

MARTIAL STATUS:		SINGLE <input type="checkbox"/>	MARRIED
New clients, how did you hear about us?		Who referred you?	
1. Can someone claim YOU as a dependent? 2. New for 2020 Did you make CASH Charitable Donation(s) totaling \$300 or more during the year? 3. Did you LIVE in more than one state in 2020 4. Did you receive any correspondence from the IRS or State Department of Taxation for 2020?: 5. Did ANYONE in your household have HEALTH INSURANCE through the Marketplace? <i>If Yes, do you have FORM 1095-A? We will need it to complete your tax return</i> 6. Did you receive Unemployment Benefits? <i>If Yes, do you have FORM 1099-G? We will need it to complete your tax return</i>		Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
1. Can someone claim YOU as a dependent? 2. New for 2020 Did you make CASH Charitable Donation(s) totaling \$300 or more during the year? 3. Did you LIVE in more than one state in 2020 4. Did you receive any correspondence from the IRS or State Department of Taxation for 2020?: 5. Did ANYONE in your household have HEALTH INSURANCE through the Marketplace? <i>If Yes, do you have FORM 1095-A? We will need it to complete your tax return</i> 6. Did you receive Unemployment Benefits? <i>If Yes, do you have FORM 1099-G? We will need it to complete your tax return</i>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

TAXPAYER INFORMATION				SPOUSE INFORMATION			
Name (First, Initial, Last Name)				Name (First, Initial, Last Name)			
SSN		Date of Birth		SSN		Date of Birth	
Driver License/State ID #		State	ISS Date	Exp Date	Driver License/State ID#		State
Occupation		Disabled <input type="checkbox"/>		Occupation		Disabled <input type="checkbox"/>	
Cell Phone		Alternate Phone		Cell Phone		Alternate Phone	
May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>				May we contact you by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>			
E-Mail Address				E-Mail Address			
Mailing Address		Apt/Lot #		City		State	Zip
Did you live at this address all year? Yes <input type="checkbox"/> No <input type="checkbox"/>				Did you pay Property Tax ? Yes <input type="checkbox"/> No <input type="checkbox"/>			

DID YOU RECEIVE ANY NON-TAXABLE INCOME?		MTH✓	YR✓	How much per Month/Year
STIMULUS MONEY (Taxpayer, Spouse or Child)		- First Payment (before off set)		\$ _____
		- Second Payment (before off set)		\$ _____
Child Support?		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Alimony Paid/Received?		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Worker's Compensation?		<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
What was your PRIOR YEAR Earned Income (2019) (New Clients Only).....				\$ _____

DEPENDENT INFORMATION						
First Name, Initial, Last Name	Dependent's SSN	Relationship	# of months in home	Date of Birth	Disabled ✓	College Student✓
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

(Over)

DID YOU RECEIVE ANY OF THE FOLLOWING INCOME OR EXPENSES? (✓All that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Wages - W2's _____ | <input type="checkbox"/> Gambling Winnings | <input type="checkbox"/> Medical Expenses |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Sale of Virtual Currency | <input type="checkbox"/> Mortgage Payments |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Sale of Real Estate | <input type="checkbox"/> Interest |
| <input type="checkbox"/> Self- Employment (Complete SE Form) | <input type="checkbox"/> Sale of Stocks | <input type="checkbox"/> Real Estate Taxes |
| <input type="checkbox"/> Pension & Annuities | <input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> Charitable Donations _____ |
| <input type="checkbox"/> Interest | <input type="checkbox"/> College Tuition | <input type="checkbox"/> Energy Efficient Purchases |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Student Loan Interest | <input type="checkbox"/> Rental Home |
| <input type="checkbox"/> Any Foreign Income/Assets - List Total Value: _____ | <input type="checkbox"/> PPP Loan Forgiveness (Self Employed Only) | |

ADDITIONAL INFORMATION NOT LISTED IN OTHER SECTIONS**MILITARY INFORMATION - TAXPAYER**Active Duty? Yes ☐ No ☐

Please indicate Home State of Record Address

Street Address		Apt/Lot #	Address 2		
City	Zip Code		Street Address	City	Zip Code

MILITARY INFORMATION - SPOUSEActive Duty? Yes ☐ No ☐

Please indicate Home State of Record Address

Street Address		Apt/Lot #	Address 2		
City	Zip Code		Street Address	City	Zip Code

PREVIOUS ADDRESSDid you live in a different state during 2020? Yes ☐ No ☐

Number of months you lived there in 2020 _____ Move Date _____

Street Address		Apt/Lot #	Address 2		
City	Zip Code		Street Address	City	Zip Code

REFUND AND PAYMENT INFORMATION

How would you like to receive your Refund? Standard Mail Direct Deposit

If you owe IRS, State or City taxes, how would you like to pay? Check Debit

Bank Information: Bank Name _____ Routing No _____

Account # _____ Checking Savings

By completing and submitting this form you certify that you would like your taxes prepared according to the information provided above and acknowledge that there is a minimum consultation fee of \$75 (which can be waived should you file your taxes with MAG TAX SERVICE LLC). This fee does not include services such as responding to IRS letters resulting from issues not stemming from MAG TAX SERVICE LLC.

Signature: _____

Date: _____