to any IRA in 2021? IRA – Traditional or Roth Amount _____      | Yes/No               |
| Did you take early withdrawal or distributions from 401K and or Roll over a 401K – Will need to provide a 1099      | Yes/No               |
| Do you have Mortgage Interest? Will need to provide 1099-INT  | Yes/No               |
| Do you have Real estate/Property Tax to deduct? Will need to provide documentation OR dollar amount                 | Yes/No               |
| Did you purchase any Residential Energy property? Will need documentation and proof of Energy Star Certified        | Yes/No               |
| Did you pay for child care expense while you worked? Will need documentation for provider                           | Yes/No               |
| Did you pay college tuition/expenses for yourself or dependent in 2021? Provide a 1098-T & Receipts                 | Yes/No               |
| Have you taken American Opportunity or Lifetime Learning Education Credit previous tax returns? (Need years taken)  | Yes/No               |
| Did you contribute/withdraw money from an educational IRA or 529 plan? Will need to include 1098-Q                  | Yes/No               |
| Did you pay interest on college loans? Will need to provide a 1098-E to report interest deduction                   | Yes/No               |
| Did you have any debt cancelled/forgiven (credit card,etc.) or a mortgage principle reduction? Will need 1099-C     | Yes/No               |
| <b>IA residents</b> – Will you be deducting License Registration: Will need payment amount & documents if available | Yes/No               |
| Did you pay Registration fees/tuition for your dependents, grades K-12? Need amount paid                            | Yes/No               |
| Did you contribute money to HSA account (Health Savings Account)? Will need to provide 5498-SA and/or 1099-SA       | Yes/No               |
| Did you operate any Rental Property during tax year?  | Yes/No               |
| Did you sell property that you lived in less than 2 years or had capital gains of \$250,000 or more?                | Yes/No               |
| Are you a member/beneficiary of an S-Corp, Partnership, Estate, Trust, Etc? Include all K-1                         | Yes/No               |
| Did you purchase insurance through Market Place? Will need to provide 1099-A  | Yes/No               |
| Did you make any estimated tax payments for this tax year to Federal and/or State? Will need dates & amount paid    | Yes/No               |
| <b>**Did you receive 3rd stimulus payment? Date Received _____ Amount Received _____</b>                            | <b>Yes/No</b>        |
| <b>**Did you receive the Advanced Child Tax Payments? Copy of letter 6416 or 6416-A is REQUIRED</b>                 | <b>Yes/No</b>        |
| Are you a Volunteer Fire Fighter?   | Yes/No               |
| Does someone hold a Power of Attorney for you?  | Yes/No               |
| <b>Do you want a Paper Copy or Emailed Copy of your Tax Return?</b>   | <b>Paper / Email</b> |

Would you like your refund Direct Deposited into your bank account?

Yes/No

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

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

Checking or Savings

This information is true and correct to the best of my/our knowledge.  
All items of income have been reported and all items of expense are  
supported by receipt or other evidence

Primary Tax Payer:

\_\_\_\_\_

Spouse (joint Return)

\_\_\_\_\_

# EASTERN IOWA TAX & ACCOUNTING, LLC

Goose Lake (563)577-2216 DeWitt (563)659-6247

If you would like to have the ability to call and receive a copy of your tax return after tax season, you will need to sign and enter the following information:

Tax Payer(s) Name: **PLEASE PRINT**

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1. Cell phone number for tax payer (payers)

(\_\_\_\_) \_\_\_\_\_ Tax Payer

(\_\_\_\_) \_\_\_\_\_ Spouse/Significant Other

2. Email addresses for tax payer (payers)

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3. Select a pass code (4 #'s)

\_\_\_\_\_ Tax Payer

\_\_\_\_\_ Spouse/Significant Other