BLAKE'S INCOME TAX SERVICE CLIENTS INFORMATION SHEET

(IRS regulations require us to collect the following information from all clients annually, fill in all applicable info.)

Tax Year:				Date:	//2022	
Taxpayer's Name:			Social Security #:			
Taxpayer's Date of B	irth: (MM/DD/YYYY)	Oc	cupation: _			
Mailing Address:						
	Street	Apt#	City	State	Zip	
Cell #:	Home #:	Em	ail:			
IF MARRIED FIL	ING JOINTLY OR F	<i>jointly</i> [] <i>Married filin</i> ILING SEPARATEL Spouse's SS#:	Y - COMP	LETE SPOUSES	INFORMATION	
		Spouse's SS# Spouse's				
		Work #:				
	DEI	PENDENT INFOR	MATION			
First Name Las	st Name	Social Security Num	ber	Date of Birth	Relationship	

First Name	Last Name	Social Security Number	Date of Birth	Relationship

Lived with dependent(s): Yes [] No [] **Please note**: *Parents can be a dependent even if they don't reside with you.*

If you are claiming a dependent, please provide the following as proof of relationship and residence:

Documents needed for verification if you have a dependent lived with you during 2021:

Proof of Relationship	Proof of Residence:
<pre>[] Birth Certificate(s) [] Social Security [] Other</pre>	[] School Letter [] Doctor Letter [] Care Provider [] Other

Do you have Child Care Expenses? Yes [] No	[] Childcare Provider:		
Provider's SS/Tax ID #	Amt Paid: \$	Week Month	Year
Provider's Address:	State	City	Zip

Is someone (such as your parents) claiming you on their taxes? Yes	[] No [] Name of Parent:		
Do you or your dependent have an Identity Protection Pin provided	by IRS? Yes [] No [] PIN:		
Were you or your dependent(s) a college student during the Tax Year 2021? Yes [] No []			
Name & Address of Institution:	(1098 Tuition Expenses) \$		

DID YOU RECEIVE ANY OF THE FOLLOWING DURING 2021?

Social Security Benefits? Yes [] No [] Interest Income? Yes [] No [] Stocks/Dividend Income? Yes [] No [] Unemployment Wages? Yes [] No [] Gambling Winnings? Yes [] No [] Cancellation of Debt? Yes [] No [] Self-Employment Income? Yes [] No [] Real Estate Rental Income? Yes [] No [] Retirement Yes [] No []

Have you paid any Estimated Taxes during 2021? Yes [] No [] Federal \$ _____ State \$_____

Did vou receive vour 3rd Stimulus Economic Impact Payment (\$1,400 for each person)? Yes [] No [] \$_____ Did you receive the Advanced (monthly) Child Tax Credit? Yes [] No [] Total Amount Received \$

Please provide IRS letters as proof that you received the Stimuls and/or the Advanced Child Tax Credit. (WE NEED THIS TO COMPLETE YOUR TAX RETURN)

REFUND INFORMATION

HOW WILL YOU LIKE YOUR TAX REFUND?

[] DIRECT DEPOSIT:	IRS (deposit)	R.A. Bank deposit: (tax prep fees taker	n out)
[] CHECK:	Mail to home:	Office Check: <i>(tax prep fees taken out)</i>	

HAVE YOU CHANGED YOUR BANKING INFORMATION? Yes [] No []

Name of Bank: _____ Account Type: Checking: [] Savings: [] Routing Number: _____ Account Number: _____

TAX PREPARATION FEE

For your convenience, do you want the Tax Prep Fees deducted from your refund? Yes [] No [] If ves, what is your mother's maiden name (Security Questions)?

Please note: Paying upfront saves you money \$\$\$, if you choose for the tax prep fees to be taken from your refund, the bank charges a fee of \$59.95 for Federal Returns and \$12 for the State, a total of \$71.95 could be saved if you pay upfront!

Please be advised: ALL FEES are automatically calculated by the system based on work done, forms required and filing option chosen. PAYMENT IS REQUIRED UPON COMPLETION OF YOUR TAX RETURN.

HOW DID YOU HEAR ABOUT US?

Returning Client [] New Referred Client [] New Walk In [] Church Promotion [] Other []_____

Name of Person you referred or who referred you:

I hereby certify that all the answers on this Client Information Sheet are to the best of my knowledge, true, correct, and complete.

Name (Print):

Taxpayer Signatur	2:	Date:

E-File Information: (E-Filing of Returns is IRS Mandated; it promotes Greater Security, Accuracy and Faster Refunds).